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.ci.evansville.wi.gov/city\_government/public\_agendas\_minutes/public\_safety.php

# **Public Safety Committee**

Regular Meeting Wednesday, June 4, 2024, 6:00 p.m. City Hall, 31 S. Madison Street, Evansville, WI

## AGENDA

- 1. Call to Order.
- **2.** Roll Call.
- **3.** Motion to approve the Agenda.
- 4. Motion to approve the May 7, 2025, Public Safety regular meeting Minutes.
- 5. Citizen appearances other than agenda items listed.

#### 6. Oath of Office and Swearing in Lieutenant Ian Reilly

- 7. Old Business.
  - A. Discussion with Possible Motion to Approve the Operator's License Application(s) for: (non-recommended by

Evansville Police Department).

- 1) Brandi Katelyn Van Fossen
- 8. New Business.
  - A. Presentation from Jim Brooks with the updates on the plan for Security for July 6, 2025, 4<sup>th</sup> of July Celebration.
  - **B.** Discussion with Possible Motion to Approve the following Appealed Solicitor's License Applications for: (*Non-recommended by Evansville Police Department*).
    - 1) Ace Keith Tilson Top to Bottom Construction
  - C. Motion to approve the **Operator's License Application(s)** for: (recommended by Evansville Police

Department).

- 1) Barbara Ann Hermanson
- 2) Tina Marie Eckhoff
- 3) Gina Kristine Haefer
- 4) John M. Frey
- 5) Karen M. Frey
- 6) Michael E Maves
- 7) Jameson Patrick Lavery
- 8) Dorry Avis Weigel
- 9) Michelle Ann Buehl
- 10) Kari Ann Fehrenbacher
- 11) Blake Lee Biddick

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

- 12) Amber Rae Knetter
- 13) Mark L. Merrill
- 14) LeAnn May Alf
- 15) Ashlee E. Traylor
- 16) Karsen Kay Vance
- 17) Jessica Ann Hall
- 18) Michelle Rucks

# **D.** Discussion with possible motion to approve the <u>Operator's License Application(s)</u> for: (non-recommended by

Evansville Police Department).

- 1) Sean Mangold
- 2) Jed Kjornes
- 3) Amy Schoonover
- 4) Arcadia Krake
- E. Discussion with possible motion to approve the <u>Long-Term Street Use License Application(s) for:</u> Evansville Underground Music (EUM) at 23 N. First St, Evansville, WI 53536.
  - Friday, June 13, 2025 4:00 p.m. to 10:00 p.m.
  - Friday, June 27, 2025 4:00 p.m. to 10:00 p.m.
  - Wednesday, July 16, 2025 4:00 p.m. to 10:00 p.m.
  - Friday, August 8, 2025 4:00 p.m. to 10:00 p.m.
  - Saturday, August 23, 2025 4:00 p.m. to 10:00 p.m.
- F. Discussion with possible motion to approve the <u>Temporary Class "B" Retailer's License Application</u> <u>for</u>: <u>Evansville Underground Music (EUM)</u> at 23 N. First St, Evansville, WI 53536 for the following dates in 2025:
  - Friday, June 13, 2025 6:00 p.m. to 10:00 p.m.
  - Friday, June 27, 2025 6:00 p.m. to 10:00 p.m.
  - Wednesday, July 16, 2025 6:00 p.m. to 10:00 p.m.
  - Friday, August 8, 2025 6:00 p.m. to 10:00 p.m.
  - Saturday, August 23, 2025 6:00 p.m. to 10:00 p.m.
- G. Motion to recommend to the Common Council approval of the <u>Renewal</u> Alcohol Beverage License Applications for a <u>Class "A" Beer/ "Class A" Liquor License</u> for: (background check recommendations provided by Chief Jones, unless otherwise noted)
  - 1) <u>Family Dollar Stores of Wisconsin, LLC</u>, Corey Schmidt, Agent, 17350 Brooklawn Drive, Brookfield, WI 53045 d/b/a Family Dollar Store #24446, 28 County Highway M, Evansville, WI 53536
- 9. Evansville Police Department Report.
- 10. Evansville Emergency Medical Services Report.

<b>11.</b> Meeting Reminder:	Alcohol Policy Workshop – June 16, 2025, at 11:00 a.m. to 1:00 p.m.
	Wednesday July 2, 2025, Meeting canceled.
	Wednesday, August 6, 2025, at 6:00 p.m.

12. Adjourn.

Erika Stuart, Chairperson

# **Public Safety Committee**

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

## **MINUTES**

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

<u>Members</u>	<u>Present/Absent</u>	<u>Others Present</u>
Alderperson Erika Stuart, Chair	Р	Christopher Jones, Chief
Alderperson Chuck Boyce	Р	Carolyn Kleisch, EMS Chief
Alderperson Joe Geoffrion	Р	Jolene Klitzman, Deputy Clerk
		Leah Hurtley, City Clerk
		Brandi Van Fossen, Citizen
		Abbey Barns, Citizen
		Kristina Krueger, Citizen
		Kurt Krueger, Citizen
		Hunter Pauley, Citizen
		Stephen Selgrat, Citizen
		Steven Staley, Citizen
		Gina Haefer, Citizen
		Sheri Biddick, Citizen
		Jim Brooks, Citizen
		Quinn Brooks-Ward, Citizen

- 3. Motion to approve the Agenda. by Stuart, Seconded by Geoffrion, Motion Carried 3-0
- 4. Motion to approve the April 2, 2025, Public Safety regular meeting Minutes. <u>by Stuart, Seconded by Geoffrion,</u> <u>Motion Carried 3-0</u>
- 5. Citizen appearances other than agenda items listed. N/A
- 6. Old Business. N/A
- 7. New Business.
  - A. Discussion with Possible Motion to Approve the following Appealed Solicitor's License Applications for: (Non-recommended by Evansville Police Department).
    - 1) **Pablo Frias A. F. C. Exteriors, LLC** *No show, committee went with the non-recommendation.* <u>by</u> <u>Stuart, Seconded by Geoffrion, Motion Carried 3-0</u>
    - 2) Steve Staley Pink Roofing Steve came to the meeting and explained the omission on his application committee agreed to approve his application by Boyce, Seconded by Geoffrion, Motion Carried 3-0
    - **3)** Emilio Brito New Standard Restoration *No show, committee went with the non-recommendation.* <u>by</u> *Stuart, Seconded by Geoffrion, Motion Carried 3-0*
  - **B.** Discussion on Evansville 4<sup>th</sup> of July Run with Steve Eager. Kurt Krueger came and spoke for Steve Eager about the 4<sup>th</sup> of July run. The club donated \$300 each to Police Chief Jones and EMS Chief Kleisch for all the help they provide each year at the event and look forward to another great event again this year. The first wave starts at 7:30

a.m. and will be the same route as the year prior. The fun run is a fundraiser for Type 1 Diabetes and also gives to the school, and care closet here in town.

#### C. Motion to Approve the **Operator's License Application(s)** for: (Recommended by Evansville Police Department).

- 1) Randy David Carlson
- 2) Mallory Elizabeth Passer
- 3) Karen Joyce Reese
- 4) Dennis E. Reese
- 5) Joshua Michael Blosser
- 6) Debra L Tomlin
- 7) Mason Cooper Braunschweig
- 8) Lisa A. Sonnentag
- 9) Brittany Lee Long
- **10)** David Duane Powers
- **11)** Debra Jeanne Carlson
- 12) Allen Lee Hurst
- **13)** John Leigh Schneider
- 14) Michelle Lee Thompson
- 15) Tanya Marie McGaw
- **16)** Candace Lee Andrews
- 17) Lydna Marie Laursen
- 18) Johnny Paul Petterson
- 19) Johnnie Mae Washington
- 20) Kevin James Watt
- **21)** Sukhpal Singh
- 22) Anmopreet Singh
- 23) Sarah Ann Helin
- 24) Teresa Ann Madsen
- **25)** Julie Kae Paton
- 26) Gail M. Henry
- 27) Dulcie Gwen Bergsma
- 28) Sallie Jo Perkins
- **29)** Jaqueline Marie Tomlin
- **30)** Denise Ann Halvensleben
- 31) John Thomas Meredith

#### D. Discussion with Possible Motion to Approve the Operator's License Application(s) for: (non-recommended by

Evansville Police Department).

