

A meeting of the City of Evansville Public Safety will be held on the date and time stated below. Requests for persons with disabilities who need assistance to participate in this meeting should be made by calling City Hall at (608) 882-2266 with as much notice as possible. Copies of the packet and agenda are available at:  
[www.evansvillewi.gov/city\\_government/public\\_agendas\\_minutes/public\\_safety.php](http://www.evansvillewi.gov/city_government/public_agendas_minutes/public_safety.php)

**Public Safety Committee**  
Regular Meeting Wednesday, 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 4<sup>th</sup> 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

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

- 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) **Casey's Marketing Company, 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) **Consumers Cooperative Oil Company, Jessica Golz, Agent**, 6909 N. County Rd. M, #65 d/b/a Consumer Coop Oil Company, 9 John Lindemann Dr., Evansville, WI 53536
- 3) **Kopecky's Worldwide Foods, Inc., James Dean Kopecky, Agent**, 8017 N. Ridge Court, Evansville, WI, 53536, d/b/a Kopecky's Piggly Wiggly, 8 N. County Road M, Evansville, WI 53536.
- 4) **Madison Street Express, Inc., Parminder K. Sekhon, Agent**, 2644 Granite Road, Fitchburg, WI 53711, d/b/a All-N-One, 104 S. Madison Street, Evansville, WI 53536.
- 5) **SD Evansville Minimart, Inc., Manvir Singh, Agent**, 905 E. 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) **139 E. Main Street LLC, Tawfick (Tommy) Hanna, Agent**, 3018 Maple Grove Dr., Madison, WI 5379, d/b/a Allen Creek Coffeehouse, 137 E. Main Street, Evansville, WI 53536.
- 2) **Bessire Bowl, LLC, Joel Bessire, Agent**, 221 Noah's Arc Ct, Evansville, WI 53536, d/b/a Blue Devil Bowl, 108 E. Main Street, Evansville, WI 53536.
- 3) **Creekside Place Inc., 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. 1<sup>st</sup> Street, Evansville, WI 53536, d/b/a Slice Golf, 1 E. Main Street, Evansville, WI 53536
- 9) **The Night Owl Food & Spirits Inc.**, Gregory P Ardisson, Agent, 217 N. Sixth Street, Evansville, WI 53536, d/b/a The Night Owl Sports Pub & Eatery, 189 E. Main Street, Evansville, WI 53536.
- 10) **Totally Elegant, LLC**, Johnnie Washington, Agent, 326 East Bluff, Madison, WI 53521, 7 E. Main Street, Evansville, WI 53536.
- 11) **Trappers Bar & Grill LLC**, 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 Class “B”/ “Class B” Retailer License 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 \_\_\_\_\_.

**11. Adjourn.**

*Erika Stuart, Chairperson*



**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.

**Members**

Aldersperson Erika Stuart, Chair  
Aldersperson Gene Lewis  
Aldersperson Joe Geoffrion

**Present/Absent**

P  
P  
P

**Others Present**

Christopher Jones, Chief  
Carolyn Kleisch, EMS Chief  
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 Safety 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.*

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

## 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 Gullledge

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

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

*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) Creekside Place Cruise Night at 102 Maple Street, Evansville, WI 53536. From 5:00 p.m. to 8:00 p.m.
  - Thursday, May 2, 2025
  - Thursday, June 5, 2025
  - Thursday, July 10, 2025
  - Thursday, August 7, 2025
  - Thursday, September 4, 2025

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

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

- 1) Evansville Art Crawl (Evansville Area Chamber of Commerce) for Friday May 9, 2025, from 5:30 p.m. to 8:00 p.m.
  - Ron's Glass Creations – Ron Bowen
  - Salon KB Boutique & Botanicals – Kacy Bott
  - Exit Realty – Robin St Clair
  - The Cursing Hippies Tie Dye – Ariel Hovland
  - Amanda Salon – Amanda Blotch 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<sup>th</sup> 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

7A-1

(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 DECEMBER 31<sup>ST</sup>

Company Name: A. F. C. Extensions LLC

Phone: 608.571.0717

Company address: 6709 Raymond Rd, Ste 210, Madison, WI 53719

If applicant's primary residence is not within Rock County or the Company's primary place of business is outside the State of Wisconsin, attach copy of \$500 surety bond.

Applicant's Name: Pablo

First

Middle

Frias-Valdeurraga

Last

Applicant's Permanent Home Address:

City Madison

State: WI

Zip: 53704

Phone No:

Date of Birth:

Social Security No:

Email Address:

Physical Description:

5'8"

Height

155

Weight

Black

Hair Color

Brown

Eye Color

Gender: ☒ Male ☐ Female

Driver's License No.:

Issuing State: WI

Vehicle Information:

Ford

Make

Cariat

Model

2018

Year

Black

Color

License Plate No. & Issuing State:

WI

Local address from which business will be conducted:

6709 Raymond Rd, Madison, WI

53719

Nature of business and articles or services to be sold:

Roofs

Current supply of articles to be sold:

Warehouse location (if applicable):

ABC

The proposed method of delivery:

Truck

Have you ever been convicted of a violation of a Federal, State or local law other than a traffic offense? ☒ Yes ☐ No

If Yes, state when and where convicted and the violation:

- 2013 Dupage County, IL DUI

- 2013 Dupage County, IL public disturbance

Name of the last three cities or villages in which you conducted business:

- Janesville - Madison

- Beloit

- Middleton



Name and address of at least two Rock County property owners as reference:

1) \_\_\_\_\_, Janesville, WI 53545

2) \_\_\_\_\_, Beloit, WI 53511

Chapter 90 of the Evansville Code of General Ordinances specifies all the laws and requirements which you are governed 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 completed, and submitted to the City Clerk's office at 31 S Madison St, Evansville WI 53536, with the above required fee and photographs. Omissions or false statements constitute grounds for denial or revocation of license applied for or issued.

ATTESTATION AND APPOINTMENT OF AGENT FOR SERVICE OF PROCESS

I, Pablo Frias Valderama, being duly sworn on oath, affirm that I read this application, answered the questions myself, that my answers are true and complete to the best of my knowledge and that I agree to obey all the laws which regulate the activities I plan to engage in.

I further acknowledge that I am familiar with or have asked for copies of such ordinances.



Sworn to and appointed this 21<sup>st</sup> day of April

A handwritten signature in blue ink, likely belonging to Pablo Frias Valderama.

Signature of Applicant

STATE OF WISCONSIN, Rock County  
Subscribed and sworn to before me this 21 day of April, 2025.

Jolene Klitzman  
Notary Public

My Commission Expires: 3-5-27

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Copy of Surety Bond Required: Yes No Date Provided:

Police Chief Recommendation and Comments:

Solicited w/out Permit on 4/19/25 in Evansville, lied to officer &  
States they were not soliciting - Denied under ord. 90-9 (4)(2)(c)H

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

J. H.  
Police Chief's Signature

4/22/25  
Date

Date License Issued: Denied

Designee

Paid To: \_\_\_\_\_  
City of Evansville

Clerks Notes and Receipt Information:

Spoke to Pablo on 4/23 to let him know  
Pablo is interested in the Appeal  
process. Clerk will email.

Receipt: 1.158511 150.00  
afc exteriors  
Apr 21, 2025 4:00 PM

## Jolene Klitzman

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**From:** Pablo Frias <pablo@afceexteriors.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@afceexteriors.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 <[l.hurtley@evansvillewi.gov](mailto:l.hurtley@evansvillewi.gov)> 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 City of Evansville Municipal Code 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

7A-2

(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: One ID size photos of applicants head and Shoulders and copy of Driver License.

LICENSE TO EXPIRE ON DECEMBER 31<sup>ST</sup>

Company Name: Pink Roofing

Phone: 800-555-1234

Company address:

If applicant's primary residence is not within Rock County or the Company's primary place of business is outside the State of Wisconsin, attach copy of \$500 surety bond.

Applicant's Name: Steve

First

Middle

Staley  
Last

Applicant's Permanent Home Address:

City McHenry

State: IL

Zip: 60050

Phone No:

Date of Birth:

Last 4 of Social Security No:

Email Address:

roofing.com

Physical Description:

6'2"  
Height

230  
Weight

Brown  
Hair Color

blue  
Eye Color

Gender: Male

Female

Driver's License No.:

Issuing State:

Vehicle Information:

Tesla  
Make

Cybertruck  
Model

23  
Year

pink  
Color

License Plate No. & Issuing State: \* IL

Local address from which business will be conducted:

D2D

Nature of business and articles or services to be sold:

Roofing

Current supply of articles to be sold:

NA

Warehouse location (if applicable):

ABC, Beacon

The proposed method of delivery:

Truck

Have you ever been convicted of a violation of a Federal, State or local law other than a traffic offense? Yes No

If Yes, state when and where convicted and the violation: old drug charges, theft,  
underage drinking, DUI, dropped b 2000-2008 2007  
something like

Name of the last three cities or villages in which you conducted business:

Madison, Oconomowoc, Lake Geneva

20



Name and address of at least two Rock County property owners as reference:

1) ~~None~~ NA

2)

Chapter 90 of the Evansville Code of General Ordinances specifies all the laws and requirements which you are governed 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 completed, and submitted to the City Clerk's office at 31 S Madison St., Evansville WI 53536, with the above required fee and photographs. Omissions or false statements constitute grounds for denial or revocation of license applied for or issued.

ATTESTATION AND APPOINTMENT OF AGENT FOR SERVICE OF PROCESS

I, Steve Staley, being duly sworn on oath, affirm that I read this application, answered the questions myself, that my answers are true and complete to the best of my knowledge and that I agree to obey all the laws which regulate the activities I plan to engage in.

I further acknowledge that I am familiar with or have asked for copies of such ordinances.

Sworn to and appointed this 24 day of April 25.

[Signature]  
Signature of Applicant

STATE OF WISCONSIN, Rock County

Subscribed and sworn to before me this 24 day of April 2025

[Signature]  
Notary Public  
My Commission Expires: 05/23/2027

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Copy of Surety Bond Required: ☒ Yes ☐ No Date Provided: 4/22/25

Police Chief Recommendation and Comments:

Omitted: Residential Delivery to Underage (Alcohol) - (CONV. 2007)  
Criminal Trespass - CONV. 2004  
WARRANT for Failure to Appear in Arraigns (notation indicates violent offender / threat to life)  
Recommend ☐ Non-Recommend ☒ Recommend with conditions ☐ Denied 90-5 (c)(2)(h)

[Signature]  
Police Chief's Signature  
Designee

4/24/25  
Date

Date License Issued:

Clerks Notes and Receipt Information:

DENIED  
4/25/25 - Spoke to Steve & will email Permit application. May want Denied to Appeal. JH

Paid To:  
City of Evansville

Receipt: 1.158554  
STALEY STEVE  
Apr 24, 2025 2:45 PM

**Jolene Klitzman**

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**From:** Steve Staley <steve@pinkroofing.com>  
**Sent:** Friday, April 25, 2025 3:44 PM  
**To:** Leah Hurtley  
**Cc:** 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 clarified. 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 <l.hurtley@evansvillewi.gov> 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 City of Evansville Municipal Code the appeal process, if interested, is as follows:

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**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 DECEMBER 31<sup>ST</sup>

Company Name: New Standard Restoration

Phone:

Company address: 4675 Bluestem Road, Roscoe IL 61073

If applicant's primary residence is not within Rock County or the Company's primary place of business is outside the State of Wisconsin, attach copy of \$500 surety bond.

Applicant's Name:

Emilio  
First

Middle

Brito  
Last

Applicant's Permanent Home Address:

City Rockford

State: Illinois

Zip: 61108

Phone No:

Date of Birth:

Social Security No:

Email Address:

Physical Description:

Height

6'2

Weight

200

Hair Color

Brown

Eye Color

Brown

Gender: ☒ Male

☐ Female

Driver's License No.:

Issuing State:

IL

Vehicle Information:

Grey SUV GMC Acadia  
Make GMC Model Acadia

2018  
Year

Grey  
Color

License Plate No. & Issuing State:

Local address from which business will be conducted: N/A

Nature of business and articles or services to be sold:

Roofs

Current supply of articles to be sold:

Roofs

Warehouse location (if applicable):

N/A

The proposed method of delivery:

Door to Door

Have you ever been convicted of a violation of a Federal, State or local law other than a traffic offense? ☐ Yes ☒ No

If Yes, state when and where convicted and the violation:

Name of the last three cities or villages in which you conducted business:

Rockford, Roscoe

Janesville



Name and address of at least two Rock County property owners as reference:

- 1) Curt Gehung 1200 ... Janesville WI 53545
- 2) Amy Kletzein 39 ... Janesville WI 53545

Chapter 90 of the Evansville Code of General Ordinances specifies all the laws and requirements which you are governed 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 completed, and submitted to the City Clerk's office at 31 S Madison St, Evansville WI 53536, with the above required fee and photographs. Omissions or false statements constitute grounds for denial or revocation of license applied for or issued.

ATTESTATION AND APPOINTMENT OF AGENT FOR SERVICE OF PROCESS

I, Emilio Brito, being duly sworn on oath, affirm that I read this application, answered the questions myself, that my answers are true and complete to the best of my knowledge and that I agree to obey all the laws which regulate the activities I plan to engage in.

I further acknowledge that I am familiar with or have asked for copies of such ordinances.



Sworn to and appointed this 22nd day of April

Emilio Brito  
Signature of Applicant

STATE OF WISCONSIN, Rock County  
Subscribed and sworn to before me this 22 day of April, 2025.

Jolene Klitzman  
Notary Public

My Commission Expires: 3-5-27

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Copy of Surety Bond Required:	Yes	No	Date Provided:
Police Chief Recommendation and Comments: Felony WCP Charge - convicted 2020			
Omitted: possess Cannabis - guilty 2018 (misd)			
Pending charges - manufacture/deliver Cannabis 500-2000 grams (felony)			
Denied Per Ord. 90-5 (1)(2)(3)			
Recommend	Non-Recommend	Recommend with conditions	
	<input checked="" type="checkbox"/>		
<u>[Signature]</u>		<u>4/23/25</u>	
Police Chief's Signature		Date	

Date License Issued: **DENIED**

Clerks Notes and Receipt Information:

4/25/25 - Spoke to Emilio. Will email options for appeal. JH

Paid To:  
City of Evansville

Receipt: 1.158525 150.00  
EMILIO BRITO  
Apr 22, 2025 2:06 PM





# APPLICATION FOR OPERATOR'S LICENSE

7C-1

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>Randy</u> <u>David</u> <u>Carlson</u>		DATE OF BIRTH: _____	
First	Middle	Last	
ADDRESS: _____		PHONE: _____	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male Female
Driver's License No.: _____		Issuing State: <u>WI</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>25 years</u>		Former Name(s): _____	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		City	State Zip From To

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

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

Signature: <u>Randy Carlson</u>	Email: _____
Printed Name: <u>Randy Carlson</u>	Date: <u>3-17-25</u>

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee: <u>Paid To:</u>	
		Approved: _____	Denied: <u>City of Evansville</u>
		Clerk's Office Signature _____	Date _____
Approved: <u>X</u>	Denied: _____	Receipt # _____	
<u>Cheryl</u> Police Chief's Signature	<u>04-15-2025</u> Date	Receipt: 1.158323 35.00 ALL N ONE Mar 23, 2025 9:57 AM	





# APPLICATION FOR OPERATOR'S LICENSE

7C-2

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>Mallory</u> <u>Elizabeth</u> <u>Passer</u>		DATE OF BIRTH: _____	
First Middle Last			
ADDRESS: _____		PHONE: _____	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male Female <input checked="" type="checkbox"/>
Driver's License No.: _____		Issuing State: <u>Wisconsin</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>9 months</u>		Former Name(s): <u>Mallory Isbell</u>	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip From To
	<u>Evansville</u>	<u>WI</u>	<u>53536</u>

## ARREST AND CONVICTION RECORD

(Anywhere within the United States of America).

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

☐ Successfully completed a Responsible Alcohol Servers Course

☐ An alcohol agent for a retail alcohol license

☒ Held an Operator's License issued in Wisconsin

☐ The sole proprietor of retail alcohol license

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

Signature: Mallory Passer  
Printed Name: Mallory Passer

Email: \_\_\_\_\_  
Date: 3/28/25

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Clerk's Office Signature

Date

Approved: X

Denied: \_\_\_\_\_

Receipt #

Police Chief's Signature

Date

04-15-2025





# APPLICATION FOR OPERATOR'S LICENSE

7C-3

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>Karen</u> <u>Joyce</u> <u>Reese</u>		DATE OF BIRTH: _____	
First Middle Last			
ADDRESS: _____		PHONE: _____	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input type="radio"/> Female <input checked="" type="radio"/>
Driver's License No.: _____		Issuing State: <u>Wisconsin</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>16 years</u>		Former Name(s): <u>Barnstable / Olsen</u>	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip From To

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: <u>Karen J. Reese</u>	Email: _____
Printed Name: <u>Karen J. Reese</u>	Date: <u>3/15/25</u>

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee: Paid To: _____	
Approved: _____		Approved: _____ Denied: _____ Date: _____	
Denied: _____		Clerk's Office Signature _____ Date _____	
Approved: <u>X</u>		Receipt # _____	
Police Chief's Signature _____		Receipt: 1.158353 35.00	
Date: <u>04-15-2025</u>		KAREN REESE	
		Apr 1, 2025 9:11 AM	





# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7C-4

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

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

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

1. LEGAL NAME: <u>DENNIS</u> <u>E.</u> <u>REESE</u>		DATE OF BIRTH: <u>11-1-1989</u>	
First Middle Last			
ADDRESS: <u>1000 E. 10th St</u>		PHONE: <u>715-835-1234</u>	
CITY: <u>EVANSVILLE</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: <u>Male</u> Female
Driver's License No.: <u>WISCONSIN</u>		Issuing State: <u>WISCONSIN</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>20 YRS.</u>		Former Name(s):	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: Dennis E. Reese Email: dennis@evansvillewi.gov  
Printed Name: DENNIS E. REESE Date: 3/16/25

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee:	
		Approved: _____	Denied: _____ Date: _____
		Clerk's Office Signature _____	Date _____
Approved: <u>X</u>	Denied: _____	Receipt # _____	
<u>[Signature]</u> Police Chief's Signature	<u>04-15-2025</u> Date		





# APPLICATION FOR OPERATOR'S LICENSE

7C-5

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>Joshua</u> <u>Michael</u> <u>Blosser</u>			DATE OF BIRTH: _____	
First Middle Last				
ADDRESS: _____				
CITY: <u>Evansville</u>		STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: <u>Male</u> Female
Driver's License No.: _____			Issuing State: <u>WI</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>9 years</u>			Former Name(s): _____	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To				

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

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

Signature: Joshua M Blosser  
Printed Name: Joshua M Blosser

Email: \_\_\_\_\_  
Date: \_\_\_\_\_

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee:	
		Approved: _____	Denied: _____ Date: _____
		Clerk's Office Signature _____	Date _____
Approved: <u>X</u>	Denied: _____	Receipt # _____	
Police Chief's Signature <u>[Signature]</u>		Date <u>04-15-2025</u>	





# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7C-6

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

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

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

1. LEGAL NAME: <u>Debra</u> <u>L</u> <u>Tomlin</u>		DATE OF BIRTH: _____	
First Middle Last			
ADDRESS: _____		PHONE: _____	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male Female <input checked="" type="checkbox"/>
Driver's License No.: _____		Issuing State: <u>WI</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>8 yr.</u>		Former Name(s): <u>Debra Horne</u>	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To			