- 1) Stephen John Selgrat Stephen explained that he read the application wrong and admitted that he should have marked yes instead of no on question 2 of the application. His boss Parminder Sekhon also spoke on his behalf. Committee agreed to approve the license. by Stuart, Seconded by Boyce, Motion Carried 3-0
- Marco A. Lugo Marco did not attend. City Clerk Leah Hurtley explained that the issue might have been a language barrier as she normally walked him through the application process but was not able to meet with him this time. Committee agreed to approve the license. <u>by Stuart, Seconded by Boyce, Motion</u> <u>Carried 3-0</u>
- **3)** Brandi Katelyn Van Fossen Brandi explained the omission on the application and the committee agreed to have her re-apply with the information on the application and come back to the June 4, 2025, meeting.
- **4)** Jed Kjornes *Tabled until the next meeting on June 4, 2025, as mailing address was not complete and committee wanted to make sure he received the letter City clerk will be reaching out.*
- 5) Hunter Pauley Hunter came in and explain the reasons on his non-recommendation application He also came in the last time he applied two years ago and came in front of the committee and got approved then also. committee approved his license <u>by Stuart, Seconded by Boyce, Motion Carried 3-0</u>
- E. Motion to recommend to the Common Council Approval of the <u>Renewal</u> Alcohol Beverage License Applications for a <u>Class "A" Beer/ "Class A" Liquor License</u> for: (background check recommendations

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

- 1) <u>Casev's Marketing Company</u>, Melissa A. Frank, Agent, 28 W. St. Mary St., Milton, WI 53563 d/b/a Casey's General Store # 3583, 230 E. Main Street, Evansville, WI 53536.
- 2) <u>Consumers Cooperative Oil Company</u>, Jessica Golz, Agent, 6909 N. County Rd. M, #65 d/b/a Consumer Coop Oil Company, 9 John Lindemann Dr., Evansville, WI 53536
- **3)** <u>Kopecky's Worldwide Foods, Inc.</u>, James Dean Kopecky, Agent, 8017 N. Ridge Court, Evansville, WI, 53536, d/b/a Kopecky's Piggly Wiggly, 8 N. County Road M, Evansville, WI 53536.
- 4) <u>Madison Street Express. Inc.</u>, Parminder K. Sekhon, Agent, 2644 Granite Road, Fitchburg, WI 53711, d/b/a All-N-One, 104 S. Madison Street, Evansville, WI 53536.

Committee approved numbers 1 to 4 by Stuart, Seconded by Geoffrion, Motion Carried 3-0

5) <u>SD Evansville Minimart. Inc.</u>, 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.

Geoffrion and Boyce brought up some issues with repairs and lighting the business has had since 2024.

Stuart made a motion to take no action until repairs and lighting issues have been fixed or proof that they are working on them. by Stuart, Seconded by Boyce, Motion Carried 3-0

- F. Motion to recommend to the Common Council Approval of the <u>Renewal</u> Alcohol Beverage License applications for a <u>Class "B" Beer/ "Class B" Liquor License</u> for: (background check recommendations provided by Chief Jones, unless otherwise noted)
  - 1) <u>139 E. Main Street LLC, Tawfick (Tommy) Hanna, Agent</u>, 3018 Maple Grove Dr., Madison, WI 5379, d/b/a Allen Creek Coffeehouse, 137 E. Main Street, Evansville, WI 53536.
  - 2) <u>Bessire Bowl. LLC</u>, Joel Bessire, Agent, 221 Noah's Arc Ct, Evansville, WI 53536, d/b/a Blue Devil Bowl, 108 E. Main Street, Evansville, WI 53536.
  - **3)** <u>Creekside Place Inc.</u>, Shawn Lynn, Agent, 5101 N. Coon Island Rd., d/b/a Creekside Place Inc., 102 Maple Street, Evansville, WI 53536.
  - 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) <u>Pete's Inn Inc</u>., Sheri Biddick, Agent, 694 W. Main Street, Evansville, WI 53536, d/b/a Pete's Inn Inc., 14 N. Madison Street, Evansville, WI 53536.
  - 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) <u>The Night Owl Food & Spirits Inc.</u>, 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.
  - <u>Totally Elegant. LLC.</u> Johnnie Washington, Agent, 326 East Bluff, Madison, WI 53521, 7 E. Main Street, Evansville, WI 53536.
  - 11) <u>Trappers Bar & Grill LLC</u>, Travis Schuh, Agent, 3942 State Road 213, Orfordville, WI 53576, d/b/a Trappers Bar & Grill, 50 Union Street, Evansville WI 53536.

Committee approved numbers 1-11, by Stuart, Seconded by Boyce, Motion Carried 3-0

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

- G. Review and discussion of Solicitor's License Applications and Chapter 90 City of Evansville Municipal Code Solicitors Committee discussed the possibility of caping the number of employees from each company that can apply for a solicitor's license. Chief Jones' only concern was how we can get them to always have the license visible. City Clerk suggested having the license laminated and giving them a lanyard to wear so it would be visible to the public and police. City Clerk will do a draft ordinance for next meeting.
- 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. <u>Stuart made a motion to cancel the Public Safety Meeting on July 2, 2025.</u> <u>by Stuart, Seconded by Geoffrion, Motion Carried 3-0</u>
- I. Discussion with possible motion to approve the Temporary <u>Class "B"/ "Class B" Retailer License</u> <u>Application for</u>:
  - 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. <del>12:00</del> 5:00 p.m. (Tent)

Stuart amended motion to approve the Temporary Class"B"/"Class B" Retailer License Application for Evansville Community Partnership Lake Leota 4<sup>th</sup> of July for the Five consecutive dates Wednesday July 2, 2025, NO CONSUMPTION, Thursday July 3, 2025, from 6:00 p.m. to 12:00 a.m., Friday July 4, 2024, from 12:00 p.m. to 12:00 a.m., Saturday July 5, 2025, from 12:00 p.m. to 12:00 a.m. and Sunday July 6, 2025, NO CONSUMPTION. by Stuart, Seconded by Boyce, Motion Carried 3-0

Discussion on the license with James Brooks on the dates and times and the availability of the police officer for the five consecutive days Chief Jones recommended to not sell alcohol on Sunday July 6, 2025, as our officers are mandated to work 12-hour shifts for the 4 days prior to Sunday July 6, 2025. Brooks said he called around for private security but with it being a holiday weekend they were not available. Stuart concerns were the amount of time/overtime our officers will be putting in on this 5-day celebration. Brooks mentioned that without being able to sell alcohol on Sunday he would have to cancel or move some things as the sale of the alcohol is what pays for the bands and activities held. Abbey Barnes asked if there was any kind of fundraising that could be done to help cover cost and why we need officers up at the park for the car show and Chief Jones stated that the presents of the police have been proven to help with fights and citizens drive after drinking. If we needed any help, we would have to call Rock County, and they are at least 20 minutes out. Geoffrion was also concerned with the officer's health and safety as we are understaffed working the 5 days and he would rather side with the police than have anyone get injured. Boyce agreed that the shortage of staff is an issue. Chief Jones is afraid of burning his staff out and then hoping they don't quit as we are already short-staffed. Stuart has asked to shorten the number of days in the future as the committee has asked the ECP do to this in the past also. The committee has asked to have the ECP come to the Public Safety Meetings a lot earlier before they have things booked to go over safety issues. The committee agreed that this is a public safety issue and that is why they amended the motion.

- 8. Evansville Police Department Report. Officer Schmidt & Johnson attended PACE background investigations. Officers Hanson & Schwark passed the final PRT test and are in the final week of the Police Academy and are on track to graduate on May 16, 2025.EPD was awarded a 6-month extension on this Accreditation cycle to complete the proofs required for each standard. Lt. Reilly has finalized his contract with the city. A new handicapped accessible door was installed for the lobby.
- **9. Evansville Emergency Medical Services Report.** *Refresher was held by Mercy with Run Review and Airway management with vomiting/bleeding patients. EMS attended the Family Fun Night & High School Career Fair. Keri attended the Prescription & Illicit drug conference. Karla & Holly are back running calls. YEAH!*

# **10. Meeting Reminder:**

- A. Public Safety Regular Meeting: Wednesday, June 4, 2025, at 6:00 p.m.
- B. Public Safety Regular Meeting: July 2, 2025, CANCELLED August 6, 2025, at 6:00 p.m.
- **11. Adjourn.** *Stuart Adjured the meeting at 8:20 p.m.*

Jolene Klizman, Deputy Clerk

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

2					8B
A STATE	AF	PPLICATION F	OR		
	(Se CITY OF E 31 S. Madison St	citor's Lic ection 90 Municipal VANSVILLE CLER t, PO Box 529, Eve 2-2266 – Fax (608)	<i>Code)</i> K'S OFFICE ansville, WI 53	536 💊	
Application Fee: \$150.00 per Year		ATION FEE WILL NOT red: Two (2) ID size p			
	LICENSE	TO EXPIRE ON DECEMB	ER 31 <sup>ST</sup>		
Company Name: Top	to Bottom	Constructio		Phone: 847-46	
Company address: 75		St Elk G	the second s	and the second se	
If applicant's primary reside	nce is not within Roc State of Wiscons	k County or the Cor in, attach copy of \$	npany's primary 500 surety bond.		
Applicant's Name:	Acc First	Kein	Hh le	Tils	Last
Applicant's Permanent Home	Address:				
City Lake Villa	State:	IL	Zip:	60046	
Phone No:	Jate of Bir	th:	Social Sec	urity No:	
Email Address:					
Physical Description: 51 Height	4 125 Weight	B Hair Color	B Eye Color	Gender: Male	() Female
Driver's License No.:				Issuing State:	IL
Vehicle Information:	Ford	Transit		20	white
License Plate No. & Issuing Sto	Make ate:	Model	JL Year		Color
Local address from which bus	20162	ted: NA			
Nature of business and article	es or services to be s	old: Storm	last		
Current supply of articles to b	e sold: NA				
Warehouse location (if applic	cable): NA				
The proposed method of deliv	very: Semi				
Have you ever been convicte					
If Yes, state when and where Yes J005	convicted and the v	Fich	Conte +	- Q Mida	11 -
in Wi	convicted and the v Wrong Size	-> 2005 Lake (	IL chan	ed and found	Not Kuith
Name of the last three cities of	or villages in which y	ou conducted busin	iess:	defauding	customer
Bolingbrook, IL Schaunburg, IL	- Jo	liet, JL			
Schaunburg, IC					

¥

Name and address of at least two Rock County property owners as reference: Brice 1) Mindy Sandy 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 Ace Tilson \_\_\_\_\_, 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 \_2\_ day of \_\_\_\_\_\_25, ignature of Applicant STATE OF WISCONSIN, Rock County Subscribed and sworn to before me this and day of may My Commission Expires: 6-4-2021 FOR MUNICIPALITY USE ONLY BELOW THIS LINE Copy of Surety Bond Required: Yes No **Date Provided:** Police Chief Recommendation and Comments: Violate UNFAIR trate general orders X 2 - Convicted 2010 Theft by contractor - Ples no contral, Defended proxic (ution, luter 2)smissed under 051.90-9 (C) (2) (A) Denies **Recommend with conditions** Recommend Non-Recommend **Police Chief's Signature** Designee Date License Issued: Denie Lallowed up with an Emai **Clerks Notes and Receipt Inform** 

### Jolene Klitzman

From: Sent: To: Subject: Ace Tilson Monday, May 12, 2025 4:01 PM Jolene Klitzman Re: Solicitor's Non-Recommendation

Please add me to mext months adgenda, I would like to voice my defense.

On Fri, May 9, 2025, 11:05 AM Jolene Klitzman <j.klitzman@evansvillewi.gov> wrote:

Hi Keith,

Your Solicitor's application came back as a non-recommendation per our ordinance 90-5 (c)(2)(h)

#### (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. EVANSVILLE MUNICIPAL CODE, CHAPTER 90 SOLICITORS

(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.

I have also attached your application with the reason they wrote down for the non-recommendation.

Per <u>City of Evansville Municipal Code</u> the appeal process, if interested, is as follows:

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

You can appeal this decision at our Public Safety Meeting on June 4, 2025, at 6:00 p.m.

Please let me know if you have any questions.

# Jolene Klitzman

Deputy Clerk, City of Evansville

31 S. Madison St./PO Box 529

Evansville, WI 53536

Phone: 608-882-2266 Option 2

#### Upcoming Elections:

\*April 7, 2026 – Spring Elections

\*August 11, 2026 – Partisian Primary

\*November 3, 2026 – General Election <u>www.myvote.wi.gov</u> – Register to Vote, Request an absentee ballot, and more.

APPLICA			•			
CITY OF EVANSVILL 31 S. Madison St, PO Bo	E CIT	Y CLERK'S OFFIC	CE	6	8	8C-1
	and the state of the local division of the l	License: \$35.00			al License:	\$15.00
NOTE: APPLICATION FEE WILL NOT BE		-			al License.	<b>JIJ.00</b>
A Police check will be completed. Please read carefully and answer honestly. Falsifica cannot reapply for a 6 month period from date of denial. If you have any doubt as to w information. If you are unsure about how to respond to any questions on this form, che and conviction record from the police department and/or the court with <a href="https://www.wicourts.gov/casesearch.htm">https://www.wicourts.gov/casesearch.htm</a> (CCAP may not provide comprehensive list	tion and hether to eck with which	l/or misrepresentation may o include the facts of a speci the City Clerk for clarificatio you interacted, or the	be groun ific incide on. You ca	nds for denial nt it is recomi in obtain infor	mended that ye	ou disclose the
1. LEGAL NAME: Barbara Ann	H	rimenso.	DATE	OF BIRTH:		
ADDRESS:		Last	PHO	VE-		7
CITY: JANEAUILE STATE: WIT		ZIP: 53548	GENE		6	
Driver's License No.:			T	JER. Ma	re re	male
	-	. 1	1	11	•	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? Z S year	and the strange states of the	and the second s	an	the state of the s	All	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State		Zip	From	То
ARREST AND CO					and the second	
(Anywhere within the U	United St	ates of America).				0
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 b	ond for a	any of the foll	lowing:	~
a) Any underage alcohol violation?				Yes		(No)
b) Operating a motor vehicle while intoxicated?				Yes		AND -
c) Selling or furnishing alcoholic beverages to underage person?				Yes		No
<ul> <li>d) Permitting underage person on licensed premises?</li> <li>e) Allowing persons on licensed premises after closing?</li> </ul>				Yes		No
f) Any alcohol related violation other than a, b, c, d, and e?				Yes		No
<ul> <li>g) Sale of legal or illegal drugs to include prescription medications or possession of an</li> </ul>	v illegal (	drugs to include prescription	n	Tes		000
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		Sec.
j) Any crime or ordinance violation not listed above other than traffic or parking ticket				Yes	the second se	No
5. For each YES response above, you must identify all violations below. Attach additional technology of the second	onal she		e on the b			~
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE		MONTH/YEAR		CIT	TY	STATE
				-		
Within the last two (2) years, did you have and/or complete one of the following:		Attach certificate of comp	etion fo	r Responsible	Alcohol Serve	rs Course
Successfully completed a Responsible Alcohol Servers Course		An alcohol age	ent for a r	etail alcohol I	icense	
Held an Operator's License issued in Wisconsin		The sole propr	rietor of r	etail alcohol I	icense	
6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person statements herein are complete, true and correct. I further understand a full backgrou ation of this application. Additionally, I understand that this application may be denied do further agree to comply with all laws, resolutions, ordinances, and regulations, federations.	nd inves if it con	tigation may be conducted t tains any falsification-and th	by the Ev hat I will r	ansville Police not be able to	e Department p reapply for a 6	month period. I
Signature Barbara Attermonson	Em	ail:		•		
Printed Name Borbara A Hermanson	Dat	VIE	-25	D		
						-
FOR MUNICIPALITY US			Dai	d To:		
Police Department Recommendation and Comments:		ic Safety Committee: roved: Der		ar ro: Sy of Evans	Date	
	- Abb	Der		1 10 10 10 D		
		Charles Office C				
V		Clerk's Office Signature			Date	
Approved: Denied:	Rece	ipt #		eipt: 1.15 RBARA HERM		35.00
Police Chief's Signature 05/01/2025			Apr	25, 2025	12:49 PM	

	ADDI	CATIC		D					
	APPLI	CAIIC	N FO	K					
3.2	OPERAT	OR'S		FNSF					
THE CROVE								00.0	
1839	CITY OF EVANSV	ILLE CIT	Y CLER	K'S OFFIC	CE			8C-2	
ALCONT!	31 S. Madison St, PO	Box 52	9, Evan	sville, WI	53536	5			
New Operator's License: \$		the second se			_		al Licens	e: \$15.00	_
	IOTE: APPLICATION FEE WILL NOT	The second		A NAME OF TAXABLE PARTY.		And the second sec		The second second	
A Police check will be completed. Please re							of license/	permit. Applicant	-
cannot reapply for a 6 month period from da									
information. If you are unsure about how to			-						
and conviction record from the police https://www.wicourts.gov/casesearch.htm			•		e wiscon	sin circuit	COURT ACC	ess website at:	
T.	M	T	rhof	1				•	_
1. LEGAL NAME: In a	Middle	EC	Last	T	DATE	OF BIRTH:	- / -	-1	_
ADDRESS:	;+				PHON	E:			
	1.11		5	3536					
CITY: Evansville	STATE: W		ZIP:	<u> </u>	GEND	DER: Ma	le (	Female	_
Driver's License No.:			Issuing Stat	e:					
HOW LONG HAVE YOU LIVED AT ABOVE AD	DRESS? 3 Urs		Former Na	me(s).	Tin	a l	tarr	nack	
Prior Street Address if Above Address is Les	- 1.2	City		State		Zip	From		
		-	11	1	63		21.	1 7/00	_
		Evan	sville	WI	23	536	/1	1 122	_
A State of the second second	ARREST AND		a second s		2 1 3 3	Statistics.			
2. Have you ever been cited and/or convict	(Anywhere within	the United S	ates of Ame	rica).		Var			-
3. Have you ever been cited and/or convict						Yes		No	-
				and the state		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 t a) Any underage alcohol violation?								No	_
b) Operating a motor vehicle while intoxica	ated?					Yes		NO	-
c) Selling or furnishing alcoholic beverages						Yes		NO	-
d) Permitting underage person on licensed						and the second se	Yes		
e) Allowing persons on licensed premises a	fter closing?					Yes		NQ	_
f) Any alcohol related violation other than	a, b, c, d, and e?					Yes	5	Ng	_
g) Sale of legal or illegal drugs to include pr	rescription medications or possession	of any illegal	drugs to inclu	de prescriptio	n			0	
h) Fighting, disorderly conduct, assault, or	hattan.2					Yes		No	_
i) Resisting arrest, interfering with a police						Yes		No	-
j) Any crime or ordinance violation not liste		tickets?				Yes		No	-
5. For each YES response above, you must i			ets if necess	ary or continu	e on the b				
TYPE OF ARREST, SUMMONS,				IONTH/YEAR		C		STATE	-
									_
									-
	and the second				-				_
Minhis she last has (2) as a did as he	and the second state of the fall	- dec							-
Within the last two (2) years, did you ha		wing:	Attach cert	An alcohol ag				vers Course	-
A succession y completed a nespon			<u> </u>	The sole prop					_
6. CERTIFICATION: I do hereby swear, under		erson who a						icopeo and they	
statements herein are complete, true and co	orrect. I further understand a full back	ground invest	tigation may	be conducted	by the Eva	ansville Police	e Departmer	icense, and that i	11 r-
ation of this application. Additionally, I under	erstand that this application may be de	enied if it con	tains any fals	ification-and t	hat I will n	ot be able to	reapply for	a 6 month period	1
do further agree to comply with all laws, res	olutions, ordinances, and regulations,	, federal, stat	e or local affe	ecting the sale	of ferment	ted malt bev	erages and in	ntoxicating liquor	
Signature:	m	Em	ail:				1	. com	
	1 K hoff			3/	21.1-		/		
Printed Name: In a E		Dat	e:		-0/2	- 3			
	FOR MUNICIPALI	TY USE ONLY	BELOW THIS	LINE					
Police Department Recommendation and Co	omments:		ic Safety Con			id To:			
		App	roved:	De	enied:	ty of Evar	Date:		-
			Clerk's O	ffice Signature	e		Date		
Approved:	Denied:	Rece	ipt #						
001						sceipt: 1.		30.66	
						CKHOFF, T			
1 Xi H	06-02-25				Ma	ay 5, 2025	3:29 PM		
Police Chief's Signature	Date								