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

☒ Successfully completed a Responsible Alcohol Servers Course

☐ An alcohol agent for a retail alcohol license

☒ Held an Operator's License issued in Wisconsin

☐ The sole proprietor of retail alcohol license

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

Signature: Debra Tomlin  
Printed Name: Debra Tomlin

Email: \_\_\_\_\_  
Date: 5/25/25

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Paid To:

Approved:

Denied: City of Evansville Date: \_\_\_\_\_

Clerk's Office Signature

Date

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Receipt #

Receipt: 1.158364

35.00

DEBRA TOMLIN

Apr 2, 2025 12:09 PM

Police Chief's Signature

Date

04-15-2025





# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <b>Mason</b> <b>Cooper</b> <b>Braunschweig</b>		DATE OF BIRTH:	
First Middle Last			
ADDRESS:		PHONE:	
CITY: <b>Evansville</b>	STATE: <b>WI</b>	ZIP: <b>53536</b>	GENDER: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Driver's License No.:		Issuing State: <b>WI</b>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <b>January 2014</b>		Former Name(s): <b>n/a</b>	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip From To

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

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

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

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

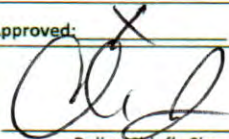
Within the last two (2) years, did you have and/or complete one of the following:	Attach certificate of completion for Responsible Alcohol Servers Course
<input checked="" type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course	<input checked="" type="checkbox"/> An alcohol agent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

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

Signature: /s/Mason C. Braunschweig

Email: \_\_\_\_\_

Printed Name: Mason C BraunschweigDate: 4/1/2025**FOR MUNICIPALITY USE ONLY BELOW THIS LINE**

Police Department Recommendation and Comments:	Paid To: <u>City of Evansville</u>	Public Safety Committee: <u>Approved:</u>	Denied: <u>City of Evansville</u>
		Clerk's Office Signature	Date
Approved: 	Denied: <u>04-15-2025</u>	Receipt # <u>15.00</u>	Receipt # <u>15.00</u>
Police Chief's Signature	Date	EVANSVILLE HOME TALENT Apr 3, 2025 7:47 AM	EVANSVILLE HOME TALENT Apr 3, 2025 7:47 AM





# APPLICATION FOR OPERATOR'S LICENSE

7C-8

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>Lisa</u> <u>A</u> <u>Sonnenstag</u>		DATE OF BIRTH: _____
Middle Last		PHONE: _____
ADDRESS: _____		
CITY: <u>EVANSVILLE</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>
Driver's License No.: _____		GENDER: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Issuing State: <u>WI</u>		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>14 or 15 yrs</u>		Former Name(s): <u>Lisa A. Luebke</u>
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State

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

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

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

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>Ozaukee County Don't remember</u>	<u>over 25 yrs ago</u>	<u>Port Washington</u>	<u>WI</u>
<u>Can't remember specific charges.</u>			

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

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

Signature: Lisa A. Sonnentag Email: \_\_\_\_\_

Printed Name: LISA A. Sonnentag Date: 4-4-25

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee: <u>Paid To:</u>	
		Approved: _____ Denied: <u>City of Evansville</u> Date: _____	
		Clerk's Office Signature _____ Date _____	
Approved: <u>X</u>	Denied: _____	Receipt # _____	
<u>04-15-2025</u>		Receipt: 1.158371 35.00	
Police Chief's Signature _____		SONNENTAG LISA	
Date _____		Apr 4, 2025 9:19 AM	





# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7C-9

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

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

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

1. LEGAL NAME: <u>Brittany</u> <u>Lee</u> <u>Long</u>		DATE OF BIRTH: _____			
First Middle Last					
ADDRESS: _____		PHONE: _____			
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input type="radio"/> Female <input checked="" type="radio"/>		
Driver's License No.: _____		Issuing State: <u>Wisconsin</u>			
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?		Former Name(s): <u>Brittany Forreth</u>			
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip	From	To

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: Brittany Long  
Printed Name: Brittany Long

Email: \_\_\_\_\_  
Date: 3-25-25

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee: Paid To:  
Approved: \_\_\_\_\_ Denied: City of Evansville Date: \_\_\_\_\_

Clerk's Office Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved: [Signature]  
Police Chief's Signature

Denied: \_\_\_\_\_  
04-15-2025  
Date

Receipt # \_\_\_\_\_  
Receipt: 1.158379 35.00  
EVANSVILLE MEMORIAL POS  
Apr 7, 2025 9:37 AM





# APPLICATION FOR OPERATOR'S LICENSE

7C-10

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>DAVID</u> <u>DUANE</u> <u>POWERS</u>		DATE OF BIRTH: _____			
First Middle Last					
ADDRESS: _____		PHONE: _____			
CITY: <u>EVANSVILLE</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: <input checked="" type="radio"/> Male <input type="radio"/> Female		
Driver's License No.: _____		Issuing State: <u>WI</u>			
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>22 YEARS</u>		Former Name(s): _____			
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip	From	To

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: <u>David D Powers</u>	Email: _____
Printed Name: <u>DAVID D POWERS</u>	Date: <u>MARCH 20 2025</u>

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee: _____	
		Approved: _____ Denied: _____ Date: _____	
		Clerk's Office Signature _____ Date _____	
Approved: <u>X</u>	Denied: _____	Receipt # _____	
<u>[Signature]</u> Police Chief's Signature	<u>04-15-2025</u> Date	Receipt: 1.158379 35.00 EVANSVILLE MEMORIAL POS Apr 7, 2025 8:37 AM	





# APPLICATION FOR OPERATOR'S LICENSE

7C-11

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>Debra</u> <u>Jeane</u> <u>Carlson</u>			DATE OF BIRTH: _____		
First Middle Last					
ADDRESS: _____			PHONE: _____		
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male Female <input checked="" type="checkbox"/>		
Driver's License No.: _____			Issuing State: <u>WI</u>		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>2 years</u>			Former Name(s): _____		
Prior Street Address if Above Address is Less Than 5 Years State Zip From To					
<u>Evansville</u> <u>WI</u> <u>53536</u>					

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

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

Signature: Debra J Carlson  
Printed Name: Debra J Carlson

Email: \_\_\_\_\_  
Date: 3/16/2025

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee: Paid To:  
Approved: \_\_\_\_\_ Denied: City of Evans Date: \_\_\_\_\_

Clerk's Office Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved: X Denied: \_\_\_\_\_

Receipt # \_\_\_\_\_  
Receipt: 1.158379 35.00  
EVANSVILLE MEMORIAL POS  
Apr 7, 2025 8:38 AM

Police Chief's Signature

Date

04-15-2025





# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7C-12

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

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

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

1. LEGAL NAME: <u>ALLAN</u> <u>LEE</u> <u>HURST</u>		DATE OF BIRTH: _____	
First Middle Last			
ADDRESS: _____		PHONE: _____	
CITY: <u>EVANSVILLE</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: <u>Male</u> Female
Driver's License No.: _____		Issuing State: _____	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>50 YRS</u>		Former Name(s): _____	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		City	State Zip From To

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: Allan Hurst Email: \_\_\_\_\_  
Printed Name: ALLAN HURST Date: Mar. 17, 2025

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee: Paid To: _____ Approved: _____ Denied: <u>City of Evansville</u> Date: _____	
		Clerk's Office Signature _____ Date _____	
Approved: <u>X</u>	Denied: _____	Receipt # _____	
<u>Ch. [Signature]</u> Police Chief's Signature	<u>04-15-2025</u> Date	Receipt: 1.158379 35.00 EVANSVILLE MEMORIAL POS Apr 7, 2025 8:38 AM	





# APPLICATION FOR OPERATOR'S LICENSE

7C-13

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>John Leigh Schneider</u>		DATE OF BIRTH: <u>1-1-1989</u>
ADDRESS: <u>15542 W. Francis Rd</u>		PHONE: <u>715-833-1111</u>
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>
Driver's License No.: _____		GENDER: <input checked="" type="radio"/> Male <input type="radio"/> Female
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>30 yrs</u>		Issuing State: <u>WI</u>
Former Name(s): <u>N/A</u>		
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

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

Signature: <u>John L. Schneider</u>	Email: _____
Printed Name: <u>John L. Schneider</u>	Date: <u>Mar. 17, 2025</u>

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee: <u>Paid To:</u>
		Approved: _____ Denied: <u>City of Evansville</u> Date: _____
		Clerk's Office Signature _____ Date _____
Approved: <u>[Signature]</u>	Denied: _____	Receipt # _____
Police Chief's Signature	Date: <u>04-15-2025</u>	Receipt: 1.158379 35.00 EVANSVILLE MEMORIAL POS Apr 7, 2025 8:39 AM





# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7C-14

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

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

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

1. LEGAL NAME: <u>Michelle</u> <u>Lee</u> <u>Thompson</u>		DATE OF BIRTH: _____			
First Middle Last		PHONE: _____			
ADDRESS: _____		GENDER: Male <input type="radio"/> Female <input checked="" type="radio"/>			
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>			
Driver's License No.: _____		Issuing State: _____			
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>8 years</u>		Former Name(s): <u>Kuska, Johnson</u>			
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip	From	To

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

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

Signature: Michelle Thompson Email: \_\_\_\_\_

Printed Name: Michelle Thompson Date: March 15, 2025

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee: <u>Paid To:</u>
		Approved: _____ Denied: <u>City of Evansville</u>
		Clerk's Office Signature _____ Date _____
Approved: <u>X</u>	Denied: _____	Receipt # _____
<u>Ch. O</u>	<u>04-15-2025</u>	Receipt: 1.158379 75.30
Police Chief's Signature	Date	EVANSVILLE MEMORIAL POS
		Apr 7, 2025 8:39 AM





# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7C-15

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

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

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

1. LEGAL NAME: <u>Tanya Marie Mcbaw</u>			DATE OF BIRTH: _____	
First Middle Last				
ADDRESS: _____			PHONE: _____	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input type="radio"/> Female <input checked="" type="radio"/>	
Driver's License No.: _____			Issuing State: <u>WI</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>2014</u>			Former Name(s): _____	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To				

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: Tanya Mcbaw  
Printed Name: Tanya Mcbaw

Email: \_\_\_\_\_  
Date: 3-10-25

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee: Paid To: \_\_\_\_\_  
Approved: \_\_\_\_\_ Denied: City of Evans Date: \_\_\_\_\_

Clerk's Office Signature

Date

Approved: [Signature]

Denied: \_\_\_\_\_

Receipt #

Receipt: 1.158379 35.00  
EVANSVILLE MEMORIAL FOS  
Apr 7, 2025 9:39 AM

Police Chief's Signature

Date

04-15-2025





# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7C-16

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

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

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

1. LEGAL NAME: Candace Lee Andrews		DATE OF BIRTH:		
ADDRESS:		PHONE:		
CITY: Footville	STATE: WI	ZIP: 53537	GENDER: Male <input type="radio"/> Female <input checked="" type="radio"/>	
Driver's License No.:		Issuing State: Wisconsin		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 24 years		Former Name(s):		
Prior Street Address if Above Address is Less Than 5 Years	State	Zip	From	To

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

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

Signature: Candace L. Andrews	Email: m
Printed Name: Candace L. Andrews	Date: 3/21/25

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee: Paid To: Approved: Denied: City of Evansville Date:	
		Clerk's Office Signature Date	
Approved: [Signature]	Denied: 04-15-2025	Receipt #	
Police Chief's Signature		Date	

Receipt: 1.158379 35.00  
EVANSVILLE MEMORIAL POS  
Apr 7, 2025 3:39 AM





# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7C-17

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

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

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

1. LEGAL NAME: <u>Lynda Marie Laursen</u>		DATE OF BIRTH: <u>11-11-1958</u>	
FIRST MIDDLE LAST			
ADDRESS: <u>1415 N. Madison St.</u>		PHONE: <u>715-833-1234</u>	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: <u>Male</u> <input type="radio"/> <u>Female</u> <input checked="" type="radio"/>
Driver's License No.: <u>---</u>		g State: <u>Wisconsin</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>14 yrs</u>		Former Name(s):	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip From To

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: Lynda Laursen Email: lynda.laursen@gmail.com  
Printed Name: Lynda Laursen Date: 03/21/2025

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee: <u>Paid To:</u>
		Approved: <u>City of Evansville</u> Denied: <u>City of Evansville</u>
		Clerk's Office Signature: <u>---</u> Date: <u>---</u>
Approved: <u>---</u>	Denied: <u>---</u>	Receipt # <u>---</u>
Police Chief's Signature: <u>---</u>		Receipt: 1.158379 35.00 EVANSVILLE MEMORIAL POS Apr 7, 2025 8:39 AM
Date: <u>04-15-2025</u>		





# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7C-18

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

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

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

1. LEGAL NAME: <u>Johnny</u> <u>Paul</u> <u>Peterson</u>		DATE OF BIRTH: <u>11-11-1981</u>
First Middle Last		
ADDRESS: <u>Evansville</u>		PHONE: <u>715-833-1111</u>
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>
Driver's License No.: <u>                    </u>		GENDER: <u>Male</u> Female
Issuing State: <u>WI</u>		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>14 yrs</u>		Former Name(s): <u>                    </u>
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		

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

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

5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.			
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
Within the last two (2) years, did you have and/or complete one of the following:		Attach certificate of completion for Responsible Alcohol Servers Course	
<input type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course	<input type="checkbox"/> An alcohol agent for a retail alcohol license		
<input type="checkbox"/> Held an Operator's License issued in Wisconsin	<input type="checkbox"/> The sole proprietor of retail alcohol license		

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

Signature: <u>John Peterson</u>	Email: <u>                    </u>
Printed Name: <u>JOHN PETERSON</u>	Date: <u>04/01/2025</u>

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee:	
		Approved: <u>                    </u>	Denied: <u>                    </u>
		Paid To: <u>City of Evansville</u>	
		Date: <u>                    </u>	
		Clerk's Office Signature	Date
Approved: <u>                    </u>	Denied: <u>                    </u>	Receipt # <u>                    </u>	
<u>                    </u>	<u>84-15-2025</u>	Receipt: 1.153379 IS.70	
Police Chief's Signature	Date	EVANSVILLE MEMORIAL POS	
		Apr 7, 2025 8:39 AM	





# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7C-19

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

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

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

1. LEGAL NAME: <u>Johnnie</u> <u>Mae</u> <u>Washington</u>		DATE OF BIRTH: <u>---</u>	
First Middle Last		PHONE: _____	
ADDRESS: _____		GENDER: Male Female <input checked="" type="checkbox"/>	
CITY: <u>Madison</u>	STATE: <u>WI</u>	ZIP: <u>53704</u>	
Driver's License No.: _____		Issuing State: <u>WI</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>16+ years</u>		Former Name(s): _____	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		City	State Zip From To

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

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

Signature: [Signature]  
Printed Name: Johnnie M Washington

Email: \_\_\_\_\_  
Date: \_\_\_\_\_

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Clerk's Office Signature

Date

Approved: [Signature]

Denied: \_\_\_\_\_

Receipt #

Police Chief's Signature

Date

04-15-2025





# OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7C-20

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

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

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

1. LEGAL NAME: <u>Kevin</u> <u>James</u> <u>Watt</u> First Middle Last		DATE OF BIRTH: _____	
ADDRESS: _____		PHONE: (____) _____-____	
CITY: <u>EVANSVILLE</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: <input checked="" type="radio"/> Male <input type="radio"/> Female
Driver's License No.: _____		Issuing State: <u>WI</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>8 yrs</u> <u>2017</u>		Former Name(s): _____	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip

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

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

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

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>Possible Marijuana Possession - 2008 - 2015 ??</u>	<u>2008 - 2015 not sure</u>	<u>McFarland</u>	<u>WI</u>

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

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

Signature: [Signature]  
Printed Name: Kevin James Watt

Email: [Email]  
Date: 4/16/25

Paid To: \_\_\_\_\_

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Clerk's Office Signature

Receipt: 1.158455 Date 50.00

Approved: X Denied: \_\_\_\_\_

Receipt #

WATT KEVIN  
Apr 16, 2025 9:58 AM

Police Chief's Signature

Date

04-16-25





# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7C-21

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

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

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

1. LEGAL NAME: <u>Sukheal Singh</u>		DATE OF BIRTH: <u>11/11/1991</u>	
First	Middle	Last	
ADDRESS: <u>Broadhead</u>		PHONE: <u>715-233-1111</u>	
CITY: <u>Broadhead</u>	STATE: <u>WI</u>	ZIP: <u>53520</u>	GENDER: <input checked="" type="radio"/> Male <input type="radio"/> Female
Driver's License No.:		Issuing State:	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>2 months</u>		Former Name(s):	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip From To

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

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

Signature: Sukheal Singh  
Printed Name: Sukheal Singh

Email: \_\_\_\_\_  
Date: 4/16/25

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee: Paid To:  
Approved: \_\_\_\_\_ Denied: City of Evansville Date: \_\_\_\_\_

Clerk's Office Signature

Date

Approved: X

Denied: \_\_\_\_\_

Receipt #

Receipt: 1.158458 15.00  
50 EVANSVILLE MINI MART  
Apr 16, 2025 12:40 PM

Police Chief's Signature

Date

04-23-25





# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7C-22

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

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

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

1. LEGAL NAME: <u>Anmolpreet Singh</u>		DATE OF BIRTH: _____
First	Middle	Last
ADDRESS: _____		PHONE: _____
CITY: <u>Broadhead</u>	STATE: <u>WI</u>	ZIP: <u>53520</u>
Driver's License No.: _____		GENDER: <input checked="" type="radio"/> Male <input type="radio"/> Female
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>1 year and 9 months</u>		Issuing State: <u>MI</u>
Former Name(s): _____		
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State
_____	<u>Sturgis</u>	<u>MI</u>
		Zip
		<u>49091</u>
		From
		To

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

☒ Successfully completed a Responsible Alcohol Servers Course

☐ An alcohol agent for a retail alcohol license

☒ Held an Operator's License issued in Wisconsin

☐ The sole proprietor of retail alcohol license

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

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Printed Name: Anmolpreet Singh

Date: 4/16/25

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee: <u>Paid To:</u>
		Approved: _____ Denied: <u>City of Evansville</u> Date: _____
		Clerk's Office Signature _____ Date _____
Approved: _____	Denied: _____	Receipt # _____
<u>[Signature]</u> Police Chief's Signature	<u>04-23-25</u> Date	Receipt: 1.156453 30 EVANSVILLE MINI MART Apr 16, 2025 12:40 PM





# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7C-23

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

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

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

1. LEGAL NAME: <u>SARAH</u> <u>ANN</u> <u>HELIN</u>	DATE OF BIRTH: _____
First Middle Last	
ADDRESS: _____	PHONE: _____
CITY: <u>Edgerton</u> STATE: <u>WI</u> ZIP: <u>53534</u>	GENDER: Male Female <input checked="" type="checkbox"/>
Driver's License No.: _____	Issuing State: <u>WI</u>
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>12 yrs</u>	Former Name(s): <u>Sarah Bills, Sarah Shumway</u>
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	

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

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

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

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>I had a Obstructing Officer</u>	<u>1991</u>	<u>Edgerton</u>	<u>WI</u>
<u>Animal at large</u>	<u>2004</u>	<u>Edgerton</u>	<u>WI</u>

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

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

Signature: Sarah Helin  
Printed Name: Sarah Helin

Email: \_\_\_\_\_  
Date: 3-17-25

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee: Paid To: \_\_\_\_\_  
Approved: \_\_\_\_\_ Denied: City of Evansville Date: \_\_\_\_\_