C

THE CARDY	APPLI OPERAT CITY OF EVANSV 31 S. Magison St, PC	/ILLE CIT			E			8C-3	
New Operator's License: \$				the second se		ovisional	License: \$	15.00	
	OTE: APPLICATION FEE WILL NO		AND IN COLUMN THE REAL OF			Constantia	License. y	15.00	
A Police check will be completed. Please re cannot reapply for a 6 month period from di information. If you are unsure about how to and conviction record from the polici https://www.wicourts.gov/casesearch.htm	ad carefully and answer honestly. Fa ate of denial. If you have any doubt as prespond to any questions on this for e department and/or the court	Isification and s to whether to m, check with with which	l/or misrepre o include the the City Clerk you intera	sentation may facts of a specific for clarification incted, or the	be ground fic incident n. You can	it is recomme obtain informa	ended that you ation regarding	disclose the gyour arrest	
1. LEGAL NAME: GING Kristine Haeser DATE OF BIRTH:									
First / Middle Last									
ADDRESS:	•				PHONE	:			
CITY: EVANSUILLE	STATE: W		ZIP: 53	534	GENDE	R: Male	Fema	ale X	
Driver's License No.:			Issuing State					/	
HOW LONG HAVE YOU LIVED AT ADOVE AD	21 1/55		Former No.	6.	ña 1	lee			
HOW LONG HAVE YOU LIVED AT ABOVE AD Prior Street Address if Above Address is Les		City	Former Nar	State		ip	From	То	
Prior Street Address if Above Address is Les	s man 5 rears state zip riom to	city		State	-	φ	From	10	
ARREST AND CONVICTION RECORD									
2	(Anywhere within	the United S	ates of Amer	ica).	1	Mark			
2. Have you ever been cited and/or convict						Yes		No	
3. Have you ever been cited and/or convict						Yes		NO	
4. Within the past ten (10) years, have you	been arrested for, received a summo	ons to appear	in court for,	or forfeited a b	ond for an		wing:	0	
a) Any underage alcohol violation?						Yes		(No	
b) Operating a motor vehicle while intoxica						Yes		No	
c) Selling or furnishing alcoholic beverages						Yes		CNO	
d) Permitting underage person on licensed						Yes	Yes No		
<ul> <li>e) Allowing persons on licensed premises a</li> <li>f) Any alcohol related violation other than a</li> </ul>			incere de la contra de la contr					(No)	
<ul> <li>g) Sale of legal or illegal drugs to include pr medications not prescribed to you?</li> </ul>		of any illegal	drugs to inclu	de prescription	n	Yes			
h) Fighting, disorderly conduct, assault, or	battery?					Yes		No	
i) Resisting arrest, interfering with a police						Yes		(No	
j) Any crime or ordinance violation not liste		tickets?				Yes		(No)	
5. For each YES response above, you must i	identify all violations below. Attach a	additional she	ets if necessa	ary or continue	on the ba	k of this appl	ication.		
TYPE OF ARREST, SUMMONS,	VIOLATION OR CHARGE		м	ONTH/YEAR		CITY		STATE	
Within the last two (2) years, did you ha	ave and/or complete one of the follo	wing:	Attach cert	ificate of comp	letion for l	Responsible A	Icohol Servers	Course	
Successfully completed a Respon	sible Alcohol Servers Course			An alcohol age					
Held an Operator's License issued	d in Wisconsin			The sole propr	ietor of ret	ail alcohol lice	ense		
<ol> <li>CERTIFICATION: I do hereby swear, undistatements herein are complete, true and control of this application. Additionally, I under do further agree to comply with all laws, reserved.</li> </ol>	orrect. I further understand a full bac erstand that this application may be d	kground investigation	tigation may tains any fals	be conducted bification-and th	by the Evan	t be able to re	Department prive apply for a 6 n	or to consider- nonth period. I	
Signature: Ala Haef		Em	ail:					-	
Printed Name: Ceina Hae	ler	Da	te: M	ay S,	202	5		9	
	FOR MUNICIPAL	TY USE ONLY	BELOW THIS	LINE					
Police Department Recommendation and Co	omments:	Pub	lic Safety Con	nmittee:	Pai	d To:			
			roved:		nied:t	y of Evan <b>o</b> :	ate:		
			Clerk's O	ffice Signature			Date		
· · · ×	Desiled	Rece						-	
Approved:	06-02.75	_			HA	eipt: 1.158 EFER GINA 6, 2025 4		35.30	
Police Phief's Signature	Date								

CITY OF EVANSVILLE 31 S. Madison St, PO Box	CITY C		E		8C-4
New Operator's License: \$35.00 Renewal Operat				rovisional Lice	ense: \$15.00
NOTE: APPLICATION FEE WILL NOT BE RE					
A Police check will be completed. Please read carefully and answer honestly. Falsificatio cannot reapply for a 6 month period from date of denial. If you have any doubt as to when information. If you are unsure about how to respond to any questions on this form, check and conviction record from the police department and/or the court with https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive list of	on and/or n ether to inclu k with the C which you	nisrepresentation may ude the facts of a speci ity Clerk for clarificatio interacted, or the	be ground fic incident n. You can	it is recommended obtain information	d that you disclose the regarding your arrest
1. LEGAL NAME: Jon M	Fre	4	DATE O	F BIRTH:	
ADDRESS:	2	ast	PHONE		
CITY: Evans, Ile STATE: WI	ZIP:	53536	GENDE	R: Male	Female
- • • •		11)		O	
Driver's License No.:	Issu				
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 23 YNS	For	mer Name(s):	NA		
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Z	ip I	From To
. ()					
NA					
1-11					
ARREST AND CONV (Anywhere within the Uni	And the second second second second	AND THE REPORT OF THE PARTY OF			
	iteu states	or America).		Vac	0
2. Have you ever been cited and/or convicted of a felony?				Yes	No
3. Have you ever been cited and/or convicted of a misdemeanor?				Yes	No
4. Within the past ten (10) years, have you been arrested for, received a summons to ap	ppear in co	urt for, or forfeited a b	ond for an		
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? 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 il	illegal drugs	to include prescription	n		
medications not prescribed to you?				Yes	No
h) Fighting, disorderly conduct, assault, or battery?				Yes	<u>A</u>
i) Resisting arrest, interfering with a police officer or obstructing an officer?				Yes	No
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?				Yes	No
5. For each YES response above, you must identify all violations below. Attach addition	al sheets if		on the ba	ck of this application	on.
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:	Atta	ach certificate of comp	letion for l	Responsible Alcoh	ol Servers Course
Successfully completed a Responsible Alcohol Servers Course		An alcohol age	ent for a ret	ail alcohol license	
Held an Operator's License issued in Wisconsin		The sole propr	ietor of ret	ail alcohol license	
6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person v statements herein are complete, true and correct. I further understand a full background ation of this application. Additionally, I understand that this application may be denied if do further agree to comply with all laws, resolutions, ordinances, and regulations, federa	investigati it contains	on may be conducted t any falsification-and th	by the Evan	sville Police Depar t be able to reappl	tment prior to consider- y for a 6 month period. I
Signature:	Email:				
Printed Name: Joy Frey	Date:	3-16-2	15		N
FOR MUNICIPALITY USE	ONLY BELO	W THIS LINE			
Police Department Recommendation and Comments:		ety Committee:	Paid	Tos	
	Approved		nied:_City	of Evan Date:	
		lerk's Office Signature			Date
X	Receipt #	and a strike signature			
Approved: Denied:	Receipt #		EVA	eipt: 1.158706 WSVILLE HOME T	
Police Chief's Signature 05/02/2025			тау	9, 2025 19:00	