Clerk's Office Signature

Date

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Receipt #

Receipts: 1.153457 35.00  
FAMILY DOLLAR STORE OF  
Apr 17, 2025 3:09 PM

Police Chief's Signature

Date

04-23-25





# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7C-24

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

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

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

1. LEGAL NAME: <u>Teresa</u> <u>Ann</u> <u>Madsen</u>		DATE OF BIRTH: _____		
First Middle Last				
ADDRESS: _____		PHONE: _____		
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: <u>Male</u> <u>Female</u>	
Driver's License No.: _____		Issuing State: <u>WI</u>		
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
_____	<u>WI</u>	<u>53536</u>	<u>2017</u>	<u>2021</u>

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

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

5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.			
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE

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

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

Signature: <u>Teresa A. Madsen</u>	Email: _____
Printed Name: <u>Teresa A. Madsen</u>	Date: <u>Mar. 17, 2025</u>

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee: <u>Paid To:</u>	
		Approved: _____ Denied: <u>City of Evansville</u> Date: _____	
		Clerk's Office Signature _____ Date _____	
Approved: <u>[Signature]</u>	Denied: _____	Receipt # _____	
Police Chief's Signature	Date: <u>04-23-25</u>	Receipt: 1.158467 35.36 FAMILY DOLLAR STORE OF Apr 17, 2025 3:28 PM	





# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7C-25

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

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

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

1. LEGAL NAME: Julie Rae Paton		DATE OF BIRTH:	
First	Middle	Last	
ADDRESS:		PHONE:	
CITY: Evansville	STATE: WI	ZIP: 53536	GENDER: Male Female <input checked="" type="checkbox"/>
Driver's License No.:		Issuing State: WI	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 36 yrs		Former Name(s):	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To			

## ARREST AND CONVICTION RECORD

(Anywhere within the United States of America)

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

☒ Successfully completed a Responsible Alcohol Servers Course

☐ An alcohol agent for a retail alcohol license

☒ Held an Operator's License issued in Wisconsin

☐ The sole proprietor of retail alcohol license

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

Signature: Julie K Paton  
Printed Name: Julie K Paton  
Email:   
Date: 3/24/25

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Approved: Denied: Paid To: Date: City of Evansville

Clerk's Office Signature

Date

Receipt #

Approved:

Denied:

Police Chief's Signature

04-23-25

Date

Receipt: 1.153467

35.00

FAMILY DOLLAR STORE OF  
Apr 17, 2025 2:29 PM





# APPLICATION FOR OPERATOR'S LICENSE

7C-26

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>Gail</u> <u>M</u> <u>Henry</u>		DATE OF BIRTH:	
First Middle Last			
ADDRESS:		PHONE:	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Driver's License No.:		Issuing State: <u>Arizona</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>18 years</u>		Former Name(s):	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip From To

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

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

5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.			
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE

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

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

Signature: <u>Gail Henry</u>	Email: <u> </u>
Printed Name: <u>Gail Henry</u>	Date: <u>4/15/25</u>

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee:	
		Approved: <u> </u>	Denied: <u> </u> Date: <u> </u>
		Clerk's Office Signature	Date
Approved: <u> </u>	Denied: <u> </u>	Receipt #	
<u> </u> Police Chief's Signature	<u>04/30/2025</u> Date		





# APPLICATION FOR OPERATOR'S LICENSE

7C-27

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

☐ New Operator's License: \$35.00☒ Renewal Operator's License: \$35.00☐ Provisional License: \$15.00**NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN.**

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

1. LEGAL NAME: <u>Dulcie</u> <u>Gwen</u> <u>Bergsma</u>		DATE OF BIRTH: _____	
First Middle Last			
ADDRESS: _____		PHONE: _____ 3	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input type="radio"/> Female <input checked="" type="radio"/>
Driver's License No.: _____		Issuing State: <u>WI</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>27 years</u>		Former Name(s): <u>Dulcie Gwen Carstens</u>	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip From To

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: Dulcie Bergsma  
Printed Name: Dulcie Bergsma

Email: \_\_\_\_\_  
Date: 4/2/25

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee: Approved: _____ Denied: _____ Date: _____	
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE		Clerk's Office Signature	CITY Date: STATE
Approved: <u>X</u>	Denied: _____	Receipt #	
Police Chief's Signature: <u>[Signature]</u>		Date: <u>04/30/2025</u>	





# APPLICATION FOR OPERATOR'S LICENSE

7C-28

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>Sallie</u> <u>Jo</u> <u>Perkins</u>		DATE OF BIRTH: _____	
First Middle Last			
ADDRESS: _____		PHONE: _____	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male Female <u>X</u>
Driver's License No.: _____		Issuing State: <u>WI</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>3 yrs</u>		Former Name(s): <u>Sallie Jo male</u>	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To			
<u>Rochester MN</u>		<u>1987 2022</u>	

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

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

Signature: <u>Sallie Jo Perkins</u>	Email: <u>jo.perkins@evansvillewi.gov</u>
Printed Name: <u>Sallie Jo Perkins</u>	Date: <u>3/31/25</u>

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee:	
		Approved: _____ Denied: _____ Date: _____	
		Clerk's Office Signature _____ Date _____	
Approved: <u>X</u>	Denied: _____	Receipt # _____	
<u>[Signature]</u> Police Chief's Signature	<u>04/30/2025</u> Date		



# APPLICATION FOR OPERATOR'S LICENSE

7C-29

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

<b>New Operator's License: \$35.00</b>		<input checked="" type="checkbox"/> <b>Renewal Operator's License: \$35.00</b>	<input type="checkbox"/> <b>Provisional License: \$15.00</b>
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: <a href="https://www.wicourts.gov/casesearch.htm">https://www.wicourts.gov/casesearch.htm</a> (CCAP may not provide comprehensive list of all arrests/convictions).			
<b>1. LEGAL NAME:</b> Jacqueline Marie Tomlin First Middle Last			<b>DATE OF BIRTH:</b> _____
<b>ADDRESS:</b> _____			<b>PHONE:</b> _____
<b>CITY:</b> Evansville	<b>STATE:</b> WI	<b>ZIP:</b> 53536	<b>GENDER:</b> Male <input type="radio"/> Female <input checked="" type="radio"/>
<b>Driver's License No.:</b> _____		<b>Issuing State:</b> WI	
<b>HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?</b> 20+ years		<b>Former Name(s):</b> _____	
<b>Prior Street Address if Above Address is Less Than 5 Years State Zip From To</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>ARREST AND CONVICTION RECORD</b> (Anywhere within the United States of America)			
<b>2. Have you ever been cited and/or convicted of a felony?</b>		Yes <input type="radio"/>	No <input checked="" type="radio"/>
<b>3. Have you ever been cited and/or convicted of a misdemeanor?</b>		Yes <input checked="" type="radio"/>	No <input type="radio"/>
<b>4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:</b>			
a) Any underage alcohol violation?	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
b) Operating a motor vehicle while intoxicated?	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
c) Selling or furnishing alcoholic beverages to underage person?	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
d) Permitting underage person on licensed premises?	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
e) Allowing persons on licensed premises after closing?	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
f) Any alcohol related violation other than a, b, c, d, and e?	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
h) Fighting, disorderly conduct, assault, or battery?	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
<b>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.</b>			
<b>TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE</b>	<b>MONTH/YEAR</b>	<b>CITY</b>	<b>STATE</b>
Theft	1982 ?	Green County	WI
<b>Within the last two (2) years, did you have and/or complete one of the following:</b>		<b>Attach certificate of completion for Responsible Alcohol Servers Course</b>	
<input checked="" type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course	<input type="checkbox"/> An alcohol agent for a retail alcohol license		
<input checked="" type="checkbox"/> Held an Operator's License issued in Wisconsin	<input type="checkbox"/> The sole proprietor of retail alcohol license		
<b>6. CERTIFICATION:</b> 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.			
<b>Signature:</b> Jacqueline Tomlin		<b>Email:</b> _____	
<b>Printed Name:</b> Jacqueline Tomlin		<b>Date:</b> 4-15-2025	
<b>FOR MUNICIPALITY USE ONLY BELOW THIS LINE :</b>			
<b>Police Department Recommendation and Comments:</b>		<b>Public Safety Committee:</b>	
		<b>Approved:</b> _____ <b>Denied:</b> _____ <b>Date:</b> _____	
		<b>Clerk's Office Signature</b> _____ <b>Date</b> _____	
<b>Approved:</b> _____		<b>Receipt #</b> _____	
<b>Denied:</b> _____			
<b>Police Chief's Signature</b> _____		<b>Date</b> 04/30/2025	





# APPLICATION FOR OPERATOR'S LICENSE

7C-30

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

☐ New Operator's License: \$35.00 ☒ Renewal Operator's License: \$35.00 ☐ Provisional License: \$15.00**NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN.**

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

1. LEGAL NAME: <u>Denise</u> <u>Ann</u> <u>Halverson</u>			DATE OF BIRTH:	
First Middle Last				
ADDRESS:			PHONE:	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input type="radio"/> Female <input checked="" type="radio"/>	
Driver's License No.:			Issuing State: <u>WI</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>37 years</u>			Former Name(s): <u>Denise Ann Decker</u>	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To				

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

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

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

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
✓ Cited For Sell Cigarettes to an Underage person	1/2023	Evansville	WI

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

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

Signature: Denise A. Halverson

Email: \_\_\_\_\_

Printed Name: Denise A. HalversonDate: 4/15/25

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Clerk's Office Signature

Date

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Receipt #

Police Chief's Signature

Date

04/30/2025





# APPLICATION FOR OPERATOR'S LICENSE

7C-31

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

☐ New Operator's License: \$35.00 ☒ Renewal Operator's License: \$35.00 ☐ Provisional License: \$15.00**NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN.**

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

1. LEGAL NAME: <u>JOHN</u> <u>THOMAS</u> <u>MEREDITH</u>		DATE OF BIRTH: _____	
First Middle Last			
ADDRESS: _____		PHONE: _____	
CITY: <u>EVANSVILLE</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: <u>Male</u> Female
Driver's License No. _____		Issuing State: <u>WISCONSIN</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>32 YEARS</u>		Former Name(s): _____	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		City	State
		Zip	From To

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

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

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

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

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

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

Signature: John T. Meredith  
Printed Name: JOHN T. MEREDITHEmail: \_\_\_\_\_  
Date: 3-16-2025**FOR MUNICIPALITY USE ONLY BELOW THIS LINE**

Police Department Recommendation and Comments:

Public Safety Committee:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Clerk's Office Signature

Date

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Receipt #

Police Chief's Signature

Date

04/30/2025









[www.ci.evansville.wi.gov](http://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,

Jolene Klitzman  
Deputy Clerk

cc: Ericka Stuart, Public Safety Chairperson  
Christopher Jones, Police Chief



<b>Police Department Recommendation and Comments:</b> 2011- Charged w/ Felony I. Charge dismissed but read in.		<b>Public Safety Committee:</b> Approved: _____ Denied: _____		<b>Paid To:</b> City of Evansville	
		Clerk's Office Signature _____		Date _____	
<b>Approved:</b> _____  Police Chief's Signature		<b>Denied:</b> <input checked="" type="checkbox"/> _____ 04-14-2025 Date		<b>Receipt #</b> Receipt: 1.158323 35.00 ALL N ONE Mar 28, 2025 9:57 AM	





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,

Jolene Klitzman  
Deputy Clerk

cc: Ericka Stuart, Public Safety Chairperson  
Christopher Jones, Police Chief





# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>Marco</u> <u>A</u> <u>LUGO</u>		DATE OF BIRTH: _____
First Middle Last		
ADDRESS: _____		PHONE: _____
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>
GENDER: <input checked="" type="radio"/> Male <input type="radio"/> Female		
Driver's License No.: _____		Issuing State: _____
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>2 years</u>		Former Name(s): _____
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		
<u>Evansville</u> <u>WI</u> <u>53536</u>		

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

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

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

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

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

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

Signature: <u>Marco A Lugo</u>	Email: _____
Printed Name: <u>Marco A Lugo</u>	Date: <u>04/07/25</u>

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: <u>2006- Operate w/o valid license - 2d m...</u>		Public Safety Committee: Approved: _____ Denied: <u>City of Evansville</u>	Paid To: _____ Date: _____
Clerk's Office Signature _____		Date _____	
Approved: <u>[Signature]</u>	Denied: <u>X</u>	Receipt # _____	Receipt: 1.153386 35.00 EL VALLARTA DE EVANSVILLE Apr 7, 2025 1:04 PM
Police Chief's Signature _____		Date: <u>04-15-2025</u>	





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









City of Evansville

7D-4

[www.ci.evansville.wi.gov](http://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  
Erika Stuart, Public Safety Chairperson  
Chris Jones, Police Chief





# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>Sebedalah</u> <u>Panel</u> <u>Kjornes</u>		DATE OF BIRTH: <u>11/11</u>											
First Middle Last		PHONE: <u>715-233-1111</u>											
ADDRESS: <u>1111 N. 1st St</u>		CITY: <u>EVANSVILLE WI</u> STATE: <u>WI</u> ZIP: <u>53536</u>											
GENDER: <u>Male</u> Female		Issuing State: <u>WISCONSIN</u>											
Driver's License No.: <u>123456789</u>		HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>1 YEAR</u>											
Former Name(s):		Prior Street Address if Above Address is Less Than 5 Years State Zip From To											
		<table border="1"> <thead> <tr> <th>City</th> <th>State</th> <th>Zip</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>EVANSVILLE</td> <td>WI</td> <td>53536</td> <td>2021</td> <td>2024</td> </tr> </tbody> </table>		City	State	Zip	From	To	EVANSVILLE	WI	53536	2021	2024
City	State	Zip	From	To									
EVANSVILLE	WI	53536	2021	2024									

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

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

Signature: Sebedalah  
Printed Name: Sebedalah

Email: sebedalah@evansvillewi.gov  
Date: 3-18-25

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

2020 - Charged with Poss. THC, Para  
2021 - Mun. Citation - Battery

Public Safety Committee:

Approved:   Denied:   Paid To: City of Evansville Date:  

Clerk's Office Signature

Date

Approved:  

Denied: X

Police Chief's Signature

04-23-25  
Date

Receipt #

Receipt: 1.158467 IS.OL  
FAMILY DOLLAR STORE OF  
Apr 17, 2025 4:29 PM





[www.ci.evansville.wi.gov](http://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

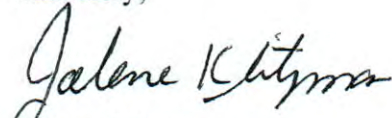
Dear Hunter:

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,

  
Jolene Klitzman  
Deputy Clerk

cc: Leah Hurtley, City Clerk  
Erika Stuart, Public Safety Chairperson  
Chris Jones, Police Chief





# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>Hunter</u> <u>Robert</u> <u>Pavley</u>		DATE OF BIRTH: _____
First Middle Last		
ADDRESS: _____		PHONE: _____
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53548</u>
Driver's License No.: _____		GENDER: <input checked="" type="radio"/> Male <input type="radio"/> Female
Issuing State: <u>WI</u>		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>8 months</u>		Former Name(s): _____
Prior Street Address If Above Address Is Less Than 5 Years State Zip From To		
	City	State Zip From To
	<u>Evansville</u>	<u>WI</u> <u>53536</u> <u>08/20</u> <u>06/24</u>

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

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

5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.			
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>Domestic Assault x 2</u>	<u>09/2021</u>	<u>Evansville</u>	<u>WI</u>
<u>DWI</u>	<u>2017 - OAR</u>	<u>Evansville</u>	<u>WI</u>
<u>DWI</u>	<u>2016 - Poss THC cocaine meth</u>	<u>Dodgeville</u>	<u>WI</u>

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

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

Signature: _____	Email: _____
Printed Name: <u>Hunter Robert Pavley</u>	Date: <u>03/20/2025</u>

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee: _____	Paid To: _____
Approved: _____		Approved: _____	Denied: <u>City of Evansville</u>
Clerk's Office Signature _____		Date _____	
Receipt # _____		Receipt: 1.158467 35.00	
Approved: <u>[Signature]</u>		FAMILY DOLLAR STORE OF	
Denied: <u>X</u>		Apr 17, 2025 2:29 PM	
<u>04-73-25</u>			
Date _____			



Form  
**AB-200**

## Alcohol Beverage License Application

For Municipal Use Only <b>7E-1</b>	
Municipality	<u>Evansville</u>
License Period	<u>2025-2026</u>

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer ..... \$ 100 - ☐ Class "B" Beer ..... \$ \_\_\_\_\_
- ☒ "Class A" Liquor ..... \$ 500 - ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$ <u>600.00</u>
Background Check Fee	\$ <u>42.00</u>
Publication Fee	\$ <u>100.00</u>
<b>Total Fees</b>	<b>\$ <u>742.00</u></b>

### Part A: Premises/Business Information

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

**CASEY'S MARKETING COMPANY**

2. Business Trade Name or DBA

**CASEY'S # 3583**

3. FEIN

**42-1435913**

4. Wisconsin Seller's Permit Number

**456-00000602957-03**

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

6. State of Organization

**IOWA**

7. Date of Organization

**03/15/1995**

8. Wisconsin DFI Registration Number

**CO42322**

9. Premises Address

**230 E MAIN ST**

10. City

**EVANSVILLE**

11. State

**WI**

12. Zip Code

**53536**

13. County

**ROCK**

14. Governing Municipality: ☐ City ☐ Town ☐ Village

of: **EVANSVILLE**

15. Aldermanic District

16. Premises Phone

**(608) 424-4236**

17. Premises Email

**LICENSINGTEAM@CASEYS.COM**

18. Website

**WWW.CASEYS.COM**

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Alcohol is stored on the shelves and backstock is kept in the back storage area with roll-down gate, and sold at the front cash register. Paperwork is stored in the filing cabinet behind the counter.

20. Mailing Address (if different from premises address)

**ATTN LICENSING, ONE SE CONVENIENCE BLVD**

21. City

**ANKENY**

22. State

**IA**

23. Zip Code

**50021**

### Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No  
If yes, list the details of violation below. Attach additional sheets if necessary.

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



2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No beverages. If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity <b>CASEY'S GENERAL STORES, INC</b>		4b. Business Entity FEIN <b>42-0935283</b>	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Part C: Individual Information</b>			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.  Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
PLEASE SEE ATTACHED OFFICER LIST			
FRANK	MELISSA	AGENT	5 [REDACTED]
<b>Part D: Attestation</b>			
One of the following must sign and attest to this application: • sole proprietor      • one general partner of a partnership      • one corporate officer      • one member of an LLC			
<b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name		First Name	M.I.
BEECH		DOUGLAS	M
Title		Email	Phone
ASSISTANT SECRETARY		LICENSINGTEAM@CASEYS.COM	[REDACTED]
Signature		Date	
<i>Douglas M. Beech</i>		3/11/2025	
<b>Part E: For Clerk Use Only</b>			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
3-28-25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if 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

[REDACTED]

[REDACTED]

POLK COUNTY

SSN: [REDACTED]

PHONE: [REDACTED]

DOB: [REDACTED]

Brian J. Johnson, Vice President

[REDACTED]

POLK COUNTY

SSN: 483-88-7458

PHONE: [REDACTED]

DOB: [REDACTED]

Scott A. Faber, Secretary

[REDACTED]

POLK COUNTY

SSN: [REDACTED]

PHONE: [REDACTED]

DOB: [REDACTED]

Eric M. Larsen, Treasurer

[REDACTED]

POLK COUNTY

SSN: [REDACTED]

PHONE: [REDACTED]

DOB: [REDACTED]

Douglas M. Beech, Assistant Secretary

[REDACTED]

POLK COUNTY

SSN: 480-64-3010

PHONE: [REDACTED]

DOB: [REDACTED]

**BOARD OF DIRECTORS**

Samuel J. James, Chairman

[REDACTED]

Brian J. Johnson

[REDACTED]

Scott Faber

[REDACTED]

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 AgentDate  
03/18/2025

## 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)

CASEY'S MARKETING COMPANY

2. Business Trade Name or DBA

CASEY'S #3583

3. Entity Type (check one)

- ☐
- Limited Liability Company
- ☒
- Corporation
- ☐
- Nonprofit Organization

4. 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 successor is checked above.

## Part B: Agent Information

1. Last Name

FRANK

2. First Name

MELISSA

3. M.I.

ANN

4. Email

LICENSINGTEAM@CASEYS.COM

5. Phone

6. Home Address

7. City

MILTON

8. State

WI

9. Zip Code

53563

10. Date of Birth

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

## Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or  
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ..... ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

Continued →



**Part D: Business Attestation**

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

Last Name BEECH		First Name DOUGLAS		M.I. M
Title ASSISTANT SECRETARY	Email [REDACTED]		Phone [REDACTED]	
Signature <i>Douglas M. Beech</i>			Date 03/18/25	

**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 FRANK		First Name MELISSA		M.I. A
Signature <i>Melissa A. Frank</i>			Date 03/18/25	





# City of Evansville

[www.ci.evansville.wi.gov](http://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

Establishment	Name			Police Department Review		
	Last	First	DOB	Date	Approve/Deny w/Initials	Notes
Casey's #3583	Frank	Melissa	[REDACTED]	04-23-25	Approved	
	Beech	Douglas		↓	↓	
	James	Samuel				
	Johnson	Brian				
	Faber	Scott				
	Larsen	Eric		↓	↓	



Alcohol Beverage  
Individual QuestionnaireDate  
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.

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor) CASEY'S MARKETING COMPANY	
2. Business Trade Name or DBA CASEY'S GENERAL STORE #3583	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

**Part B: Individual Information**

1. Last Name FRANK		2. First Name MELISSA		3. M.I. A
4. Relationship to Business (Title) AGENT	5. Email [REDACTED]		6. Phone [REDACTED]	
7. Home Address [REDACTED]				
8. City MILTON	9. State WI	10. Zip Code 53563	11. Date of Birth [REDACTED]	
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance WI		

**Part C: Address History**

1. Do you currently reside in Wisconsin? .....				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....				Years 5	Months 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	
XXXXXXXXXXXX		XXXXXX	WI	53563	
Previous Address 2		City	State	Zip Code	
Previous Address 3		City	State	Zip Code	
Previous Address 4		City	State	Zip Code	
Previous Address 5		City	State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County	State	County
WI	WASHINGTON	WI	ROCK		
State	County	State	County	State	County

Continued →



**Part D: Criminal History**

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

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

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

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

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

**Part E: Attestation**

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

Signature

*Melissa A. Tranel*

Date

03/20/2025



Alcohol Beverage  
Individual QuestionnaireDate  
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
- 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)

CASEY'S MARKETING COMPANY

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

BEECH

2. First Name

DOUGLAS

3. M.I.

M

4. Relationship to Business (Title)

ASSISTANT SECRETARY

5. Email

6. Phone

7. Home Address

8. City

ANKENY

9. State

IA

10. Zip Code

50021

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

IA

**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

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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
IA	POLK						
State	County	State	County	State	County	State	County

Continued →



**Part D: Criminal History**

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

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

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

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

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

**Part E: Attestation**

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

Signature *Douglas M. Reed*

Date 03/18/2025



Alcohol Beverage  
Individual QuestionnaireDate  
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
- 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)

CASEY'S MARKETING COMPANY

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

JAMES

2. First Name

SAMUEL

3. M.I.

J

4. Relationship to Business (Title)

PRESIDENT

5. Email

6. Phone

7. Home Address

8. City

ANKENY

9. State

IA

10. Zip Code

50021

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

IA

**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

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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
IA	POLK						
State	County	State	County	State	County	State	County

Continued →



**Part D: Criminal History**

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

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

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

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

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

**Part E: Attestation**

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

Signature 	Date 03/18/2025
---	--------------------



Alcohol Beverage  
Individual QuestionnaireDate  
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
- 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)

CASEY'S MARKETING COMPANY

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

JOHNSON

2. First Name

BRIAN

3. M.I.

J

4. Relationship to Business (Title)

VICE PRESIDENT

5. Email

6. Phone

7. Home Address

8. City

JOHNSTON

9. State

IA

10. Zip Code

50131

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

IA

**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

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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
IA	POLK						
State	County	State	County	State	County	State	County

Continued →



**Part D: Criminal History**

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

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

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

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

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

**Part E: Attestation**

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

Signature



Date

03/18/2025



# 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
- 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)

CASEY'S MARKETING COMPANY

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

FABER

2. First Name

SCOTT

3. M.I.

A

4. Relationship to Business (Title)

SECRETARY

5. Email

6. Phone

7. Home Address

8. City

JOHNSTON

9. State

IA

10. Zip Code

50131

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

IA

## 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

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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
IA	POLK						
State	County	State	County	State	County	State	County

Continued →



**Part D: Criminal History**

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

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


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

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

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

**Part E: Attestation**

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

Signature 	Date 03/18/2025
---	--------------------



Alcohol Beverage  
Individual QuestionnaireDate  
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
- 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)

CASEY'S MARKETING COMPANY

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

LARSEN

2. First Name

ERIC

3. M.I.

M

4. Relationship to Business (Title)

TREASURER

5. Email

6. Phone

7. Home Address

8. City

ANKENY

9. State

IA

10. Zip Code

50023

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

IA

**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

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
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
IA	POLK						
State	County	State	County	State	County	State	County

Continued →



**Part D: Criminal History**

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

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

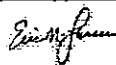
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/>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

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

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

**Part E: Attestation**

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

Signature 	Date 03/18/2025
---	--------------------



Form  
AB-200Alcohol Beverage License  
Application

For Municipal Use Only	
Municipality	Evansville
License Period	25-26

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer ..... \$ 100 ✓      ☐ Class "B" Beer ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_      ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_      ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$ 100 -
Background Check Fee	\$ 42 -
Publication Fee	\$ 100 -
<b>Total Fees</b>	<b>\$ 242 -</b>

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Consumers Cooperative Oil Company			
2. Business Trade Name or DBA Evansville Cenex			
3. FEIN 39-0223180		4. Wisconsin Seller's Permit Number 456-1020420388-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 03/12/1927	
8. Wisconsin DFI Registration Number			
9. Premises Address 9 John Lindemann Dr			
10. City Evansville		11. State WI	12. Zip Code 53536
13. County Rock	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Evansville</u>		15. Aldermanic District
16. Premises Phone (608) 882-2621	17. Premises Email evansville.cstore@cenex1.com		18. Website www.cenex1.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Convenience Store/Gas Station. All alcohol beverage are stroed in the backroom and on the sales floor, including cold vault areas for products to be sold.			
20. Mailing Address (if different from premises address) PO Box 668			
21. City Sauk City		22. State WI	23. Zip Code 53583

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No



2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ Yes ☒ No  
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

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

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

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

### Part C: Individual Information

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

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


Last Name	First Name	Title	Phone
See Attached List			

### Part D: Attestation

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

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

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

Last Name Cantwell	First Name Eric	M.I. S
Title CEO	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 04/08/20

### Part E: For Clerk Use Only

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)	



Consumers Cooperative Directors and Officers		
Eric Cantwell	CEO	[REDACTED]
[REDACTED]		
Thomas Schwarz	Board of Director - President	[REDACTED]
[REDACTED]		
Michael Kindshi	Board of Director - Vice President	[REDACTED]
[REDACTED]		
Steven Kindschi	Board of Director - Secretary	[REDACTED]
[REDACTED]		
Gregory Elsing	Board of Director	[REDACTED]
[REDACTED]		
Joel Wyttenbach	Board of Director	[REDACTED]
[REDACTED]		



Alcohol Beverage  
Appointment of Agent

Date 4-11-25

## 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)

Consumers Cooperative Oil Company

2. Business Trade Name or DBA

Evansville Cenex

3. Entity Type (check one)

☐ Limited Liability Company☒ Corporation☐ Nonprofit Organization

4. 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 successor is checked above.

## Part B: Agent Information

1. Last Name

Golz

2. First Name

Jessica

3. M.I.

E

4. Email

5. Phone

6. Home Address

7. City

Evansville

8. State

WI

9. Zip Code

53536

10. Date of Birth

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

## Part C: Agent Questions


1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or  
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ..... ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

Continued →



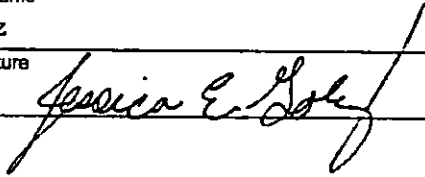
**Part D: Business Attestation**

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

Last Name Cantwell		First Name Eric		M.I. S
Title CEO	Email [REDACTED]		Phone [REDACTED]	
Signature 			Date 04/08/25	

**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 Golz		First Name Jessica		M.I. E
Signature 			Date 04/08/25	





# City of Evansville

[www.ci.evansville.wi.gov](http://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

Establishment	Name		DOB	Police Department Review		
	Last	First		Date	Approve/Deny w/ Initials	Notes
Consumers Cooperative	Golz	Jessica E.		04-23-25	A-G	
	Cantwell	Eric S.				
	Kindschi	Steven				
	Wyttenbach	Joel				
	Kindschi	Michael				
	Schwarz	Tom				
	Elsing	Greg				



Alcohol Beverage  
Individual QuestionnaireDate  
4-11-2025

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

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

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

## Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)	
Consumers Cooperative Oil Company	
2. Business Trade Name or DBA	
Evansville Cenet	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation
<input type="checkbox"/> Nonprofit Organization	

## Part B: Individual Information

1. Last Name		2. First Name		3. M.I.
Golz		Jessica		E.
4. Relationship to Business (Title)		5. Email		6. Phone
Store Manager		[REDACTED]		[REDACTED]
7. Home Address				
[REDACTED]				
8. City	9. State	10. Zip Code	11. Date of Birth	
Evansville	WI	53536	[REDACTED]	
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance		
[REDACTED]		WI		

## Part C: Address History

1. Do you currently reside in Wisconsin? .....					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....					Years	Months
					38	10
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	
<del>6909 XX County Rd XX 16165X</del>		Evansville		WI	5356	
Previous Address 2		City		State	Zip Code	
Previous Address 3		City		State	Zip Code	
Previous Address 4		City		State	Zip Code	
Previous Address 5		City		State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.						
State	County	State	County	State	County	State
WI	Rock					
State	County	State	County	State	County	State

Continued →

**Part D: Criminal History**

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

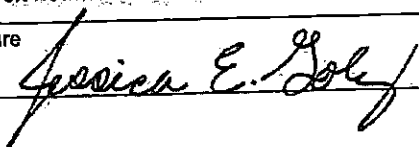
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/>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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☒ No
- If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

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

Signature



Date

4-11-2025



Alcohol Beverage  
Individual QuestionnaireDate  
4-11-25

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.

**Part A: Business Information**

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) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

**Part B: Individual Information**

1. Last Name Cantwell		2. First Name Eric		3. M.I. S
4. Relationship to Business (Title) CEO	5. Email [REDACTED]		6. Phone [REDACTED]	
7. Home Address [REDACTED]				
8. City Prairie Du Sac	9. State WI	10. Zip Code 53578	11. Date of Birth [REDACTED]	
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance WI		

**Part C: Address History**

1. Do you currently live in Wisconsin? .....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the month and year when you permanently moved to Wisconsin .....				(MM/YYYY) 05/2021			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 <del>70X XXX KXX MAX</del>		City Bismarck	State ND	Zip Code 58503			
Previous Address 2		City	State	Zip Code			
Previous Address 3		City	State	Zip Code			
Previous Address 4		City	State	Zip Code			
Previous Address 5		City	State	Zip Code			
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State WI	County Sauk	State ND	County Burleigh	State ND	County Grand Forks	State SD	County Brown
State SD	County Pennington	State MN	County Kandiyohi	State	County	State	County

Continued →

**Part D: Criminal History**

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

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

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

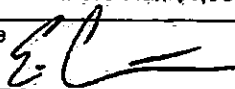
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☒ No

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

**Part E: Attestation**

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

Signature



Date

04/08/2025



Form  
AB-100

Alcohol Beverage  
Individual Questionnaire

Date  
4-11-25

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.

<b>Part A: Business Information</b>			
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) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			

<b>Part B: Individual Information</b>					
1. Last Name Kindschi		2. First Name Steven		3. M.I.	
4. Relationship to Business (Title) Board of Director		5. Email		6. Phone	
7. Home Address					
8. City Prairie Du Sac		9. State WI	10. Zip Code 53578	11. Date of Birth	
12. Drivers License/State ID Number			13. Drivers License/State ID State of issuance WI		

<b>Part C: Address History</b>					
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 12/1959					
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	
<del>XXXXXX XXXX XXXX</del>		Prairie Du Sac	WI	53578	
Previous Address 2		City	State	Zip Code	
Previous Address 3		City	State	Zip Code	
Previous Address 4		City	State	Zip Code	
Previous Address 5		City	State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County	State	County
WI	Sauk				
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? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

Part E: Attestation	
<b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature <i>Steven R. Kisch</i>	Date 04/08/2025



Form  
AB-100

Alcohol Beverage  
Individual Questionnaire

Date  
4-1-25

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.

<b>Part A: Business Information</b>			
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) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			

<b>Part B: Individual Information</b>					
1. Last Name Wytttenbach		2. First Name Joel		3. M.I.	
4. Relationship to Business (Title) Board of Director		5. Email [REDACTED]		6. Phone [REDACTED]	
7. Home Address [REDACTED]					
8. City Sauk City		9. State WI	10. Zip Code 53583	11. Date of Birth [REDACTED]	
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WI		

<b>Part C: Address History</b>					
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 11/1976					
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 [REDACTED]		City Sauk City		State WI	Zip Code 53583
Previous Address 2		City		State	Zip Code
Previous Address 3		City		State	Zip Code
Previous Address 4		City		State	Zip Code
Previous Address 5		City		State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State WI	County Sauk	State	County	State	County
State	County	State	County	State	County

Continued →

**Part D: Criminal History**

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

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


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

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

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

Part E: Attestation

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

Signature: 

Date: 04/08/2025

04/08/2025



Form  
AB-100

Alcohol Beverage  
Individual Questionnaire

Date

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.

<b>Part A: Business Information</b>	
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) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

<b>Part B: Individual Information</b>					
1. Last Name Kindschi		2. First Name Michael		3. M.I.	
4. Relationship to Business (Title) Board of Director		5. Email		6. Phone	
7. Home Address					
8. City Mazomanie		9. State WI	10. Zip Code 53560	11. Date of Birth	
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance WI		

<b>Part C: Address History</b>					
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 10/1968					
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	
6519 XXXXX		Mazomanie	WI	53560	
Previous Address 2		City	State	Zip Code	
Previous Address 3		City	State	Zip Code	
Previous Address 4		City	State	Zip Code	
Previous Address 5		City	State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County	State	County
WI	Dane				
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? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

Part E: Attestation	
<b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature <i>Michael J. Hils</i>	Date 04/08/2025



Form  
AB-100

Alcohol Beverage  
Individual Questionnaire

Date

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.

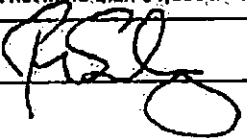
<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) Consumers Cooperative Oil Company	
2. Business Trade Name or DBA Evansville Cenex	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/>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

<b>Part B: Individual Information</b>					
1. Last Name Schwarz		2. First Name Tom		3. M.I.	
4. Relationship to Business (Title) Board of Director		5. Email		6. Phone	
7. Home Address					
8. City Prairie Du Sac		9. State WI	10. Zip Code 53578	11. Date of Birth	
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance WI		

<b>Part C: Address History</b>					
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 10/1962					
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	
<del>XXXXXX XXXX XXXX XXXX</del>		Prairie Du Sac	WI	53578	
Previous Address 2		City	State	Zip Code	
Previous Address 3		City	State	Zip Code	
Previous Address 4		City	State	Zip Code	
Previous Address 5		City	State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County	State	County
WI	Sauk				
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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

Part E: Attestation	
<b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature 	Date 04/08/2025



Form  
AB-100

Alcohol Beverage  
Individual Questionnaire

Date

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.

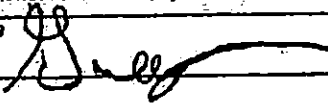
<b>Part A: Business Information</b>	
1. Legal Business Name (Individual name if sole proprietor) Consumers Cooperative Oil Company	
2. Business Trade Name or DBA Evansville Cenex	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/>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

<b>Part B: Individual Information</b>					
1. Last Name Elsing		2. First Name Greg		3. M.I.	
4. Relationship to Business (Title) Board of Director		5. Email		6. Phone	
7. Home Address					
8. City Prairie Du Sac		9. State WI	10. Zip Code 53578	11. Date of Birth	
12. Drivers License/State ID Number			13. Drivers License/State ID State of issuance WI		

<b>Part C: Address History</b>							
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, provide the month and year when you permanently moved to Wisconsin							(MM/YYYY) 06/1966
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		
<del>629XX/XX/XX</del>		Prairie Du Sac		WI	53578		
Previous Address 2		City		State	Zip Code		
Previous Address 3		City		State	Zip Code		
Previous Address 4		City		State	Zip Code		
Previous Address 5		City		State	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
WI	Sauk						
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? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

Part E: Attestation	
<b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature 	Date 04/08/2025



Form  
AB-200Alcohol Beverage License  
Application

For Municipal Use Only	
Municipality	Evansville
License Period	2025-2026

License(s) Requested: (up to two boxes may be checked)

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

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$ <u>14.00</u>
Publication Fee	\$ <u>100</u>
<b>Total Fees</b>	<b>\$ <u>714</u></b>

## Part A: Premises/Business Information

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

Kopecky's Worldwide Foods Inc

2. Business Trade Name or DBA

Kopecky's Piggy Wiggly

3. FEIN

39-1715093

4. Wisconsin Seller's Permit Number

456-0000368472-03

5. Entity Type (check one)

- ☐ Sole Proprietor      ☐ Partnership      ☐ Limited Liability Company      ☒ Corporation      ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address

8 N city Rd m

10. City

Evansville

11. State

WI

12. Zip Code

53536

13. County

Rock14. Governing Municipality: ☒ City ☐ Town ☐ Villageof: EVANSVILLE

15. Aldermanic District

16. Premises Phone

17. Premises Email

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Inside, retail, grocery store in designated area/shelf(s)

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? . . . . ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? . . . . ☐ Yes ☐ No



2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Kopecky	Jean	Vice President	
Kopecky	John T	General Manager	
Kopecky	James D	President	

### Part D: Attestation

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

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

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

Last Name	First Name	M.I.
Kopecky	James	D
Title	Email	Phone
President		
Signature	Date	
<i>James Kopecky</i>	04-01-2025	

### Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4-3-25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



James

Form  
AB-101

Alcohol Beverage  
Appointment of Agent

Date  
04-01-2025

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)

Kopecky's Worldwide Foods Inc.

2. Business Trade Name or DBA

Kopecky's Piggly Wussly

3. Entity Type (check one)

☐ Limited Liability Company

☒ Corporation

☐ Nonprofit Organization

4. 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 successor is checked above.

Part B: Agent Information

1. Last Name

Kopecky

2. First Name

James

3. M.I.

D

4. Email

[REDACTED]

5. Phone

[REDACTED]

6. Home Address

[REDACTED]

7. City

Evansville

8. State

WI

9. Zip Code

53536

10. Age

78

11. Driver License/State ID Number

[REDACTED]

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? .....  
Submit proof of completion.

☒ Yes ☐ No

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? .....  
Submit a completed Form AB-100 with this form.