rise carry INSP	OPEI CITY OF E	APPLICATION RATOR'S		NSE S OFFIC			8	C-5
	31 S. Madison		the second second will be set on a provident second second second	and a subscription of the second s	_			
New Operator's License: \$	35.00 🔀 Re	newal Operator's	License: \$	35.00	Pro	visional	License: \$	15.00
	OTE: APPLICATION FEE					and Sheet		
A Police check will be completed. Please re cannot reapply for a 6 month period from da information. If you are unsure about how to and conviction record from the polici https://www.wicourts.gov/casesearch.htm	ate of denial. If you have an respond to any questions e department and/or t	ny doubt as to whether to on this form, check with the court with which	to include the fai the City Clerk for you interact	cts of a specifi or clarification ed, or the	c incident it i . You can ob	is recomme tain inform	ation regarding	disclose the gyour arrest
1. LEGAL NAME: Karen	M		Frey		DATE OF B	BIRTH:		
Firet	Middle		Last			1		
ADDRESS:					PHONE:	- 4		
CITY: Evansville	STATE:	WI	ZIP: 535	21	GENDER:	Male	Fema	
	JIAIL.			20	T	Widie	Creme	
Driver's License No.:			Issuing State:	0	4			
HOW LONG HAVE YOU LIVED AT ABOVE AD	DRESS? ZZ	Vrs	Former Name	(s): K	aren	M	(00)	per
Prior Street Address if Above Address is Les	and the second se	rom To City		State	Zip		From	То
	, A							
	ANA							
	10 10							
		REST AND CONVICT		No. Carlos	and and the			
La a contra de Medica da Contra de Contra		here within the United S	states of America	ı).	The second secon		T	
2. Have you ever been cited and/or convict						Yes		
3. Have you ever been cited and/or convict	the state of the s					Yes		No
4. Within the past ten (10) years, have you	been arrested for, receive	d a summons to appear	in court for, or	forfeited a bo	and for any o	of the follow	wing:	
a) Any underage alcohol violation?						Yes		No
b) Operating a motor vehicle while intoxica						Yes		No
c) Selling or furnishing alcoholic beverages						Yes		No
d) Permitting underage person on licensed						Yes		No
<ul> <li>e) Allowing persons on licensed premises a</li> <li>f) Any alcohol related violation other than</li> </ul>						Yes Yes		No
g) Sale of legal or illegal drugs to include pr	1 1 1 1	nossession of any illegal	drugs to include	prescription		165		No
medications not prescribed to you?	escription method tons of	possession of any mega	arags to include	prescription		Yes		No
h) Fighting, disorderly conduct, assault, or	battery?					Yes		No
i) Resisting arrest, interfering with a police	officer or obstructing an o	fficer?				Yes		
j) Any crime or ordinance violation not liste	ed above other than traffic	or parking tickets?				Yes		No
5. For each YES response above, you must i	dentify all violations below	w. Attach additional she	eets if necessary	or continue of	on the back	of this appl	lication.	A. Constant
TYPE OF ARREST, SUMMONS,	VIOLATION OR CHARGE		MO	NTH/YEAR		CITY		STATE
	. I N							
	NI							
Within the last two (2) years, did you ha	we and for complete and	of the following:	Attack contific		Ning for Day		hand all for	
				n alcohol agen			Icohol Servers	Course
Succession completed a nespon		e		ne sole proprie				
6. CERTIFICATION: I do hereby swear, und		I am the serves who						1.11
statements herein are complete, true and co	prrect. I further understan	d a full background inve	stigation may be	conducted by	v the Evansvi	ille Police D	enator's licens	e, and that all
ation of this application. Additionally, I under	erstand that this applicatio	n may be denied if it con	ntains any falsific	cation-and tha	t I will not b	e able to re	apply for a 6 m	nonth period. I
do further agree to comply with all laws, res	olutions, ordinances, and	regulations, federal, stat	te or local affecti	ng the sale of	fermented	malt bevera	ages and intoxic	cating liquors.
Signature: Karen 7	ry	Fm	nail:					
	0		the second se	16-2	F			
Printed Name: Kairen FI	cy	Da	te: F	10-2	2			
	FOR M	UNICIPALITY USE ONLY	RELOW THIS UP					
Police Department Recommendation and Co			the search last of the		Paid	0:		
			lic Safety Commoroved:	nittee: Deni		of Evanio	ate	
				ce Signature			Date	
Approved:	Denied:	Rec	eipt #		Remain	ot: 1,158		
01 0					CUAN	SUTLE LIN		40100
					H- 0	2025 P	Contraction of the	
01-1	05/02/	2025						
Police Chief's Signature	Date							

New Operator's License: \$35.00	PPLICATION FEE WILL NOT BE fully and answer honestly. Falsific enial. If you have any doubt as to w d to any questions on this form, ch rtment and/or the court witi	R'S L E CITY C DX 529, E rator's Lice REFUNDED I ation and/or m whether to inclu- neck with the Ci h which you	LERK'S OFFIC Vansville, WI nse: \$35.00 DENIED OR WITHE hisrepresentation may de the facts of a specification interacted, or the	E 53536 DRAWN. be groun fic incider n. You car	Provisional Licens ds for denial of license, at it is recommended that n obtain information reg	/permit. Applicant at you disclose the garding your arrest
h. d	E	Wa		DATE	OF BIRTH:	
I. LEGAL NAME: M. Choce   First	Middle		ast			
ADDRESS:	The second			PHON	E: 0 0 7	01 1 3
CITY: EvenSuile	STATE:	ZIP:	53536	GEND	ER: Male	Female
Driver's License No.:		Issui	ng State: W	iscon	-Sim	
••	12 Years		-	1		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?		and the second se	ner Name(s): State	NA	Zip From	n To
Prior Street Address if Above Address is Less Than	5 Years State Zip From To	City	State		Zip From	n Io
and the second second second second	ARREST AND CO			197,219	Section and the	
	(Anywhere within the	United States	or America).		Mar	
2. Have you ever been cited and/or convicted of a					Yes	No
3. Have you ever been cited and/or convicted of a					Yes	No
4. Within the past ten (10) years, have you been an	rested for, received a summons to	o appear in co	urt for, or forfeited a b	ond for a	and the second se	
a) Any underage alcohol violation? b) Operating a motor vehicle while intoxicated?					Yes	No
c) Selling or furnishing alcoholic beverages to under	rage person?				Yes	No
<ul> <li>d) Permitting underage person on licensed premise</li> </ul>					Yes	No
e) Allowing persons on licensed premises after closed					Yes	No
f) Any alcohol related violation other than a, b, c, c					Yes	No
g) Sale of legal or illegal drugs to include prescription		ny illegal drugs	to include prescription	1		
medications not prescribed to you?					Yes	No
h) Fighting, disorderly conduct, assault, or battery	?				Yes	(No3
i) Resisting arrest, interfering with a police officer of					Yes	No
j) Any crime or ordinance violation not listed above		and the second se			Yes	(No)
5. For each YES response above, you must identify	all violations below. Attach addit	tional sheets if	necessary or continue	on the b	ack of this application.	
TYPE OF ARREST, SUMMONS, VIOLATI	ON OR CHARGE		MONTH/YEAR		CITY	STATE
Disardry Con	Lich ?		11/23	7	Evergville	aU I
INI DAR Firearen	Hunting		2024		Eversville,	WF
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Within the last two (2) years, did you have and	/or complete one of the following	Atta	ch certificate of comp	letion for	Responsible Alcohol S	ervers Course
Successfully completed a Responsible Ald		-			etail alcohol license	
Held an Operator's License issued in Wis					etail alcohol license	
6. CERTIFICATION: I do hereby swear, under pena	Ity of periury, that I am the perso	on who made				license, and that all
statements herein are complete, true and correct. I ation of this application. Additionally, I understand do further agree to comply with all laws, resolution	further understand a full backgro that this application may be denie	und investigati d if it contains	on may be conducted to any falsification-and th	by the Eva at I will n	ansville Police Departme ot be able to reapply fo	ent prior to consider- r a 6 month period. I
Signature:		Email:				ins
Mal 1 Ma	INST	_	4/14/20	-		
Printed Name:		Date:	7111105	(		
	FOR MUNICIPALITY U	SE ONLY BELO	W THIS LINE			
Police Department Recommendation and Comment	ts:		ety Committee:		nid To:	
		Approved	: Der	nied:	by Date:	
		c	lerk's Office Signature	-	Dat	te
	4.	Receipt #		-		NC
Approved Denied	15/12/2025 Date	_			eceipt: 1.158766 EVANSVILLE HOME TA Bay 8, 2025 9:21 A	