☒ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days? .....  
See instructions for exceptions.

☒ Yes ☐ No

Continued →

**Part D: Business Attestation**

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

Last Name	KODECILY	First Name	James	M.I.	D
Title	President	Email	[REDACTED]		
Signature	[Signature]			Date	04-01-2025

**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	KODECILY	First Name	James	M.I.	D
Signature	[Signature]			Date	04-01-2025





# City of Evansville

[www.ci.evansville.wi.gov](http://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

Establishment	Name			Police Department Review		
	Last	First	DOB	Date	Approve/Deny w/ Initials	Notes
Kopecky's Worldwide Foods	Kopecky	James	[REDACTED]	04-23-25	A - CT	
	Kopecky	Jean L.		↓	↓	
	Kopecky	John		↓	↓	

Jean

Form  
AB-100Alcohol Beverage  
Individual QuestionnaireDate  
04-01-2025

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

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

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

## Part A: Business Information

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

KO PecKy's Worldwide Foods Inc.

2. Business Trade Name or DBA

KO PecKy's Diggly Wiggly

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☐ Limited Liability Company☒ Corporation☐ Nonprofit Organization

## Part B: Individual Information

1. Last Name

KO PecKy

2. First Name

Jean

3. M.I.

L

4. Relationship to Business (Title)

Vice President

7. Home Address

8. City

EVANSVILLE

9. State

WI

10. Zip Code

53536

11. Date of Birth

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? .....

☒ Yes☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....

Years  
51Months  
0

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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	Waushara	WI	Sheboygan				
MO	Prince Georges						

Continued →



**Part D: Criminal History**

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

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

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

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

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

**Part E: Attestation**

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

Signature 	Date 04-01-2025
--	--------------------

John

Form  
AB-100Alcohol Beverage  
Individual QuestionnaireDate  
04-01-2025

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

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

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

## Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)	
Kopecky's Worldwide Foods Inc.	
2. Business Trade Name or DBA	
Kopecky's Pissly Wigsly	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation
<input type="checkbox"/> Nonprofit Organization	

## Part B: Individual Information

1. Last Name		2. First Name		3. M.I.
Kopecky		John		T
4. Relationship to Business (Title)	5. Email		6. Phone	
General Manager				
7. Home Address				
8. City	9. State	10. Zip Code	11. Date of Birth	
Albany	WI	53502		
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance		
		WI		

## Part C: Address History

1. Do you currently reside in Wisconsin? .....				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....				Years	Months
				40+	
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	
<del>17575 xxxxxx</del>		Albany	WI	53502	
Previous Address 2		City	State	Zip Code	
<del>13921 xxxxxxxx</del>		Transville	WI	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
WI	Rock	WI	Green		
WI	Dane				

Continued →



**Part D: Criminal History**

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

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

Law/Ordinance Violated <i>Disorderly Conduct</i>	Location <i>Lake County</i>	Conviction Date <i>Not Sure</i>
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

**Part E: Attestation**

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

Signature <i>[Signature]</i>	Date <i>04-01-2025</i>
---------------------------------	---------------------------

Form  
AB-200Alcohol Beverage License  
Application

For Municipal Use Only	
Municipality	Evansville
License Period	2025 - 2026

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer ..... \$ 100.00    ☐ Class "B" Beer ..... \$ \_\_\_\_\_  
☒ "Class A" Liquor ..... \$ 500    ☐ "Class B" Liquor ..... \$ \_\_\_\_\_  
☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_    ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_  
☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$ <u>7</u>
Publication Fee	\$ <u>100</u>
<b>Total Fees</b>	\$ <u>707</u>

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>MADISON STREET EXP, INC</u>		
2. Business Trade Name or DBA <u>ALL - N - ONE</u>		
3. FEIN <u>04-3738143</u>	4. Wisconsin Seller's Permit Number <u>456-0000637428-03</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization <u>WISCONSIN</u>	7. Date of Organization <u>03/2003</u>	8. Wisconsin DFI Registration Number <u>M058164</u>
9. Premises Address <u>104 S. MADISON STREET,</u>		
10. City <u>EVANSVILLE</u>	11. State <u>WI</u>	12. Zip Code <u>53536</u>
13. County <u>ROCK</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>EVANSVILLE</u>	
15. Aldermanic District		
16. Premises Phone <u>608-882-4757</u>	17. Premises Email <u>PSEKHON4966@GMAIL.COM</u>	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>STORE BUILDING - (BEER ALIQ. ROOM &amp; BACK ROOM)</u>		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No



2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No  
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

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

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

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

### Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
SEKHON	PARMINDER	PRESIDENT	[REDACTED]

### Part D: Attestation

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

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

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

Last Name SEKHON		First Name PARMINDER		M.I. K
Title PRESIDENT		Email [REDACTED]		Phone [REDACTED]
Signature Parminder Sekhon		Date 3-26-2025		

### Part E: For Clerk Use Only

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)	

Alcohol Beverage  
Appointment of AgentDate  
3-26-2025

## 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) MADISON STREET EXP, INC.	
2. Business Trade Name or DBA ALL-N-ONE	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

## Part B: Agent Information

1. Last Name SEKHON	2. First Name PARMINDER	3. M.I. K
4. Email [REDACTED]	5. Phone [REDACTED]	
6. Home Address [REDACTED]		
7. City FITCHBURG	8. State WI	9. Zip Code 53711
10. Age 63		
11. Drivers License/State ID Number [REDACTED]	12. Drivers License/State ID State of Issuance WI	

## Part C: Agent Questions

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

Continued →



**Part D: Business Attestation**

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

Last Name SEKHON	First Name PARMINDER	M.I. K
Title PRESIDENT	Email [REDACTED]	Phone [REDACTED]
Signature Parminder Sekhon		Date 3-26-2025

**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 SEKHON	First Name PARMINDER	M.I. K
Signature Parminder Sekhon		Date 3-26-2025



# City of Evansville

[www.ci.evansville.wi.gov](http://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

Establishment	Name		DOB	Date	Police Department Review	
	Last	First			Approve/Deny w/ Initials	Notes
Madison Street Exp., Inc.	Sekhon	Parminder	[REDACTED]	04-23-25	A - [initials]	



Alcohol Beverage  
Individual QuestionnaireDate  
3-26-2025

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.

## Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)	MADISON STREET EXP., INC
2. Business Trade Name or DBA	ALL-N-ONE
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation
<input type="checkbox"/> Nonprofit Organization	

## Part B: Individual Information

1. Last Name	SEKHON	2. First Name	PARMINDER	3. M.I.	K
4. Relationship to Business (Title)	PRESIDENT	5. Email	[REDACTED]		
6. Home Address	[REDACTED]				
7. City	FITCHBURG	9. State	WI	10. Zip Code	53711
11. Date of Birth	[REDACTED]				
12. Drivers License/State ID Number	[REDACTED]		13. Drivers License/State ID State of Issuance		
		WI			

## Part C: Address History

1. Do you currently reside in Wisconsin? .....						<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....						Years	Months
						22	
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		
[REDACTED]		FITCHBURG		WI	53711		
Previous Address 2		City		State	Zip Code		
Previous Address 3		City		State	Zip Code		
Previous Address 4		City		State	Zip Code		
Previous Address 5		City		State	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
IL	KANE						
MI	WASHTENAW						

Continued →

**Part D: Criminal History**

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

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

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

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

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

**Part E: Attestation**

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

Signature

*Pamela Selmer*

Date

*3-26-2025*



Form  
AB-200Alcohol Beverage License  
Application

For Municipal Use Only	
Municipality	Evansville
License Period	25-26

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer ..... \$ 100-     ☐ Class "B" Beer ..... \$ \_\_\_\_\_  
☒ "Class A" Liquor ..... \$ 500-     ☐ "Class B" Liquor ..... \$ \_\_\_\_\_  
☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_     ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_  
☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$ 600-
Background Check Fee	\$ 14-
Publication Fee	\$ 100
<b>Total Fees</b>	<b>\$ 714-</b>

## Part A: Premises/Business Information

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

SO Evansville minimart LLC

2. Business Trade Name or DBA

3. FEIN

93-1567128

4. Wisconsin Seller's Permit Number

456-1031439814-04

5. Entity Type (check one)

☐ Sole Proprietor     ☐ Partnership     ☐ Limited Liability Company     ☒ Corporation     ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

5/24/23

8. Wisconsin DFI Registration Number

S148109

9. Premises Address

350 Union St

10. City

Evansville

11. State

WI

12. Zip Code

53536

13. County

Rock

14. Governing Municipality: ☐ City ☐ Town ☒ Village  
of: Evansville

15. Aldermanic District

16. Premises Phone

17. Premises Email

SObusiness532@gmail.com

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Attached

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

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

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

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

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No

If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No

If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

### Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Manvir	Singh		
Sarwan	Singh	President	

### Part D: Attestation

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

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

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

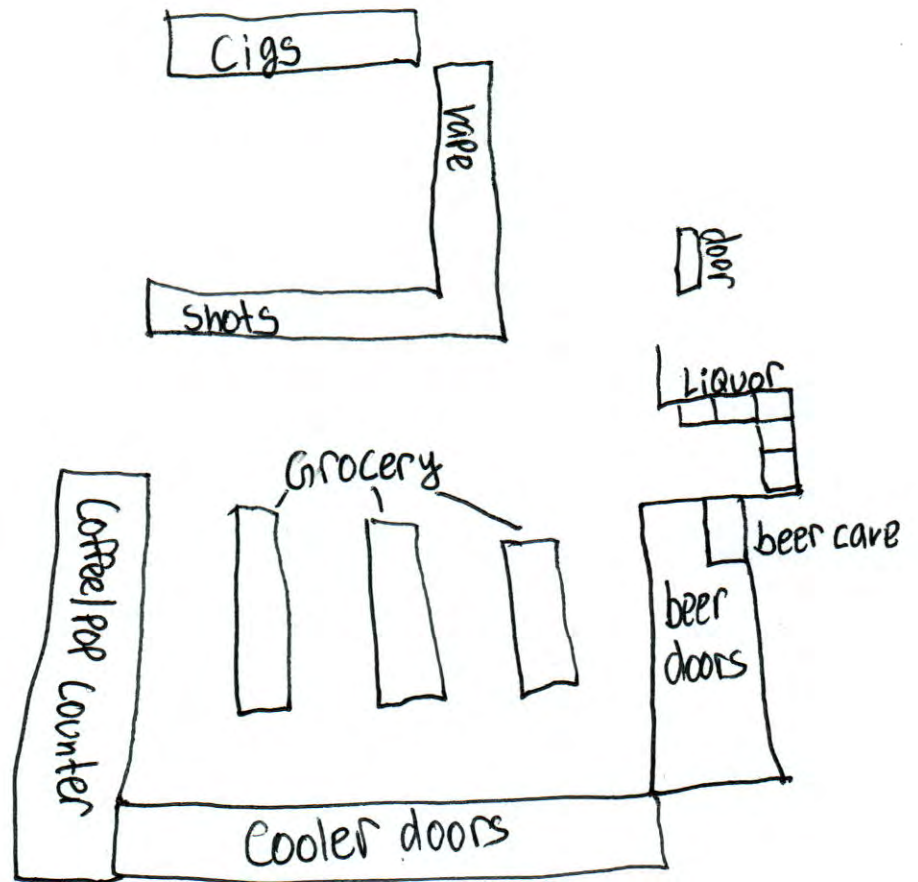
Last Name	First Name	M.I.
Singh	Sarwan	
Title	Email	Phone
President	SDbusiness532@gmail.com	
Signature	Date	
	4/16/25	

### Part E: For Clerk Use Only

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)	



# Evansville layout



Alcohol Beverage  
Appointment of AgentDate  
4/16/25

## 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)

SD Evansville minimart INC

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Limited Liability Company☒ Corporation☐ Nonprofit Organization

4. 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 successor is checked above.

## Part B: Agent Information

1. Last Name

Singh

2. First Name

Manvir

3. M.I.

4. Email

5. Phone

7. City

Brookhead

8. State

WI

9. Zip Code

53520

10. Age

24

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

IN

## Part C: Agent Questions




1. Have you satisfied the responsible beverage server training requirement?  
Submit proof of completion.☒ Yes ☐ No2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*?  
Submit a completed Form AB-100 with this form.☒ Yes ☐ No3. Have you been a Wisconsin resident for at least 90 continuous days?  
See instructions for exceptions.☒ Yes ☐ No

Continued →



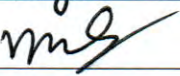
**Part D: Business Attestation**

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

Last Name <b>Singh</b>		First Name <b>Sarwan</b>	M.I.
Title <b>President</b>	Email 	Phone 	
Signature 		Date <b>4/16/25</b>	

**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 <b>Singh</b>		First Name <b>Manvir</b>	M.I.
Signature 		Date <b>4/16/25</b>	



# City of Evansville

[www.ci.evansville.wi.gov](http://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

Establishment	Name		DOB	Police Department Review		
	Last	First		Date	Approve/Deny w/ Initials	Notes
SD Evansville Mini Mart	Singh	Manvir	[REDACTED]	04-24-25	A - <input checked="" type="checkbox"/>	
	Singh	Sarwan	[REDACTED]	04-24-25	A - <input checked="" type="checkbox"/>	



# Alcohol Beverage Individual Questionnaire

Date 4/16/25

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.

## Part A: Business Information

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

SD Evansville minimart LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

## Part B: Individual Information

1. Last Name

Singh

2. First Name

Manvir

3. M.I.

4. Relationship to Business (Title)

Agent

5. Email

6. Phone

7. Home Address

8. City

Brodhead

9. State

WI

10. Zip Code

53520

11. Date of Birth

12. Drivers License

13. Drivers License/State ID State of Issuance

IN

## 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

01

09

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

XXXXXX XXXXX

City

Granger

State

IN

Zip Code

46530

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

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

State

County

State

County

State

County

State

County

IN

St. Joseph

State

County

State

County

State

County

State

County

Continued →

**Part D: Criminal History**

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

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

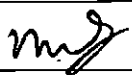
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/>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

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

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

**Part E: Attestation**

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

Signature 	Date 4/16/25
---	--------------



Alcohol Beverage  
Individual Questionnaire

Date 4/16/25

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.

**Part A: Business Information**

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

SD Evansville mini mart INC

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☐ Limited Liability Company☒ Corporation☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

Singh

2. First Name

Sarwan

3. M.I.

4. Relationship to Business (Title)

President

5. Email

6. Phone

7. Home Address

8. City

Granger

9. State

IN

10. Zip Code

46530

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

IN

**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

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

~~XXXXXXXXXXXX~~  
~~10432 Eagon Ave~~

City

Granger

State

IN

Zip Code

46530

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

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

State	County	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

**Part D: Criminal History**

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

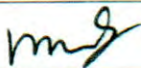
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/>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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☒ No
- If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

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

Signature



Date

4/16/25



Form  
AB-200Alcohol Beverage License  
Application

For Municipal Use Only	
Municipality	Evansville
License Period	25-26

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_
 ☒ Class "B" Beer ..... \$100-
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_
 ☒ "Class B" Liquor ..... \$500-
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_
 ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$ 600-
Background Check Fee	\$ 14-
Publication Fee	\$ 100-
<b>Total Fees</b>	<b>\$ 714-</b>

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) 139 EAST MAIN STREET LLC.			
2. Business Trade Name or DBA Allen Creek CoffeeHouse			
3. FEIN 92-1236271		4. Wisconsin Seller's Permit Number 456-1031168196-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WISCONSIN		7. Date of Organization August 2022	
8. Wisconsin DFI Registration Number			
9. Premises Address 137 EAST Main Street			
10. City Evansville		11. State IN	12. Zip Code 46353
13. County Rock	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		15. Aldermanic District
16. Premises Phone 608-882 1248	17. Premises Email AllenCreekCoffeeHouse@gmail.com		18. Website N/A
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. A small above building with an Apartment on Top - storage - downstairs Bar/Buffet floor + corner in Retail space, sold in store, outside patio, Backyard Events, where we will also have live music on the patio deck, Backyard, in Home Rural setting Bar.			
20. Mailing Address (if different from premises address) Sumner			
21. City		22. State	23. Zip Code

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol ... ☐ Yes ☒ No  
beverages.  
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ... ☐ Yes ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.
4. Is the applicant business owned by another business entity? ... ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.
- 4a. Name of Business Entity 4b. Business Entity FEIN
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ... ☒ Yes ☐ No
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ... ☐ Yes ☒ No
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ... ☐ Yes ☒ No

### Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
HANNA	Tawfik (Tamm)	OWNER	[REDACTED]
HANNA	Simon	Manager	[REDACTED]

### Part D: Attestation

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

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

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

Last Name HANNA	First Name Tawfik (Tamm)	M.I. M
Title OWNER	Email [REDACTED]	Phone [REDACTED]
Signature [Signature]	Date March - 25 - 2015	

### Part E: For Clerk Use Only

Date Application Was Filed With Clerk MAR 3-25-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



Tommy

Form  
AB-101

Alcohol Beverage  
Appointment of Agent

Date  
March 25/2005

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)

139 EAST MAIN STREET - LLC

2. Business Trade Name or DBA

Allen Creek Coffee House

3. Entity Type (check one)

- ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. 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 successor is checked above.

Part B: Agent Information

1. Last Name

HAWK

2. First Name

TawFide (Tommy)

3. M.I.

M

4. Email

6. Home Address

7. City

Madison

8. State

WI

9. Zip Code

53719

10. Age

53

11. Driver's License

12. Drivers License/State ID State of Issuance

WI


Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
Submit proof of completion.
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ..... ☒ Yes ☐ No  
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

Continued →

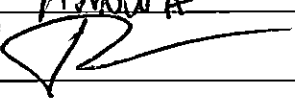
**Part D: Business Attestation**

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

Last Name <b>HANNA</b>	First Name <b>IAUFIDE (Tommy)</b>	M.I. <b>M.</b>
Title <b>OWNER</b>	Email [REDACTED]	Phone [REDACTED]
Signature 		Date <b>March 25/2015</b>

**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 <b>HANNA</b>	First Name <b>IAUFIDE (Tommy)</b>	M.I. <b>M.</b>
Signature 		Date <b>March 25/2015</b>





# City of Evansville

[www.ci.evansville.wi.gov](http://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

Establishment	Name		DOB	Police Department Review		
	Last	First		Date	Approve/Deny w/ Initials	Notes
Allen Creek Coffee House	Hanna	Tawfick (Tommy)	[REDACTED]	04-23-25	A - CT	
	Hanna	Simon	[REDACTED]	✓	✓	

Simon

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

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)

139 East Main Street LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

☐ Nonprofit Organization

## Part B: Individual Information

1. Last Name

Hamer

2. First Name

Simon

3. M.I.

M

4. Relationship to Business (Title)

5. Email

6. Phone

7. Home Address

8. City

Milton

9. State

WI

10. Zip Code

53413

11. Date of Birth

12.

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

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

4834 S. Dodge St. Milwaukee

City

Milton

State

WI

Zip Code

53513

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

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

State

County

State

County

State

County

State

County

State

County

State

County

State

County

State

County

Continued →



**Part D: Criminal History**

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

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

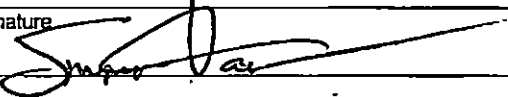
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No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

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

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

**Part E: Attestation**

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

Signature 	Date <u>March 25, 2025</u>
---	----------------------------

Tommy

Form  
AB-101

Alcohol Beverage  
Appointment of Agent

Date  
March 25/2005

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)

139 EAST MAIN STREET - LLC

2. Business Trade Name or DBA

Allen Creek Coffee House

3. Entity Type (check one)

☒ Limited Liability Company

☐ Corporation

☐ Nonprofit Organization

4. 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 successor is checked above.

Part B: Agent Information

1. Last Name

Harwin

2. First Name

TawFide (Tommy)

3. M.I.

M

6. Home Address

7. City

Madison

8. State

WI

9. Zip Code

53714

10. Age

53

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
Submit proof of completion.

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ..... ☒ Yes ☐ No  
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

Continued →



**Part D: Business Attestation**

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

Last Name	HANNA	First Name	TAUFEL (Tommy)	M.I.	M
Title	OWNER	Email	[REDACTED]		
Signature	[Signature]		Date	[REDACTED]	

**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	HANNA	First Name	TAUFEL (Tommy)	M.I.	M
Signature	[Signature]		Date	March 25/2015	

Form  
AB-200Alcohol Beverage License  
Application

For Municipal Use Only	
Municipality	Evansville
License Period	2025-2026

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_
 ☒ Class "B" Beer ..... \$ 100
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_
 ☒ "Class B" Liquor ..... \$ 500
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_
 ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$ 600
Background Check Fee	\$ 14
Publication Fee	\$ 100
<b>Total Fees</b>	<b>\$ 714</b>

## Part A: Premises/Business Information

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

Bessire Bowl LLC

2. Business Trade Name or DBA

Blue Devil Bowl

3. FEIN

84-2796748

4. Wisconsin Seller's Permit Number

456-1030476445-02

5. Entity Type (check one)

- ☐ Sole Proprietor
 ☐ Partnership
 ☒ Limited Liability Company
 ☐ Corporation
 ☐ Nonprofit Organization

6. State of Organization

Wisconsin

7. Date of Organization

09-13-2019

8. Wisconsin DFI Registration Number

9. Premises Address

108 E. Main St.

10. City

Evansville

11. State

WI

12. Zip Code

53536

13. County

Rock

14. Governing Municipality:

☒ City
 ☐ Town
 ☐ Village
 

of: Evansville

15. Aldermanic District

www.BlueDevilBowl.com

16. Premises Phone

608-882-9850

17. Premises Email

Bessire@BlueDevilBowl.com

18. Website



19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Inside building in bar, alley, coolers in bar (3) and coolers and shelves in basement.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

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



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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

### Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Bessire	Joel	Owner	
Bessire	Tiffany	Manager	

### Part D: Attestation

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

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

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

Last Name	Bessire	First Name	Joel	M.I.	D.
Title	Owner	Email	Bessire@BlueDartBowl.com	Phone	
Signature	[Signature]		Date	3/31/25	

### Part E: For Clerk Use Only

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)	

Joel

Form  
AB-101Alcohol Beverage  
Appointment of Agent

Date 3/31/25

## 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)

BESSIRE BOWL LLC

2. Business Trade Name or DBA

BLUE DEVIL BOWL

3. Entity Type (check one)

☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization

4. 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 successor is checked above.

## Part B: Agent Information

1. Last Name

Bessire

2. First Name

Joel

3. M.I.

D

4. Email

Bessire@BlueDevilBowl.com

5.

6. Home Address

7. City

Evansville

8. State

WI

9. Zip Code

53536

10. Age

39

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

Wisconsin

## Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
Submit proof of completion.2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ..... ☒ Yes ☐ No  
Submit a completed Form AB-100 with this form.3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

Continued →



**Part D: Business Attestation**

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

Last Name	Bessire	First Name	Joel	M.I.	D.
Title	Owner	Email	Bessire@BlueDevilBowl.com	Phone	[REDACTED]
Signature	[Signature]			Date	3/31/25

**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	Bessire	First Name	Joel	M.I.	D.
Signature	[Signature]			Date	3/31/25



# City of Evansville

[www.ci.evansville.wi.gov](http://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

Establishment	Name		DOB	Date	Police Department Review	
	Last	First			Approve/Deny w/ Initials	Notes
Bessire Bowl, LLC	Bessire	Joel		04-23-25	A - <i>AS</i>	
	Bessire	Tiffany		04-23-25	D - <i>CS</i>	OWI - 2022



Joel

Form  
AB-100

Alcohol Beverage  
Individual Questionnaire

Date 3/31/25

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

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

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

Part A: Business Information

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

Bessire Bowl LLC

2. Business Trade Name or DBA

Blue Devil Bowl

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

Bessire

2. First Name

Joel

3. M.I.

D.

4. Relationship to Business (Title)

Owner

5. Email

Bessire@BlueDevilBowl.com

6. Phone

7. Home Address

8. City

Evansville

9. State

WI

10. Zip Code

53536

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

Wisconsin

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

16

Months

0

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

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

WI

Dane

State

County

OH

Hamilton

State

County

State

County

State

County

State

County

State

County

State

County

Continued →

**Part D: Criminal History**

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

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

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


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

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

F-CP

**Part E: Attestation**

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

Signature 	Date 3/31/25
---	--------------



Tiffany

Form  
AB-100

Alcohol Beverage  
Individual Questionnaire

Date 3/31/25

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Bessire Bowl LLC	
2. Business Trade Name or DBA Blue Devil Bowl	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information

1. Last Name Bessire		2. First Name Tiffany		3. M.I. F.
4. Relationship to Business (Title) Manager		5. Email Bessire@BlueDevilBowl.com		6. [REDACTED]
7. Home Address [REDACTED]				
8. City Evansville		9. State WI	10. Zip Code 53536	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance Wisconsin		

Part C: Address History

1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? . . . .			Years 16 Months
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
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State WI	County Dane	State OH	County Hamilton
State MI	County Oakland	State	County
State	County	State	County

Continued →



**Part D: Criminal History**

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

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

Law/Ordinance Violated <b>First OWI Offense</b>	Location <b>Evansville, WI</b>	Conviction Date <b>5-16-2023</b>
Penalty Imposed <b>Restricted license for 8 months, Paid forfeiture in full, treatment program + assessment</b>		Was sentence completed? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

**Part E: Attestation**

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

Signature 	Date <b>3/31/25</b>
--	------------------------



Form  
AB-200Alcohol Beverage License  
Application

For Municipal Use Only	
Municipality	Evansville
License Period	25-26

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_
 ☒ Class "B" Beer ..... \$ 600
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_
 ☒ "Class B" Liquor ..... \$ 500
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_
 ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$ <u>600</u> -
Background Check Fee	\$ <u>35</u> -
Publication Fee	\$ <u>100</u> -
<b>Total Fees</b>	<b>\$ <u>735</u> -</b>

## Part A: Premises/Business Information

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

Creskide Place Inc

2. Business Trade Name or DBA

3. FEIN

20-8509682

4. Wisconsin Seller's Permit Number

456-1026386142-05

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

102 Maple St

10. City

Evansville

11. State

WI

12. Zip Code

53536

13. County

Rock

14. Governing Municipality: ☒ City ☐ Town ☐ Village  
of: Evansville

15. Aldermanic District

16. Premises Phone

608-882-0407

17. Premises Email

18. Website

Creskideplace.org

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Comm. Center that hosts events such as weddings, gatherings, art reception, fundraising events, etc. Beverages are hosted inside the bldg in all Rms & outside covering the Creskide

20. Mailing Address (if different from premises address) owned parking lot, side lawn &amp; behind the bldg

21. City

22. State

23. Zip Code

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? . . . . ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? . . . . ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

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

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

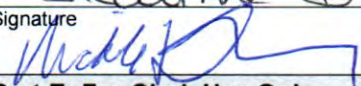
Last Name	First Name	Title	Phone
Beltran	Jesse	President	
St Clair	Robin	Vice-President	
Carr	Patrick	Secretary	
Alt	Mary Anne	Treasurer	

### Part D: Attestation

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

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

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

Last Name	First Name	M.I.
Wagner	Nicholle	L
Title	Email	Phone
Executive Director	nich@creeksideplace.org	608-882-0407
Signature	Date	
	4/10/2025	

### Part E: For Clerk Use Only

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)	



Form  
AB-101

Alcohol Beverage  
Appointment of Agent

Date  
4-10-25

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)

Creekside Place, Inc

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Limited Liability Company

☐ Corporation

☒ Nonprofit Organization

4. 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 successor is checked above.

Part B: Agent Information

1. Last Name

Lynn

2. First Name

Shawn

3. M.I.

J

4. Email

5. Phone

6. Home Address

7. City

Evansville

8. State

WI

9. Zip Code

53534

10. Age

59

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

Wisconsin

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
Submit proof of completion.


2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ..... ☒ Yes ☐ No  
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

Continued →


**Part D: Business Attestation**

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

Last Name <b>Wagner</b>	First Name <b>Nicholle</b>	M.I. <b>L</b>
Title <b>Executive Director</b>	Email <b>nichi@creeksideplace.org</b>	Phone <b>608-882-0407</b>
Signature 		Date <b>4-10-25</b>

**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 <b>Lynn</b>	First Name <b>Shawn</b>	M.I. <b>J</b>
Signature 		Date <b>4-10-25</b>





# City of Evansville

[www.ci.evansville.wi.gov](http://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

Establishment	Name		DOB	Police Department Review		
	Last	First		Date	Approve/Deny w/Initials	Notes
Creekside Place, Inc.	Lynn	Shawn J.	[REDACTED]	04-23-25	A - CT	
	Beltran	Jesse				
	Alt	Mary Anne				
	St. Clair	Robin S.				
	Carr	Patrick F.				

Alcohol Beverage  
Individual Questionnaire

Date 4/10/05

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)

Creekside Place, Inc.

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization**Part B: Individual Information**

1. Last Name

Beltran

2. First Name

Jesse

3. M.I.

4. Relationship to Business (Title)

Officer / president

5. Email

6. Phone

7. Home Address

8. City

Evansville

9. State

IN

10. Zip Code

53536

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

Wisconsin

**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

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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

Continued →



**Part D: Criminal History**

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

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

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

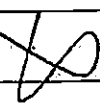
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

**Part E: Attestation**

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

Signature



Date

4/10/25

Alcohol Beverage  
Individual QuestionnaireDate  
4/10/05

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)	
Creekside Place Inc	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
<input checked="" type="checkbox"/> Nonprofit Organization	

**Part B: Individual Information**

1. Last Name		2. First Name		3. M.I.
AH		Mary Anne		
4. Relationship to Business (Title)		5. Email		6. Phone
officer/treasurer				
7. Home Address				
8. City		9. State	10. Zip Code	11. Date of Birth
Evansville		WI	53536	
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance	
			WI	

**Part C: Address History**

1. Do you currently reside in Wisconsin? .....					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....					Years	Months
					78	11
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	
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
WI	Rock	WI	Walworth			
WI	Dane	WI	Winnebago			

Continued →



**Part D: Criminal History**

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

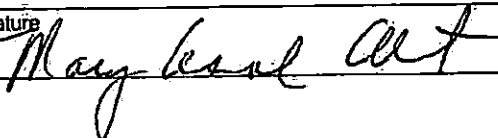
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/>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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☒ No
- If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

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

Signature



Date

4-10-2025

Alcohol Beverage  
Individual QuestionnaireDate  
4/10/25

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
- 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)	
Creekside Place, Inc	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
<input checked="" type="checkbox"/> Nonprofit Organization	

**Part B: Individual Information**

1. Last Name		2. First Name		3. M.I.
St Clair		Robin		S
4. Relationship to Business (Title)		5. Email		6. Phone
officer / Vice President				
7. Home Address				
8. City	9. State	10. Zip Code	11. Date of Birth	
Evansville	WI	53536		
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance		
		WI		

**Part C: Address History**

1. Do you currently reside in Wisconsin? .....				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? .....				Years	Months
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	
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
WI	Rock				
State	County	State	County	State	County

Continued →



**Part D: Criminal History**

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

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

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

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

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

**Part E: Attestation**

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

Signature

*Robin St. Clair*

Date

*4-10-25*

Alcohol Beverage  
Individual QuestionnaireDate  
4/10/25

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

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

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

## Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)	
Creskide Place Fmc	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
<input checked="" type="checkbox"/> Nonprofit Organization	

## Part B: Individual Information

1. Last Name		2. First Name		3. M.I.
Carr		Patrick		T
4. Relationship to Business (Title)		5. Email		6. Phone
Officer / Secretary				
7. Home Address				
8. City	9. State	10. Zip Code	11. Date of Birth	
Madison	WI	53703		
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance		
		WI		

## Part C: Address History

1. Do you currently reside in Wisconsin? .....				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....				Years	Months
				6	
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	
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
IL	Lake				
IN	Hamilton				

Continued →



**Part D: Criminal History**

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

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

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

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

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

**Part E: Attestation**

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

Signature



Patrick Carr

Date

4/10/25



Form  
AB-200Alcohol Beverage License  
Application

For Municipal Use Only	
Municipality	Evansville
License Period	2025-2026

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_
 ☒ Class "B" Beer ..... \$ 100  
☐ "Class A" Liquor ..... \$ \_\_\_\_\_
 ☒ "Class B" Liquor ..... \$ 500  
☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_
 ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_  
☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$ 600
Background Check Fee	\$ 7
Publication Fee	\$ 100
<b>Total Fees</b>	<b>\$ 707</b>

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Elvallarta Evansville LLC		
2. Business Trade Name or DBA		
3. FEIN	4. Wisconsin Seller's Permit Number 456-1030363270-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization WI	7. Date of Organization	8. Wisconsin DFI Registration Number
9. Premises Address 609 E Main Street		
10. City Evansville, WI	11. State WI	12. Zip Code 53536
13. County Rock	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____	15. Aldermanic District
16. Premises Phone (608) 882-1069	17. Premises Email	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.  Restaurant, walk-in cooler		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No



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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No  
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No  
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Marco Lugo	Marco	Owner	[REDACTED]

### Part D: Attestation

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

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

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

Last Name Lugo	First Name Marco	M.I. A
Title owner	Email [REDACTED]	Phone [REDACTED]
Signature Marco-A-Lugo		04107125

### Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-7-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage  
Appointment of AgentDate  
04/07/25

## 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)

El Vallarta

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Limited Liability Company☐ Corporation☐ Nonprofit Organization

4. 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 successor is checked above.

Renew alcohol beverage license

## Part B: Agent Information

1. Last Name

Lucio

2. First Name

Marco

3. M.I.

A

4. Email

5. Phone

6. Home Address

7. City

Evansville WI

8. State

WI

9. Zip Code

53536

10. Age

46

11. Drivers License/State ID Number

no wisconsin drivers ID

12. Drivers License/State ID State of Issuance

## Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement?

☐ Yes☒ No

Submit proof of completion.

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?

☒ Yes☐ No

Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days?

☒ Yes☐ No



See instructions for exceptions.

Continued →



**Part D: Business Attestation**

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

Last Name <b>Lugo</b>	First Name <b>Marco</b>	M.I. <b>A</b>
Title <b>owner</b>	Email 	Phone 
Signature <b>Marco-A-Lugo</b>		Date <b>04/07/25</b>

**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 <b>Lugo</b>	First Name <b>Marco</b>	M.I. <b>A</b>
Signature <b>Marco-A-Lugo</b>		Date <b>04/07/25</b>



# City of Evansville

[www.ci.evansville.wi.gov](http://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

Establishment	Name		DOB	Date	Police Department Review	
	Last	First			Approve/Deny w/ Initials	Notes
El Vallarta Mexican	Lugo	Marco A.		04-23-25	A-CT	



Alcohol Beverage  
Individual QuestionnaireDate  
04/07/25

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

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

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

## Part A: Business Information

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

El Vallarta

2. Business Trade Name or DBA

3. Entity Type (check one)

☒ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

## Part B: Individual Information

1. Last Name

Lugo

2. First Name

Mario

3. M.I.

A

4. Relationship to Business (Title)

owner

5. Email

6. Phone

7. Home Address

8. City

Evansville

9. State

WI

10. Zip Code

53536

11. Date of Birth

12. Drivers License/State ID Number

no wisconsin drivers ID

13. Drivers License/State ID State of Issuance

## 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

20

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

City

Evansville

State

WI

Zip Code

53536

Previous Address 2

City

Evansville

State

WI

Zip Code

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

Continued →

**Part D: Criminal History**

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

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

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

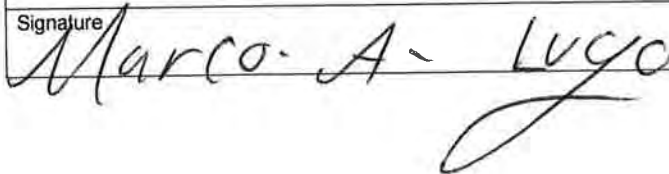
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☒ No

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

**Part E: Attestation**

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

Signature



Date

6/4/07/25



Form  
AB-200Alcohol Beverage License  
Application

For Municipal Use Only	
Municipality	Evansville
License Period	25/26

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_
 ☒ Class "B" Beer ..... \$ 100
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_
 ☒ "Class B" Liquor ..... \$ 500
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_
 ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$ 600
Background Check Fee	\$ 14
Publication Fee	\$ 100
<b>Total Fees</b>	<b>\$ 714</b>

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Evansville Memorial Post 6905/VFW			
2. Business Trade Name or DBA VFW Post 6905			
3. FEIN 39-1555281		4. Wisconsin Seller's Permit Number 456-0000482923-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization			
6. State of Organization Wisconsin		7. Date of Organization 1946	
8. Wisconsin DFI Registration Number			
9. Premises Address 179 E. Main St.			
10. City Evansville		11. State WI	12. Zip Code 53536
13. County Rock		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Evansville	
15. Aldermanic District		16. Premises Phone 608 882-2335	
17. Premises Email post6905@vfwpost6905.net		18. Website	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. old railroad station, VFW meeting hall & club Bar & Beer Garden, storage room and office.			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No



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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Schneider	John	Bar Agent/QM	
Laursen	Lynda	Bar Mgr.	

### Part D: Attestation

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

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

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

Last Name	First Name	M.I.
Schneider	John	L.
Title	Email	Phone
Bar Agent/QM	post6905@vfwpost6905.net	
Signature	Date	
John L. Schneider	3-21-2025	

### Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4-4-25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



John

Form  
AB-101

Alcohol Beverage  
Appointment of Agent

Date 3-21-2025

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)

Evansville Memorial Post 6905/VFW

2. Business Trade Name or DBA

VFW Post 6905

3. Entity Type (check one)

☐ Limited Liability Company

☐ Corporation

☒ Nonprofit Organization

4. 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 successor is checked above.

Part B: Agent Information

1. Last Name

Schneider

2. First Name

John

3. M.I.

L

4. Email

post 6905 @ vfwpost6905.net

5. Phone

6. Home Address

7. City

Evansville

8. State

WI

9. Zip Code

53536

10. Age

76

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

Wisconsin

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
Submit proof of completion.

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ..... ☒ Yes ☐ No  
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

Continued →

**Part D: Business Attestation**

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

Last Name <b>Schneider</b>		First Name <b>John</b>	M.I. <b>L</b>
Title <b>Bar Agent</b>	Email <b>post6905@vfwpost6905.net</b>	Phone <b>[REDACTED]</b>	
Signature <b>John L. Schneider</b>		Date <b>3-21-2025</b>	

**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 <b>Schneider</b>		First Name <b>John</b>	M.I. <b>L</b>
Signature <b>John L. Schneider</b>		Date <b>4-7-2025</b>	





# City of Evansville

[www.ci.evansville.wi.gov](http://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

Establishment	Name		DOB	Date	Police Department Review	
	Last	First			Approve/Deny w/ Initials	Notes
Evansville Memorial Post 6905	Schneider	John C.		04-23-25	A - CT	
	Laursen	Lynda M.		↓	↓	

Alcohol Beverage  
Individual Questionnaire

Date 3-21-05

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) VFW Post 6905	
2. Business Trade Name or DBA same	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

**Part B: Individual Information**

1. Last Name Laurson		2. First Name Lynda		3. M.I. M
4. Relationship to Business (Title) Bar Manager	5. Email [REDACTED]		6. Phone [REDACTED]	
7. Home Address [REDACTED]				
8. City Evansville	9. State WI	10. Zip Code 53536	11. Date of Birth [REDACTED]	
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance Wisconsin		

**Part C: Address History**

1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? <table><tr><td>Years</td><td>Months</td></tr><tr><td>30</td><td></td></tr></table>				Years	Months	30	
Years	Months						
30							
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				
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
State	County	State	County	State	County	State	County

Continued →



**Part D: Criminal History**

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

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

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

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

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

**Part E: Attestation**

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

Signature



Date

03/21/2025

John

Form  
AB-101

Alcohol Beverage  
Appointment of Agent

Date 3-21-2025

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)  
Evansville Memorial Post 6905/VFW
2. Business Trade Name or DBA  
VFW Post 6905
3. Entity Type (check one) ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization
4. 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 successor is checked above.