637A	ADDI	CATIC			_			
	APPLI							
	OPERAT	OR'S		ICENSE				
	CITY OF EVANSV		YC	ERK'S OFFIC	F			8C-7
31	S. Madison St, PO					4		
New Operator's License: \$35.0				nse: \$35.00	_	and the second	al License:	\$15.00
	APPLICATION FEE WILL NOT						ai License.	<b>JIJ.00</b>
A Police check will be completed. Please read car	efully and answer honestly. Fall	sification and	/or m	isrepresentation may	be grou	nds for denia		
cannot reapply for a 6 month period from date of o information. If you are unsure about how to respo								
and conviction record from the police dep	artment and/or the court	with which	you	interacted, or the				
https://www.wicourts.gov/casesearch.htm (CCA		,					,	
1. LEGAL NAME: Jameson First	Patrick		-ave La	_	DATE	OF BIRTH:		
ADDRESS:			La	20	PHO	NE.		
0.1.11	STATE: WI			53511		-	7	
1	STATE: WI		ZIP:		GEN	DER: Ma	le) Fe	male
Driver's License No.:	-		Issuir	ng State: W.T.				
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS			Form	er Name(s):				
Prior Street Address if Above Address is Less Than	5 Years State Zip From To	City		State		Zip	From	То
							_	
	ARREST AND						1	
2. Have you ever been cited and/or convicted of a	(Anywhere within	the United S	tates o	t America).	-			RD
								(No)
4. Within the past ten (10) years, have you been a		ns to appear	in cou	rt for, or forfeited a b	ond for a			
a) Any underage alcohol violation?						Ye		(A)
<ul> <li>b) Operating a motor vehicle while intoxicated?</li> <li>c) Selling or furnishing alcoholic beverages to und</li> </ul>						Yes		(NO)
<ul> <li>d) Permitting underage person on licensed premit</li> </ul>		-				Yes Yes		(No)
e) Allowing persons on licensed premises after clo		_				Yes		No
f) Any alcohol related violation other than a, b, c, g) Sale of legal or illegal drugs to include prescript		of any illogal	druget	o include proceription		Yes	5	(No)
medications not prescribed to you?		or any megar	urugs		1	Yes	5	No
h) Fighting, disorderly conduct, assault, or battery						Yes	_	Nó
<ul> <li>i) Resisting arrest, interfering with a police officer</li> <li>j) Any crime or ordinance violation not listed above</li> </ul>		tickets?					5	(No?)
S.ForeachlYESIresponse above you must identify			ets If r	ecessary or continue	on the b	Yes ack of this a		
TYPE OF ARREST, SUMMONS, VIOLAT				MONTH/YEAR	_		ТҮ	STATE
<ul> <li>Within the last two (2) years, did you have and</li> </ul>		ving:		th certificate of comp				ers Course
Successfully completed a Responsible A			-	An alcohol age The sole propr				
6. CERTIFICATION: 1 do hereby swear, under pena		erson who m						nse, and that all
statements herein are complete, true and correct. ation of this application. Additionally, I understand	I further understand a full back	ground inves	tigatio	n may be conducted I	by the Evi	ansville Police	e Department p	prior to consider-
do further agree to comply with all laws, resolution								
Signature: Jameson Jarens		Em	ail:					
				1-1-17	- 1	$ _{0}$		-
Printed Name: Unmeson Lavery		Dat	te:	04/21/2	5			_
	FOR MUNICIPALIT	Y USE ONLY	BELOW	THIS LINE	Cit	of Evansy	d De	
Police Department Recommendation and Commen			ic Safe	ty Committee: Der	nied:	- UI LV-31134	Date:	
			Cle	rk's Office Signature		aint: 1.159	Date	35 00
Approved: Denie		Rece	ipt#			ANSVILLE HO		<u> </u>
	····					8, 2025 9		
() / )								
	15/22/2025	_						
Palice Chief's Signature	/ Date							

THE SAFETY	APPLIC OPERATO CITY OF EVANSVI 31 S. Mgdison St, PO	OR'S	Y CLERK'S OFFIC	E		8C-8
New Operator's License: \$			License: \$35.00			cense: \$15.00
	OTE: APPLICATION FEE WILL NOT	The second second second second		a state of the second second		
A Police check will be completed. Please re- cannot reapply for a 6 month period from da information. If you are unsure about how to and conviction record from the police https://www.wicourts.gov/casesearch.htm	ad carefully and answer honestly. Fals te of denial. If you have any doubt as t respond to any questions on this form department and/or the court	ification and, to whether to h, check with t with which	/or misrepresentation may o include the facts of a speci the City Clerk for clarificatio you interacted, or the	be groun fic inciden n. You car	nt it is recommende n obtain informatio	ed that you disclose the on regarding your arrest
1. LEGAL NAME: DONNU	Avis	L	verael	DATE	OF BIRTH:	
ADDRESS:	Middle		Last O	PHON	IE:\	
arry: Evaneville	STATE: Wi		ZIP: 53530	GEND	ER: Male	Female
	Since Out					
Driver's License No.:			Issuing State: WISC		211	
HOW LONG HAVE YOU LIVED AT ABOVE AD	DRESS? 5 YEARS		Former Name(s): 1971	neg		
Prior Street Address if Above Address is Les	s Than 5 Years State Zip From To	City	State		Zip	From To
	ARREST AND (Anywhere within	Contract of the State of the St				
2. Have you ever been cited and/or convict					Yes	(No)
3. Have you ever been cited and/or convictor					Yes	(No)
4. Within the past ten (10) years, have you		ns to appear	in court for, or forfeited a b	ond for a		
a) Any underage alcohol violation?			,		Yes	
b) Operating a motor vehicle while intoxica	ted?				Yes	Sand
c) Selling or furnishing alcoholic beverages					Yes	No
d) Permitting underage person on licensed		the second s			Yes	No
<ul> <li>e) Allowing persons on licensed premises a</li> <li>f) Any alcohol related violation other than a</li> </ul>	the second se				Yes	No
<ul> <li>g) Sale of legal or illegal drugs to include pr medications not prescribed to you?</li> </ul>		of any illegal o	drugs to include prescription	n	Yes	G
h) Fighting, disorderly conduct, assault, or					Yes	AND
i) Resisting arrest, interfering with a police					Yes	
j) Any crime or ordinance violation not liste	and the second	of the second second second second		and the h	Yes	No
5. For each YES response above, you must i		dditional sne		e on the b		
TYPE OF ARREST, SUMMONS, 1	VIOLATION OR CHARGE		MONTH/YEAR		CITY	STATE
Within the last two (2) years, did you ha		wing:	Attach certificate of comp			
Successfully completed a Respon	sible Alcohol Servers Course				etail alcohol licens	
Held an Operator's License issued					etail alcohol licens	
6. CERTIFICATION: I do hereby swear, understatements herein are complete, true and control of this application. Additionally, I under do furtheragree to comply with all laws rest signature:	prrect. I further understand a full back erstand that this application may be de	ground inves enied if it con	tigation may be conducted tains any falsification-and the e or local affecting the sale	by the Eva hat I will n	ansville Police Dep not be able to reap	artment prior to consider- ply for a 6 month period. I
Printed Name: DOVAU A.I	nerder	Dat	······································	5,	0	
	FOR MUNICIPALIT	Y USE ONLY	BELOW THIS LINE	n. 1	1 7	
Police Department Recommendation and Co	omments:		ic Safety Committee:		ld To: cy of Evanspate	
		Арр	roved: De	med:	-y or cyarsoate	
			Clerk's Office Signature	•		Date
	Denied:	Rece	ipt #	15	ALL S LEDGAS	
Approved: Police Chief's Signature	05/02/2025			CA	teipt: 1.158701 NSEY'S GENERAL / 8, 2025 -8:48	STORE

788 4.865 2 18:39	OPERATO CITY OF EVANSV	ILLE CIT	YC	ERK'S OFFIC	CE	,		8C-9
	31 S. Madison St, PO				_			
New Operator's License: \$				nse: \$35.00			al License:	\$15.00
A Police check will be completed. Please re	OTE: APPLICATION FEE WILL NOT						of license/ner	mit Applicant
cannot reapply for a 6 month period from da information. If you are unsure about how to and conviction record from the polic https://www.wicourts.gov/casesearch.htm	ate of denial. If you have any doubt as prespond to any questions on this form e department and/or the court	to whether to n, check with with which	the Cit	de the facts of a spec y Clerk for clarification interacted, or the	ific incide on. You ca	nt it is recomm n obtain infor	mended that yo mation regard	ou disclose the ing your arrest
1. LEGAL NAME: MICHELLE	Ann	BU	el	.1	DATE	OF BIRTH:	-	
ADDRESS:	Middle		La	st	PHO	NE:	~~~~	
CITY: EVansville	STATE: W		ZIP:	S3534	GEN		e Fe	male X
Driver's License No.:		-	Issuin	g State: W	1			
HOW LONG HAVE YOU LIVED AT ABOVE AD	DRESS? 2048	rs	Form	er Name(s): M	ich	1111	Thei	15
Prior Street Address if Above Address is Les		City		State		Zip	From /	То
	ARREST AND (Anywhere within		100 C 100				Contract Sector	~
2. Have you ever been cited and/or convict	ed of a felony?					Yes		No
3. Have you ever been cited and/or convict	ed of a misdemeanor?					Yes		No
4. Within the past ten (10) years, have you	been arrested for, received a summo	ns to appear	in cou	rt for, or forfeited a	bond for		-	
<ul><li>a) Any underage alcohol violation?</li><li>b) Operating a motor vehicle while intoxical</li></ul>	ated?					Yes Yes		No
c) Selling or furnishing alcoholic beverages						Yes		No
d) Permitting underage person on licensed						Yes		Ne
e) Allowing persons on licensed premises a	fter closing?					Yes		No
f) Any alcohol related violation other than						Yes		No
g) Sale of legal or illegal drugs to include pr medications not prescribed to you?	rescription medications or possession	of any illegal	drugs t	o include prescriptio	n	Yes		No
h) Fighting, disorderly conduct, assault, or	hattery?	· · · · · · · · · · · · · · · · · · ·				Yes		No
i) Resisting arrest, interfering with a police						Yes		No
j) Any crime or ordinance violation not liste		tickets?				Yes		No
5. For each YES response above, you must	identify all violations below. Attach a	dditional she	ets if n	ecessary or continue	e on the b	back of this ap	plication.	
TYPE OF ARREST, SUMMONS,	VIOLATION OR CHARGE			MONTH/YEAR		CI	TY	STATE
Within the last two (2) years, did you ha	ave and/or complete one of the follow	wing:	Atta	ch certificate of com	pletion fo	r Responsible	Alcohol Serve	ers Course
Successfully completed a Respon	sible Alcohol Servers Course		[	An alcohol ag	And in case of the local data and			
Held an Operator's License issue			[	The sole prop				
<ol> <li>CERTIFICATION: I do hereby swear, und statements herein are complete, true and c ation of this application. Additionally, I unde do further agree to comply with all laws, res</li> </ol>	orrect. I further understand a full back erstand that this application may be de	ground invest enied if it con	tigatio tains a	n may be conducted ny falsification-and t	by the Ev hat I will r	ansville Police not be able to	e Department p reapply for a f	prior to consider- 5 month period. I
Signature: Mchelle Bu	ell	Em	ail:	C: <b>X</b>			T	m
Printed Name: Michelled	Such/	Da	te:	3/23/25	50		0	_
	FOR MUNICIPALIT	Y USE ONLY	BELOV	THIS LINE				
Police Department Recommendation and Co	omments:			ty Committee:		id To:	Date	
		Арр	roved:	De	meu:	ty of Eyans	Vale	Salar Transferration
			Cle	erk's Office Signature	2		Date	
Approved:	Denied:	Rece	ipt #					
(1.0	05/02/2025				CA	teipt: 1.15 ASEY'S GENE 7 8, 2025	PAL STORE	35.00
Police Chief's Signature	Date							