Part B: Agent Information

1. Last Name  
Schneider
2. First Name  
John
3. M.I.  
L
4. Email  
post 6905 @ vfwpost6905.net
5. Phone  
[REDACTED]
6. Home Address  
[REDACTED]
7. City  
Evansville
8. State  
WI
9. Zip Code  
53536
10. Age  
76
11. Drivers License/State ID Number  
[REDACTED]
12. Drivers License/State ID State of Issuance  
Wisconsin

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☒ Yes ☐ No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form. ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. ☒ Yes ☐ No

Continued →



**Part D: Business Attestation**

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

Last Name <b>Schneider</b>	First Name <b>John</b>	M.I. <b>L</b>
Title <b>Bar Agent</b>	Email <b>post6905@vfwpost6905.net</b>	Phone [REDACTED]
Signature <b>John L. Schneider</b>		Date <b>3-21-2025</b>

**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 <b>Schneider</b>	First Name <b>John</b>	M.I. <b>L</b>
Signature <b>John L. Schneider</b>		Date <b>4-7-2025</b>

Form  
AB-200Alcohol Beverage License  
Application

For Municipal Use Only	
Municipality	Evansville
License Period	2025 - 2026

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_
 ☒ Class "B" Beer ..... \$ 100
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_
 ☒ "Class B" Liquor ..... \$ 500
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_
 ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$ <u>614</u>
Background Check Fee	\$ <u>14</u>
Publication Fee	\$ <u>100</u>
Total Fees	\$ <u>714</u>

## Part A: Premises/Business Information

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

Lovegoods LLC

2. Business Trade Name or DBA

Lovegoods Coffee &amp; Cocktails

3. FEIN

93-2145905

4. Wisconsin Seller's Permit Number

456-103144851-02

5. Entity Type (check one)

- ☐ Sole Proprietor
 ☐ Partnership
 ☒ Limited Liability Company
 ☐ Corporation
 ☐ Nonprofit Organization

6. State of Organization

Wisconsin

7. Date of Organization

6/29/2023

8. Wisconsin DFI Registration Number

L 078473

9. Premises Address

[REDACTED]

10. City

Evansville

11. State

WI

12. Zip Code

53536

13. County

Rock

14. Governing Municipality: ☒ City ☐ Town ☐ Village  
of: Evansville

15. Aldermanic District

16. Premises Phone

(715) 630-7626

17. Premises Email

Lovegoodscc@gmail.com

18. Website

lovegoodscoffee.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

2 story Historic building; upstairs is a separate 2 bed apartment. 1st floor is a commercial space with a patio out front. Patio space is approx. 50 sq feet, with outdoor seating. Locked cabinets & refrigerators for alcohol storage. Utility closet & handicap bathroom.

20. Mailing Address (if different from premises address)

16 W main St.

21. City

Evansville,

22. State

WI

23. Zip Code

53536

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

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



2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No  
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

### Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
O'Brien	Hannah	Co Owner	
O'Brien	Logan	Co owner	

### Part D: Attestation

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

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

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

Last Name O'Brien		First Name Hannah		M.I. M
Title Owner		Email lovegoodsec@gmail.com		Phone [REDACTED]
Signature [Signature]			Date 4/11/2025	

### Part E: For Clerk Use Only

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)	

Alcohol Beverage  
Appointment of AgentDate  
04/11/2025

## 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)

Lovegoods LLC

2. Business Trade Name or DBA

Lovegoods Coffee &amp; Cocktails

3. Entity Type (check one)

- ☒
- Limited Liability Company
- ☐
- Corporation
- ☐
- Nonprofit Organization

4. 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 successor is checked above.

## Part B: Agent Information

1. Last Name

O'Brien

2. First Name

Hannah

3. M.I.

VM

4. Email

lovegoodscc@gmail.com

5. Phone

6. Home Address

7. City

Evansville

8. State

WI

9. Zip Code

53536

10. Age

29

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

## Part C: Agent Questions


1. Have you satisfied the responsible beverage server training requirement? ..... ☐ Yes ☒ No  
Submit proof of completion.
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ..... ☒ Yes ☐ No  
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

Continued →



**Part D: Business Attestation**

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

Last Name <i>O'Brien</i>		First Name <i>Hannah</i>		M.I. <i>M</i>
Title <i>Owner</i>	Email <i>lovegoods cc@gmail.com</i>		Phone 	
Signature <i>Hannah OB</i>			Date <i>4/11/2025</i>	

**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 <i>O'Brien</i>		First Name <i>Hannah</i>		M.I. <i>M</i>
Signature <i>Hannah OB</i>			Date <i>4/11/2025</i>	



# City of Evansville

[www.ci.evansville.wi.gov](http://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

Establishment	Name		DOB	Date	Police Department Review	
	Last	First			Approve/Deny w/ Initials	Notes
Lovegood's Coffee & Cocktails	O'Brien	Hannah M.	[REDACTED]	04-23-25	A-	
	O'Brien	Logan J.	[REDACTED]			



Alcohol Beverage  
Individual QuestionnaireDate  
4/11/2025

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.

## Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)	
Lovegoods LLC	
2. Business Trade Name or DBA	
Lovegoods Coffee & Cocktails	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization

## Part B: Individual Information

1. Last Name		2. First Name		3. M.I.
O'Brien		Logan		J
4. Relationship to Business (Title)		5. Email		6. Phone
Owner		lovegoodscc@gmail.com		[REDACTED]
7. Home Address				
[REDACTED]				
8. City		9. State	10. Zip Code	11. Date of Birth
Evansville		WI	53536	[REDACTED]
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance	
[REDACTED]			WI	

## Part C: Address History

1. Do you currently reside in Wisconsin? .....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? .....				Years	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		City	State	Zip Code	
[REDACTED]		Evansville	WI	53536	
Previous Address 2		City	State	Zip Code	
[REDACTED]		Evansville	WI	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
WI	Rock	WI	La Crosse		
WI	Dane				

Continued →

**Part D: Criminal History**

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

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

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

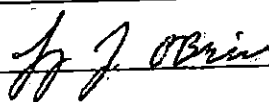
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☒ No

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

**Part E: Attestation**

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

Signature



Date

04/11/2025



Form  
AB-101

Alcohol Beverage  
Appointment of Agent

Date  
04/11/2025

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)

Lovegoods LLC

2. Business Trade Name or DBA

Lovegoods Coffee + Cocktails

3. Entity Type (check one)

☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. 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 successor is checked above.

Part B: Agent Information

1. Last Name

O'Brien

2. First Name

Hannah

3. M.I.

W

4. Email

lovegoodscc@gmail.com

5. Phone

6. Home Address

7. City

Evanville

8. State

WI

9. Zip Code

53536

10. Age

29

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.

☐ Yes ☒ No

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.

☒ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.

☒ Yes ☐ No

Continued →

**Part D: Business Attestation**

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

Last Name <i>O'Brien</i>	First Name <i>Hannah</i>	M.I. <i>M</i>
Title <i>Owner</i>	Email <i>lovegoodscc@gmail.com</i>	Phone <i>[REDACTED]</i>
Signature <i>Hannah OB</i>		Date <i>4/11/2025</i>

**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 <i>O'Brien</i>	First Name <i>Hannah</i>	M.I. <i>M</i>
Signature <i>Hannah OB</i>		Date <i>4/11/2025</i>



Form  
AB-200

Alcohol Beverage License  
Application

7E-7

For Municipal Use Only	
Municipality	Evansville
License Period	25-26

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ 100
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☒ "Class B" Liquor ..... \$ 500
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$ 600 -
Background Check Fee	\$ 14 -
Publication Fee	\$ 100 -
Total Fees	\$ 714

Part A: Premises/Business Information

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

PETE'S INN INC.

2. Business Trade Name or DBA

3. FEIN

39-1893-894

4. Wisconsin Seller's Permit Number

456-0000036729-03

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

6. State of Organization

WISCONSIN

7. Date of Organization

50 yrs. +

8. Wisconsin DFI Registration Number

9. Premises Address

14 N. MADISON ST. ~~100~~

10. City

EVANSVILLE

11. State

WI

12. Zip Code

53536

13. County

ROCK

14. Governing Municipality: ☒ City ☐ Town ☐ Village  
of: \_\_\_\_\_

15. Aldermanic District

16. Premises Phone

008-882-4170

17. Premises Email

N/A

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

BEHIND BAR/BACK  
WALK IN COOLER + BASEMENT STORAGE CAGE

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ..... ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ..... ☐ Yes ☐ No

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

### Part C: Individual Information

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

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

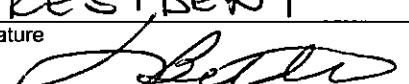
Last Name	First Name	Title	Phone
BIDDICK	SHERI	PRESIDENT	
BIDDICK	BRYCE	VICE PRESIDENT	

### Part D: Attestation

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

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

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

Last Name	First Name	M.I.
BIDDICK	SHERI	L.
Title	Email	Phone
PRESIDENT		
Signature	Date	
	(F) 4/11/2025	

### Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4-11-2025			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



**Alcohol Beverage  
Appointment of Agent**(F) Date **4/11/25****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)

**PETES INN, INC.**

2. Business Trade Name or DBA

**PETES INN, INC.**

3. Entity Type (check one)

- ☐
- Limited Liability Company
- ☒
- Corporation
- ☐
- Nonprofit Organization

4. 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 successor is checked above.

**Part B: Agent Information**

1. Last Name

**BIDDICK**

2. First Name

**SHERI**

3. M.I.

**L.**

4. Email

5. Phone

6. Home Address

7. City

**EVANSVILLE**

8. State

**WI**

9. Zip Code

**53536**

10. Age

**56**

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance


**WI****Part C: Agent Questions**

1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ..... ☒ Yes ☐ No  
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

Continued →

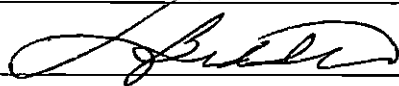
**Part D: Business Attestation**

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

Last Name BIDDICK		First Name SHERI		M.I. L.
Title PRESIDENT	Email [REDACTED]		Phone [REDACTED]	
Signature 			Date [REDACTED]	

**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 BIDDICK		First Name SHERI		M.I. L.
Signature 			Date (F) 4/11/2025	





# City of Evansville

[www.ci.evansville.wi.gov](http://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

Establishment	Name		DOB	Date	Police Department Review	
	Last	First			Approve/Deny w/ Initials	Notes
Pete's Inn, Inc.	Biddick	Sheri L.	[REDACTED]	04-24-25	A - 5	
	Biddick	Bryce	[REDACTED]	04-24-25	A [initials]	

Alcohol Beverage  
Individual Questionnaire

(F) Date 9/11/2025

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

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

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

**Part A: Business Information**

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

PETES INN, INC.

2. Business Trade Name or DBA

PETES INN, INC.

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☐ Limited Liability Company☒ Corporation☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

Biddick

2. First Name

Bryce

3. M.I.

L.

4. Relationship to Business (Title)

Vice President

5. Email

6. Phone

7. Home Address

8. City

Evansville

9. State

WI

10. Zip Code

53536

11. Date of Birth

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? .....

☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? .....

Years 26 Months 2

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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						
WI	ROCK						

Continued →

**Part D: Criminal History**

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

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

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

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

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

**Part E: Attestation**

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

Signature

*Bryce Biddell*

Date

4-11-25



Alcohol Beverage  
Individual Questionnaire

(F) Date 4/11/25

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.

**Part A: Business Information**

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

PETE'S INN, INC.

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

BIDDICK

2. First Name

SHERI

3. M.I.

L.

4. Relationship to Business (Title)

PRESIDENT

5. Email

6. Phone

7. Home Address

8. City

EVANSVILLE

9. State

WI

10. Zip Code

53536

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

AB321 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

56

Months

9

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

City

EVANSVILLE

State

WI

Zip Code

53536

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

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

State

County

WI

DAVE

State

County

State

County

State

County

State

County

WI

ROCK

State

County

State

County

State

County

Continued →

**Part D: Criminal History**

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

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

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

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

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

**Part E: Attestation**

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

Signature *Shawn Biddle*

Date (F) 4/11/2025

Form  
AB-200Alcohol Beverage License  
Application

For Municipal Use Only	
Municipality	Evansville
License Period	25-26

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_
 ☒ Class "B" Beer ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_
 ☒ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_
 ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$ 600
Background Check Fee	\$ 14
Publication Fee	\$ 100
<b>Total Fees</b>	<b>\$ 714</b>

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Steve Golt			
2. Business Trade Name or DBA			
3. FEIN 88-204 0513		4. Wisconsin Seller's Permit Number 450-1031083731-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 11-22	
8. Wisconsin DFI Registration Number			
9. Premises Address 1 E Main St			
10. City Evansville		11. State WI	12. Zip Code 53536
13. County Rock	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Evansville		15. Aldermanic District
16. Premises Phone 608-882-1044	17. Premises Email Steve.golt@outlook.com		18. Website www.steviegoltwi.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Bar where beverages are served and sold in the main room on 1st floor of building. Secure storage w/ coolers w/ outdoor seating when permitted.			
20. Mailing Address (if different from premises address) 1 E Main St			
21. City Evansville		22. State WI	23. Zip Code 53536

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No



2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No  
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

4a. Name of Business Entity Spice Golf LLC	4b. Business Entity FEIN 88-2640513
---	--

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

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

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

### Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Kilps	Sarah	Owner	
Domini	Andrew	Owner	

### Part D: Attestation

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

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

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

Last Name Kilps	First Name Sarah	M.I. M
Title Owner	Email SarahKilps@gmail.com	Phone [REDACTED]
Signature [Signature]		Date 4-8-25

### Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-9-2025	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk			Date Provisional License Issued (if applicable)

Sarah

Form  
AB-101

# Alcohol Beverage Appointment of Agent

Date  
4-8-25

## 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)

Pine Golf LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

- ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. 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 successor is checked above.

## Part B: Agent Information

1. Last Name

Klips

2. First Name

Sarah

3. M.I.

M

4. Email

[REDACTED]

5. Phone

[REDACTED]

6. Home Address

[REDACTED]

7. City

Evansville

8. State

WI

9. Zip Code

63534

10. Age

33

11. Drivers License/State ID Number

[REDACTED]

12. Drivers License/State ID State of Issuance

WI

## Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ..... ☒ Yes ☐ No  
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

Continued →



**Part D: Business Attestation**

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

Last Name <i>Kilps</i>	First Name <i>Sarah</i>	M.I. <i>M</i>
Title <i>Owner</i>	Email [REDACTED]	Phone [REDACTED]
Signature <i>[Signature]</i>		Date <i>4-8-25</i>

**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 <i>Kilps</i>	First Name <i>Sarah</i>	M.I. <i>M</i>
Signature <i>[Signature]</i>		Date <i>4-8-25</i>





# City of Evansville

[www.ci.evansville.wi.gov](http://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

Establishment	Name			Police Department Review		
	Last	First	DOB	Date	Approve/Deny w/ Initials	Notes
Slice Golf	KILPS	Sarah	[REDACTED]	04-23-25	A-G	
	Tomlin	Andrew	[REDACTED]			

Alcohol Beverage  
Individual QuestionnaireDate  
4-8-25

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.

## Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)	
Pike 601C LLC	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization

## Part B: Individual Information

1. Last Name		2. First Name		3. M.I.
Tomlin		Andrew		M
4. Relationship to Business (Title)		5. Email		6. Phone
Owner				
7. Home Address				
8. City	9. State	10. Zip Code	11. Date of Birth	
Evansville	WI	53536		
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance		
		WI		

## Part C: Address History

1. Do you currently reside in Wisconsin? .....					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? .....					Years	Months	
					18	0	
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		
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
WI	Kosciusko						
State	County	State	County	State	County	State	County

Continued →

**Part D: Criminal History**

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

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

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

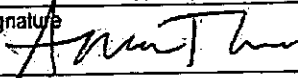
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . ☐ Yes ☐ No

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

**Part E: Attestation**

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

Signature



Date

4-8-25



Sarah

Form  
AB-100

# Alcohol Beverage Individual Questionnaire

Date  
4-8-25

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.

## Part A: Business Information

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

Stile Golf LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

☐ Nonprofit Organization

## Part B: Individual Information

1. Last Name

Kilps

2. First Name

Sarah

3. M.I.

M

4. Relationship to Business (Title)

Owner

5. Email

[REDACTED]

6. Phone

[REDACTED]

7. Home Address

[REDACTED]

8. City

Evansville WI

9. State

WI

10. Zip Code

53534

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

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

33

Months

11

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

Brown School Rd

City

Evansville

State

WI

Zip Code

53534

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

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

State

WI

County

Rock

State

WI

County

Dane

State

WI

County

Walworth

State

County

State

County

State

County

State

County

State

County

Continued →

**Part D: Criminal History**

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

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

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

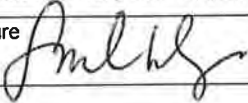
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☒ No

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

**Part E: Attestation**

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

Signature



Date

4-8-25

Form  
AB-200Alcohol Beverage License  
Application

For Municipal Use Only	
Municipality	Evansville
License Period	25-26

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_
 ☒ Class "B" Beer ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_
 ☒ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_
 ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$ 600
Background Check Fee	\$ 14
Publication Fee	\$ 100
<b>Total Fees</b>	<b>\$ 714</b>

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) THE NIGHT OWL Food & Spirits Inc.			
2. Business Trade Name or DBA THE NIGHT OWL SPORTS PUB & Eatery			
3. FEIN 20-4558759		4. Wisconsin Seller's Permit Number 456103002153003	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization	
8. Wisconsin DFI Registration Number			
9. Premises Address 189 E MAIN			
10. City Evansville		11. State WI	
12. Zip Code		13. County	
14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: EVANSVILLE		15. Aldermanic District	
16. Premises Phone 608-882-9973		17. Premises Email THENIGHTOWLSPORTSPUBAND EATERY@GMAIL.COM	
18. Website			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. 6000 SQ FT BUILDING PATIO BAR & GREEN SPACE WEST OF BUILDING			
20. Mailing Address (if different from premises address)			
21. City		22. State	
23. Zip Code			
Part B: Questions			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated		Location	
Penalty Imposed		Trial Date	
Was sentence completed? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated		Location	
Penalty Imposed		Trial Date	
Was sentence completed? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No	



2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No  
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.
- 4a. Name of Business Entity
- 4b. Business Entity FEIN
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
ARDISSON	TRAVIS	MANAGER	
ARDISSON	GREGORY	PRESIDENT	

### Part D: Attestation

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

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

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

Last Name ARDISSON	First Name GREGORY	M.I. P
Title PRESIDENT	Email	Phone
Signature <i>Travis Ardisson</i>	Date 4/10/25	

### Part E: For Clerk Use Only

Date Application Was Filed With Clerk 7-14-2025	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



Greg

Form  
AB-101

Alcohol Beverage  
Appointment of Agent

Date 4/14/25

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)

THE NIGHT OWL Food & SPIRITS INC

2. Business Trade Name or DBA

THE NIGHT OWL SPORTS PUB & EATERY

3. Entity Type (check one)

☐ Limited Liability Company

☒ Corporation

☐ Nonprofit Organization

4. 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 successor is checked above.

Part B: Agent Information

1. Last Name

ADDISSON

2. First Name

GREGORY

3. M.I.  
P

4. Email

6. Home Address

7. City

EVANSVILLE

8. State

WI

9. Zip Code

53534

10. Age

66

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
Submit proof of completion.

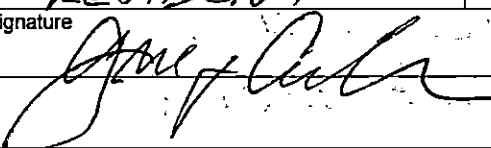
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ..... ☒ Yes ☐ No  
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

Continued →

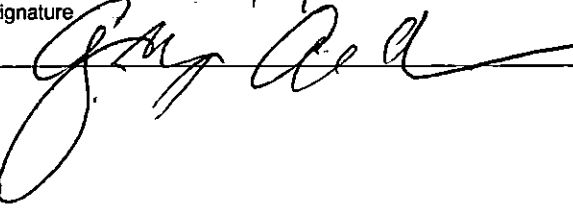
**Part D: Business Attestation**

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

Last Name <b>ADDISSON</b>	First Name <b>GREGORY</b>	M.I. <b>P</b>
Title <b>PRESIDENT</b>	Email [REDACTED]	
Signature 		Date [REDACTED]

**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 <del>ADDISSON</del> <b>ADDISSON</b>	First Name <b>GREGORY</b>	M.I. <b>P</b>
Signature 		Date <b>4/14/25</b>





# City of Evansville

[www.ci.evansville.wi.gov](http://www.ci.evansville.wi.gov)

Date: Monday, April 14, 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

Establishment	Name		DOB	Date	Police Department Review	
	Last	First			Approve/Den-y w/ Initials	Notes
The Night Owl	Ardisson	Gregory P.		04-23-25	A - CS	
	Ardisson	Travis				

Travis

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.

## Part A: Business Information

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

The Night Owl Sports Pub and Eatery

2. Business Trade Name or DBA

3. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

## Part B: Individual Information

1. Last Name

Ardisson

2. First Name

Travis

3. M.I.

4. Relationship to Business (Title)

Member

5. Email

6. Phone

7. Home Address

8. City

Evansville

9. State

IN

10. Zip Code

47516

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

IN

## 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

34

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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	Rock						
WI	Milwaukee						

Continued →

**Part D: Criminal History**

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

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

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

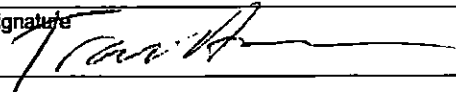
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?..... ☐ Yes ☒ No

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

**Part E: Attestation**

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

Signature



Date

4-17-25



Greg

Form  
AB-101

Alcohol Beverage  
Appointment of Agent

Date  
4/14/25

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

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) THE NIGHT OWL FOOD & SPIRITS INC	
2. Business Trade Name or DBA THE NIGHT OWL SPORTS PUB & EATERY	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.     	

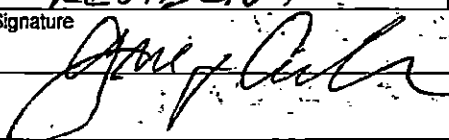
<b>Part B: Agent Information</b>			
1. Last Name ADDISON	2. First Name GREGORY	3. M.I. P	
4. Employer [REDACTED]			
6. Home Address [REDACTED]			
7. City EVANSVILLE	8. State WI	9. Zip Code 53534	10. Age 66
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance WI	

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

Continued →

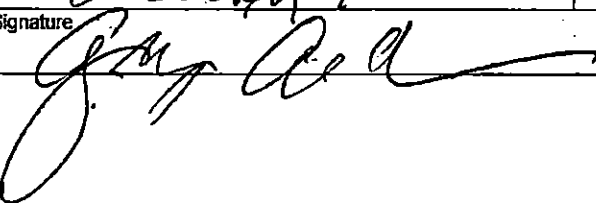
**Part D: Business Attestation**

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

Last Name <b>ADDISSON</b>	First Name <b>GREGORY</b>	M.I. <b>P</b>
Title <b>PRESIDENT</b>	Email [REDACTED]	Phone [REDACTED]
Signature 		Date <b>4/14/25</b>

**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 <b>ADDISSON</b>	First Name <b>GREGORY</b>	M.I. <b>P</b>
Signature 		Date <b>4/14/25</b>

Form  
AB-200Alcohol Beverage License  
Application

For Municipal Use Only	
Municipality	Evansville
License Period	25-26

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_
 ☒ Class "B" Beer ..... \$ 100-
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_
 ☒ "Class B" Liquor ..... \$ 500-
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_
 ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☒ "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$ 600-
Background Check Fee	\$ 7.00
Publication Fee	\$ 100-
<b>Total Fees</b>	<b>\$ 707-</b>

## Part A: Premises/Business Information

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

Johnnie Mae Washington

2. Business Trade Name or DBA

Totally Elegant Event Dec. LLC

3. FEIN

92-0247359

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

☒ Sole Proprietor
 ☐ Partnership
 ☐ Limited Liability Company
 ☐ Corporation
 ☐ Nonprofit Organization
 

6. State of Organization

WISCONSIN

7. Date of Organization

09-15-2022

8. Wisconsin DFI Registration Number

9. Premises Address

7 East Main Street Unit 1

10. City

Evansville

11. State

WI

12. Zip Code

53536

13. County

Rock

14. Governing Municipality: ☒ City ☐ Town ☐ Village  
of: \_\_\_\_\_

15. Aldermanic District

16. Premises Phone

608-446-0424

17. Premises Email

J.Washington66@yahoo.com

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

7 East Main Street Unit 1  
alcohol will be stored in storage room in lower level, it will  
only be served in rental space

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? . . . . ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? . . . . ☐ Yes ☐ No



2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No  
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

4a. Name of Business Entity Totally Elegant Event Dec. LLC	4b. Business Entity FEIN 92-0247359
---	--

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

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

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

### Part C: Individual Information

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

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


Last Name	First Name	Title	Phone
Washington	Johnne	Sole Proprietor	XXXXXXXXXX

### Part D: Attestation

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

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

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

Last Name Washington		First Name Johnne		M.I. M
Title Sole Proprietor		Email J.Washington66@yahoo.com		Phone XXXXXXXXXX
Signature 			Date 03-31-2025	

### Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-7-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage  
Appointment of AgentDate  
03-31-25

## 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)

Totally Elegant Event Sec. LLC

Johnnie M. Washington

2. Business Trade Name or DBA

Totally Elegant Event Sec LLC

3. Entity Type (check one)

☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization

4. 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 successor is checked above.

## Part B: Agent Information

1. Last Name

Washington

2. First Name

Johnnie

3. M.I.

M

4. Email

J.Washington66@yahoo.com

5. Phone

XXXXXXXXXXXX

6. Home Address

7. City

Madison

8. State

WI

9. Zip Code

53704

10. Age

58

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

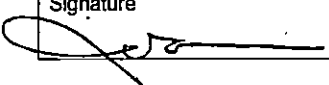
## Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
Submit proof of completion.
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ..... ☒ Yes ☐ No  
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

Continued →

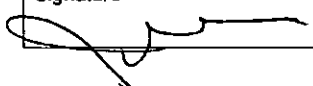
**Part D: Business Attestation**

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

Last Name Washington		First Name Johnnie		M.I. Mae
Title Sole Proprietor	Email <del>XXXXXXXXXXXXXXXXXXXX</del>	Phone <del>XXXXXXXXXX</del>		
Signature 		Date 04-07-25		

**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 Washington		First Name Johnnie		M.I. M.
Signature 		Date 04-07-25		





# City of Evansville

[www.ci.evansville.wi.gov](http://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

Establishment	Name			Police Department Review		
	Last	First	DOB	Date	Approve/Deny w/ Initials:	Notes
Totally Elegant, LLC	Washington	Johnnie Mae	[REDACTED]	04-23-25	A-	

Alcohol Beverage  
Individual QuestionnaireDate  
03-31-25

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.

## Part A: Business Information

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

Totally Elegant Event Dec. LLC

Johnnie M. Washington

2. Business Trade Name or DBA

Totally Elegant Event Dec LLC

3. Entity Type (check one)



Sole Proprietor



Partnership



Limited Liability Company



Corporation



Nonprofit Organization

## Part B: Individual Information

1. Last Name

Washington

2. First Name

Johnnie

3. M.I.

M.

4. Relationship to Business (Title)

Sole Proprietor

5. Email

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

6. Phone

XXXXXXXXXXXX

7. Home Address

8. City

Madison

9. State

WI

10. Zip Code

53704

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

Madison, 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

33

Months

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

City

Madison, WI

State

WI

Zip Code

53704

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

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

State

County

State

County

State

County

State

County

IL

Cook

WI

County

Dane

Continued →

**Part D: Criminal History**

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

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

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

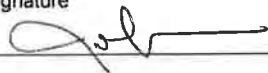
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☐ No

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

**Part E: Attestation**

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

Signature



Date

03-31-25



Form  
AB-200Alcohol Beverage License  
Application

For Municipal Use Only	
Municipality	Evansville
License Period	25-26

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_
 ☒ Class "B" Beer ..... \$ 100
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_
 ☒ "Class B" Liquor ..... \$ 500
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_
 ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$ 600
Background Check Fee	\$ 14
Publication Fee	\$ 100
<b>Total Fees</b>	<b>\$ 714</b>

## Part A: Premises/Business Information

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

Trappers BAR &amp; Grill LLC

2. Business Trade Name or DBA

3. FEIN

92-0636569

4. Wisconsin Seller's Permit Number

456-103114989204

5. Entity Type (check one)

- ☐ Sole Proprietor
 ☐ Partnership
 ☒ Limited Liability Company
 ☐ Corporation
 ☐ Nonprofit Organization

6. State of Organization

Wisc

7. Date of Organization

11-1-2022

8. Wisconsin DFI Registration Number

9. Premises Address

50 Union St

10. City

EVANSVILLE

11. State

WI

12. Zip Code

53534

13. County

Rock

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: EVANSVILLE

15. Aldermanic District

16. Premises Phone

582-1170

17. Premises Email

trappersbar50@gmail

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

un-used bev. are in a secure, locked area in basement  
BAR Area & 2 dining rooms, all alcohol is kept behind  
bar w/ licensed adult & only served by adult

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? . . . . ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? . . . . ☐ Yes ☐ No



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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No  
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No  
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

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

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


Last Name	First Name	Title	Phone
Schuh	Travis	owner	
Sluz	Vanessa	manager	

### Part D: Attestation

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

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

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

Last Name	First Name	M.I.
Schuh	Travis	J
Title	Email	Phone
owner	trappers bar 50@gmail	
Signature	Date	
	4-10-25	

### Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4-10-25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



Travis

Form  
AB-101

Alcohol Beverage  
Appointment of Agent

Date 4-10-25

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) Trappers Bar and Grill LLC		
2. Business Trade Name or DBA		
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
4. Alcohol Beverage Business Authorization (check one) <input type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit		5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.		

Part B: Agent Information

1. Last Name Schuh		2. First Name Travis		3. M.I. J
4. Email trappers bar 50@gmail			5. Phone [REDACTED]	
6. Home Address [REDACTED]				
7. City Orfordville	8. State WI	9. Zip Code 535710	10. Age 43	
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance WI		

Part C: Agent Questions

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

Continued →



**Part D: Business Attestation**

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

Last Name	Schuck	First Name	Travis	M.I.	J.
Title	owner	Email	[REDACTED]		
Signature	[Signature]			Date	4-10-25

**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	Schuck	First Name	Travis	M.I.	J.
Signature	[Signature]			Date	4-10-25



# City of Evansville

[www.ci.evansville.wi.gov](http://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

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

Establishment	Name		DOB	Date	Police Department Review	
	Last	First			Approve/Deny w/ Initials	Notes
Trappers Bar & Grill	Schuh	Travis		04-24-25	A - [Signature]	
	Slye	Vanessa M.		04-24-25	A [Signature]	

Alcohol Beverage  
Individual Questionnaire

Date 4-10-25

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
- 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)	
Trappers BAR and Grill LLC	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
<input type="checkbox"/> Nonprofit Organization	

## Part B: Individual Information

1. Last Name		2. First Name		3. M.I.	
Schuh		Travis		J	
4. Relationship to Business (Title)		5. Email			
owner		[REDACTED]			
7. Home Address					
[REDACTED]					
8. City		9. State		10. Zip Code	
Orfordville		WI		53570	
11. Date of Birth		12. Drivers License/State ID Number			
[REDACTED]		13. Drivers License/State ID State of Issuance			
[REDACTED]		[REDACTED]			

## Part C: Address History

1. Do you currently reside in Wisconsin? .....						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....						Years	
						43	
						Months	
						2	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1				City		State	
[REDACTED]				Orfordville		WI	
						Zip Code	
						53570	
Previous Address 2				City		State	
						Zip Code	
Previous Address 3				City		State	
						Zip Code	
Previous Address 4				City		State	
						Zip Code	
Previous Address 5				City		State	
						Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State		County		State		County	
WI		DANE					
State		County		State		County	
WI		ROCK					

Continued →



**Part D: Criminal History**

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

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


Law/Ordinance Violated <b>DUI</b>	Location <b>Rock County</b>	Conviction Date <b>4-16-08</b>
Penalty Imposed <b>Ticket, 10 days bracelet</b>	Was sentence completed? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated <b>DUI</b>	Location <b>Rock County</b>	Conviction Date
Penalty Imposed <b>tickets</b>	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date <b>3-17-06</b>
Penalty Imposed	Was sentence completed? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

**Part E: Attestation**

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

Signature 	Date <b>4-10-25</b>
---	---------------------

Travis

Form  
AB-101

Alcohol Beverage  
Appointment of Agent

Date 4-10-25

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)

Trappers Bar and Grill LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

- ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. 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 successor is checked above.

Part B: Agent Information

1. Last Name

Schuh

2. First Name

Travis

3. M.I.

J

4. Email

trappers bar so@gmail

5. Phone

715-251-1111

6. Home Address

1111 May St

7. City

Oxfordville

8. State

WI

9. Zip Code

53570

10. Age

43

11. Drivers License/State ID Number

20051080055

12. Drivers License/State ID State of Issuance

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement?  
Submit proof of completion.

☐ Yes ☒ No

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?  
Submit a completed Form AB-100 with this form.

☒ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days?  
See instructions for exceptions

☒ Yes ☐ No

Continued →

**Part D: Business Attestation**

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

Last Name	Schuh	First Name	Travis	M.I.	J.
Title	owner	Email	[REDACTED]		
Signature	[Signature]			Date	4-10-25

**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	Schuh	First Name	Travis	M.I.	J.
Signature	[Signature]			Date	4-10-25





## Chapter 90

**SOLICITORS<sup>1</sup>**

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.

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<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) **“Business”** 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) **“Registered Solicitor”** means and includes a person or business that has obtained a solicitor’s permit as provided in this chapter.

(d) **“Residence”** 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>2</sup> **Cross references:** Definitions generally, § 1-2.



(e) **“Police Chief or Chief of Police”**. 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) **Application information**- 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) Identification and Certification**-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.

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<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)





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

7I-1

CITY OF EVANSVILLE CLERK'S OFFICE

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

Application Fee: \$10.00 per Licensed Premise

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN

Number of Licensed Premise(s): 1 x \$10.00 = \$ 10- Total Due

License Type: (Check one)



Beer Only

Wine Only

Event Name: FOURTH OF JULY

Event Date: JULY 2-6

Event Time: 12-12

Name of Person in Charge of Event: JIM BRADICKS

Organization

Bona fide Club

Church

Lodge/Society

☒ Chamber of Commerce/ similar  
Civic or Trade Organization

Fair Assoc/Agricultural Society

Veteran's Organization

Organization Name: EVANSVILLE COMMUNITY PARTNERSHIP

Address: PO Box 691 EVANSVILLE 53536

Date Organized:

If Corporation, Date of Incorporation:

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



Names and addresses of all Organization Officers:

President/Primary Officer: JIM BRADICKS

310 S 6th St

EVANSVILLE

Name

Address

City/State/Zip

Vice President:

Name

Address

City/State/Zip

Secretary:

Name

Address

City/State/Zip

Treasurer:

Name

Address

City/State/Zip

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

Address/Location Description: 2601 N 150th PARK WITH MAPSA DIAMOND

Do premises occupy all or part of building? OUTSIDE

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

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



# 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 2-4, 2025

EVENT TIME: 12-12

NAME: James Brooks

DATE OF BIRTH: 8/8/1951

ADDRESS: 310 S 6th St 53536

EMAIL: James.A.Brooks@carcock.com

PHONE: 608 239 0587

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

### ATTESTATION AND ACKNOWLEDGEMENT OF RESPONSIBLE PARTY

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

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

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

Signature of Manager/Person in Charge of event

5/5/25

Date

### FOR MUNICIPALITY USE ONLY BELOW THIS LINE

#### Police Chief Recommendation and Comments:

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

Police Chief's Signature

Date

Date Filed with Clerk: 5-5-25

Date License Issued:

Public Safety: 5-7-2025

Clerk's Signature:

Paid To:  
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	T
TRESPASSING	2	TRES
UNWANTED PERSON	2	NOWN
VANDALISM	3	VAND
VEHICLE UNLOCK	4	UNLK
WARRANT SERVICE	2	WAR
WELFARE CHECK	9	WELF
<b><u>Number of CAD Complaints During Period</u></b>	<b>1458</b>	





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

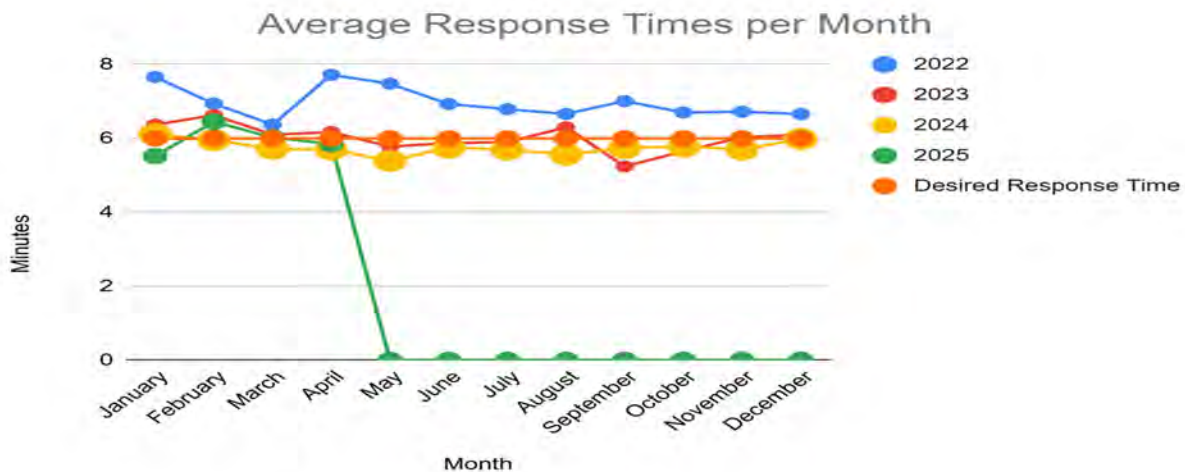
**1. Calls for Service:**

- 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%