	OPERA	TOR'S	ON FOR LICENS TY CLERK'S OFF 9, Evansville, W	ICE		8	3C-10
New Operator's License: \$			License: \$35.00	_	Provisional	License:	\$15.00
	OTE: APPLICATION FEE WILL I	And and a state of the local division of the local division of the local division of the local division of the			Seal Sector	a said a	10-10-00
A Police check will be completed. Please re cannot reapply for a 6 month period from da information. If you are unsure about how to and conviction record from the police https://www.wicourts.gov/casesearch.htm	ad carefully and answer honestly, ate of denial. If you have any doub respond to any questions on this department and/or the cou	Falsification and t as to whether t form, check with urt with which	d/or misrepresentation m to include the facts of a spe the City Clerk for clarification you interacted, or t	ay be groun ecific inciden tion. You car	nt it is recommended in the second seco	ended that yo ation regard	ou disclose the ing your arrest
1. LEGAL NAME: KARI	ANN	FEHREN	BACHER	DATE	OF BIRTH:		
ADDRESS:			Last	PHON	E: -	~ ~	-
CITY: EVANSVILLE	STATE: WI		ZIP: 53536	GEND	ER: Male	Fe	male
Driver's License No.:			Issuing State:	1			
HOW LONG HAVE YOU LIVED AT ABOVE AD	DRESS? BYIS		Former Name(s):	nineg	, Bahr	S	
Prior Street Address if Above Address is Les		City			Zip	From	То
2 Have very every been sited and/or convict		thin the United S	itates of America).		Yes		NO
2. Have you ever been cited and/or convict 3. Have you ever been cited and/or convict					Yes		No
4. Within the past ten (10) years, have you		nmons to appear	r in court for, or forfeited	a bond for a	the second s	wing:	
a) Any underage alcohol violation?	,				Yes		No
b) Operating a motor vehicle while intoxica					Yes		No
c) Selling or furnishing alcoholic beverages					Yes		No
<ul> <li>d) Permitting underage person on licensed</li> <li>e) Allowing persons on licensed premises a</li> </ul>					Yes		No
<ul> <li>f) Any alcohol related violation other than</li> </ul>					Yes		No
g) Sale of legal or illegal drugs to include pr		sion of any illegal	drugs to include prescript	tion			- C
medications not prescribed to you?					Yes		(No)
h) Fighting, disorderly conduct, assault, or					Yes		(No)
<ul> <li>i) Resisting arrest, interfering with a police</li> <li>j) Any crime or ordinance violation not liste</li> </ul>		king tickots?			Yes		No
5. For each YES response above, you must			eets if necessary or contin	we on the h		lication	(NO
TYPE OF ARREST, SUMMONS,	and the standard standards and standards	ch additional sh	MONTH/YEAF		CITY		STATE
TTPE OF ARREST, SOMMONS,	VIOLATION ON CHARGE		MONTH/TEAR		Citi		JIAIL
Within the last two (2) years did you h	ave and/or complete one of the f	ollowing:	Attach certificate of co	moletion for	Responsible	Nicobol Serve	are Course
Within the last two (2) years, did you ha		onowing.			etail alcohol lic		ers course
Held an Operator's License issued			and the second sec		etail alcohol lic	and the second se	
6. CERTIFICATION: I do hereby swear, und	er penalty of perjury, that I am t						
statements herein are complete, true and c	orrect. I further understand a full	background inve	stigation may be conducted	ed by the Eva	ansville Police	Department	prior to consider-
ation of this application. Additionally, I under do further agree to comply with all laws, res	solutions ordinances and regulation	ions federal sta	te or local affecting the sal	e of fermen	ted mait bever	ages and into	oxicating liquors.
						0	0 100
Signature: 1 Que telle	acher	En	nail:				
Printed Name: KARI FEHREN	BACHER	Da	ate: 69	25		5	
				,			
Rolling Department Recommendation and C	and the New York		BELOW THIS LINE	Par	id To:		
Police Department Recommendation and Co	vinitents.		proved:		ty of Evansi	Date:	
			Clerk's Office Signate	ure		Date	
×		Ros	eipt #			. atc	
Approved:	Denied:	Rec			ceipt: 1.15		35.35
Police Chief's Signature	05/22/20 Date	225			CHRENDACHER y 9, 2025		
ronce oner sugnature	Dett						

CITY OF EVANSVIL	LE CITY	CLERK'S OFFIC	CE	8	C-11
31 S. Madison St, PO B	ox 529,	Evansville, WI	53536		
New Operator's License: \$35.00 X Renewal Ope			THE OWNER AND ADDRESS OF THE OWNER ADDRESS OF THE O	nal License:	\$15.00
NOTE: APPLICATION FEE WILL NOT BI					
A Police check will be completed. Please read carefully and answer honestly. Falsific cannot reapply for a 6 month period from date of denial. If you have any doubt as to information. If you are unsure about how to respond to any questions on this form, or and conviction record from the police department and/or the court with <a href="https://www.wicourts.gov/caseearch.htm">https://www.wicourts.gov/caseearch.htm</a> (CCAP may not provide comprehensive	whether to in heck with the th which yo	clude the facts of a spec City Clerk for clarification ou interacted, or the	ific incident it is record on. You can obtain inf	mmended that yo formation regardi	ou disclose the ing your arrest
1. LEGAL NAME: BLAKE LEE	6	Iddick	C DATE OF BIRTH:		1
First Middle		Last			
ADDRESS:		52526	PHONE:		. /
CITY: EVUNSNILE STATE: WI	ZI	:53536	GENDER:	Aale Fer	male
Driver's License No.:	- · ·	uing State: UDIS	sconsi	n	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 11 YEARS	5.	rmer Name(s):			
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip	From	То
ARREST AND CO (Anywhere within the	and the second				
2. Have you ever been cited and/or convicted of a felony?			Y	'es	( NO
3. Have you ever been cited and/or convicted of a misdemeanor?				'es	No
4. Within the past ten (10) years, have you been arrested for, received a summons t	o appear in c	ourt for, or forfeited a			
a) Any underage alcohol violation?				'es	NO
b) Operating a motor vehicle while intoxicated?		-	Y	Yes	
c) Selling or furnishing alcoholic beverages to underage person?				es	No
<ul> <li>d) Permitting underage person on licensed premises?</li> <li>e) Allowing persons on licensed premises after closing?</li> </ul>				es	No
f) Any alcohol related violation other than a, b, c, d, and e?				'es	No
g) Sale of legal or illegal drugs to include prescription medications or possession of a medications not prescribed to you?	ny illegal drug	s to include prescriptio	n	es	No
h) Fighting, disorderly conduct, assault, or battery?			Y	es	(No)
i) Resisting arrest, interfering with a police officer or obstructing an officer?			Y	es	NO
j) Any crime or ordinance violation not listed above other than traffic or parking tick	the second se		the second se	es	(No)
5. For each YES response above, you must identify all violations below. Attach addit	tional sheets i				the second second
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	g: At	tach certificate of comp			rs Course
Successfully completed a Responsible Alcohol Servers Course			ent for a retail alcoho rietor of retail alcoho		
Held an Operator's License issued in Wisconsin     CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person	an utha mada				
statements herein are complete, true and correct. I further understand a full backgro	und investigat	tion may be conducted	by the Evansville Poli	ice Department of	rior to consider-
ation of this application. Additionally, I understand that this application may be denie	d if it contains	s any falsification-and th	hat I will not be able t	to reapply for a 6	month period
do further agree to comply with all laws, resolutions, ordinances, and regulations, fed	ieral, state or	local affecting the sale of	of fermented mait be	everages and into	xicating liquors.
Signature	Email:			1 /1.1	Lun
Printed Name: Stake Riddick	Date:	5/8/2	025		
and wind or h	Date.				-
FOR MUNICIPALITY U			1020 101		
Police Department Recommendation and Comments:	Approve	d: De	nied: City of Evan	SV Date:	
		Clerk's Office Signature		Date	
	Receipt		and and a the state	A A R R R R R R R R R R R R R R R R R R	75.00
Approved:	Receipt		Receipt: 1.1		35.00
			BIDDICK, BL May 9, 2025		
N'4 05/22/2025			may 7, CU20	12100 FT	
Police Chief's Signature Date					

LINE CACULA LINE CACULA LINE CACULA LINE CACULA LINE CACULA	APPLIC OPERATO CITY OF EVANSV 31 S. Madison St, PO	OR'S	Y CLERK	S OFFIC	E	5		8C-12
New Operator's License: \$					-	and the second se	al Licens	e: \$15.00
N	OTE: APPLICATION FEE WILL NOT	BE REFUND	DED IF DENIE	D OR WITH				and a second
A Police check will be completed. Please rea cannot reapply for a 6 month period from da information. If you are unsure about how to and conviction record from the police https://www.wicourts.gov/casesearch.htm	te of denial. If you have any doubt as respond to any questions on this form e department and/or the court	to whether to n, check with with which	the City Clerk f you interact	or clarificatio ted, or the	fic incider n. You car	nt it is recomm n obtain infor	mended that mation reg	at you disclose the arding your arrest
1. LEGAL NAME: Amber	Rae		Knet	ter	DATE	OF BIRTH:		
First ADDRESS:	Middle	3	Last		PHON	·		;‡
CTTY: Évansylle	STATE: WIT		ZIP: 535	536	GEND	ER: Mal	e	Female
Driver's License No.:	V		Issuing State:	1.5-				
	DESCO 4 Years				Orin	cn, D.	ffrer	)
HOW LONG HAVE YOU LIVED AT ABOVE AD Prior Street Address if Above Address is Les	URESS:	City	Former Name	e(s): State	orma	Zin	From	
Phot Street Address II Above Address Is Les	s man 5 rears state zip rioni to	1	11	JI	5	2010	101	
	17	Evans			5.	yeee	Q	June
	ARREST AND	the second s		-1			(test)	
2. Have you ever been cited and/or convicto	(Anywhere within ed of a felony?	the onited St	ates of Americ	d).	Sole P Maria	Yes		No
3. Have you ever been cited and/or convictor						Yes		Ng
4. Within the past ten (10) years, have you		ns to appear	in court for, or	forfeited a b	ond for a	ny of the fol	lowing:	0
a) Any underage alcohol violation?						Yes		(No)
b) Operating a motor vehicle while intoxica						Yes		The second secon
c) Selling or furnishing alcoholic beverages						Yes		(NO
<ul> <li>d) Permitting underage person on licensed</li> <li>e) Allowing persons on licensed premises at</li> </ul>						Yes		
f) Any alcohol related violation other than a						Yes		(No)
g) Sale of legal or illegal drugs to include pr		of any illegal	drugs to includ	e prescription	n			0
medications not prescribed to you?						Yes		No
<ul> <li>h) Fighting, disorderly conduct, assault, or t</li> <li>i) Resisting arrest, interfering with a police</li> </ul>						Yes		NO
j) Any crime or ordinance violation not liste	d above other than traffic or parking t	tickets?				Yes		No
5. For each YES response above, you must i			ets if necessar	y or continue	on the b	ack of this ap	oplication.	
TYPE OF ARREST, SUMMONS, V				NTH/YEAR		CI	and the second	STATE
Within the last two (2) years, did you ha	we and/or complete one of the follow	wing:					and the second se	ervers Course
Successfully completed a Response	sible Alcohol Servers Course			in alcohol age				
Held an Operator's License issued				he sole prop				
6. CERTIFICATION: I do hereby swear, under statements herein are complete, true and co ation of this application. Additionally, I under do further agreg to comply with all laws, res	prrect. I further understand a full back erstand that this application may be de	ground inves enied if it con	tigation may b tains any falsif	e conducted ication-and th	by the Ev hat I will r	ansville Police not be able to	e Departme reapply fo	ent prior to consider- r a 6 month period. I
Signature: Ambh Am		Em	- •					n
Printed Name: Amber Kh	etter	Da	te: 5/8/	25				
	FOR MUNICIPALIT	TY USE ONLY	BELOW THIS L	INE				
Police Department Recommendation and Co			lic Safety Com	mittee:		id To:		
		Арр	roved:	De	nied: <u>C</u>	ry of Evan	Date:	
			Clerk's Off	fice Signature			Dat	ie
X		Rece	ipt #		de gard			
Approved:	Denied:					ceipt: 1.1 ( HAIR	58732	35.00
Police Chief's Signature	05/28/00Z	25			Maj	y 9, 2025	2:45 PH	

C

	PPLICATIC					
CITY OF EV	ANSVILLE CIT	Y CLERK'S OFFIC 7, Evansville, WI	CE	8	C-13	
	newal Operator's			al License:	\$15.00	
NOTE: APPLICATION FEE			and the second sec	C. Cherry	Sector Sector	
A Police check will be completed. Please read carefully and answer ho cannot reapply for a 6 month period from date of denial. If you have any information. If you are unsure about how to respond to any questions of and conviction record from the police department and/or th https://www.wicourts.gov/casesearch.htm (CCAP may not provide co	y doubt as to whether to on this form, check with ne court with which	o include the facts of a speci the City Clerk for clarificatio you interacted, or the	fic incident it is recom n. You can obtain info	nmended that yo ormation regarding	u disclose the ng your arrest	
1. LEGAL NAME: Mark L.	il	nerrill	DATE OF BIRTH:			
ADDRESS:		Last	PHONE:			
CITY: Evansville STATE: W	i	ZIP: 53536		ale X Fen		
			SC.		nale	
Driver's License No.:			50			
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?	om To City	Former Name(s): State	Zip	From	То	
Prior Street Address if Above Address is Less Than 5 Years state Zip Pri	om to city	State	Zip	From	10	
	REST AND CONVICTION are within the United St	the second second in the second se		Section 2	12 25	
2. Have you ever been cited and/or convicted of a felony?			Ye	s	No	
3. Have you ever been cited and/or convicted of a misdemeanor?			Ye	s	NO	
4. Within the past ten (10) years, have you been arrested for, received	a summons to appear	in court for, or forfeited a b		-	$\cap$	
a) Any underage alcohol violation? b) Operating a motor vehicle while intoxicated?			Ye		(No)	
c) Selling or furnishing alcoholic beverages to underage person?			Ye		No	
d) Permitting underage person on licensed premises?			Ye		(No)	
e) Allowing persons on licensed premises after closing?			Ye	S	No	
f) Any alcohol related violation other than a, b, c, d, and e?	eccession of any illegal	de la incluida accoriatio	Ye	S	(No)	
g) Sale of legal or illegal drugs to include prescription medications or p medications not prescribed to you?	ossession of any negati	arugs to include prescription	Ye	s	NO	
h) Fighting, disorderly conduct, assault, or battery?			Ye		(No)	
i) Resisting arrest, interfering with a police officer or obstructing an off			Ye		NO	
j) Any crime or ordinance violation not listed above other than traffic of			Ye		(No)	
5. For each YES response above, you must identify all violations below	v. Attach additional she		on the back of this a			
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE		MONTH/YEAR	C	ITY	STATE	
					and the second	
Within the last two (2) years, did you have and/or complete one o	f the following:	Attach certificate of comp	letion for Responsib	le Alcohol Server	s Course	
Successfully completed a Responsible Alcohol Servers Course	e	An alcohol age	ent for a retail alcohol	license		
Held an Operator's License issued in Wisconsin		The sole propr	rietor of retail alcohol	license		
6. CERTIFICATION: I do hereby swear, under penalty of perjury, that statements herein are complete, true and correct. I further understand ation of this application. Additionally, I understand that this application do further agree to comply with all laws, resolutions, ordinances, and re	a full background inves may be denied if it con	tigation may be conducted tains any falsification-and th	by the Evansville Polic nat I will not be able t	ce Department p o reapply for a 6	rior to consider- month period. I	
h h 1	esolutions, reueral, stati	to rocar anecting the sale (		i uges and into	acaring inquors.	
Signature: Mark Mennel	Em	ail:	-		5	
Printed Name: Mark MCMill	Dat	e: 5-8-25	>		-	
FOR MU	UNICIPALITY USE ONLY	BELOW THIS LINE				
Police Department Recommendation and Comments:		ic Safety Committee:	Paid To:			
	Арр	roved: De	nied: <u>City of Eva</u> r	Date:		
		Clerk's Office Signature		Date		
N. I I I I I I I I I I I I I I I I I I I	Rece			vale		
Approved: Denied:	-		Receipt: 1.1 MARK MERRIL			
Police Chief's Signature 05/22/20 Date	025		May 9, 2025	2194 17		

APPLIC OPERATO	DR'S	LICE	INSE			00.14
CITY OF EVANSVIL 31 S. Madison St, PO E				536		8C-14
New Operator's License: \$35.00 Renewal Operator's License:	the second se	And the second se	state of the other state of the		al License:	\$15.00
NOTE: APPLICATION FEE WILL NOT B	E REFUND	ED IF DENIE	D OR WITHDR	WN.		
A Police check will be completed. Please read carefully and answer honestly. Falsif cannot reapply for a 6 month period from date of denial. If you have any doubt as to information. If you are unsure about how to respond to any questions on this form, and conviction record from the police department and/or the court w https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive	whether to check with the which	include the fa ne City Clerk f you interac	acts of a specific i for clarification. Y ted, or the W	ncident it is recom ou can obtain info	mended that yo rmation regard	ng your arrest
1. LEGAL NAME: LILANN Way		Last	+11-	DATE OF BIRTH:	1	
ADDRESS:		Last		PHONE:	-	
CITY: EXAMSUITE STATE: LOT		ZIP: 53	536	GENDER: Ma	le Fei	male
Driver's License No.:		ssuing State	: Le 3	t		2
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?		Former Nam	e(s):			
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City		State	Zip	From	То
ARREST AND ( (Anywhere within th			-al			
2. Have you ever been cited and/or convicted of a felony?	ie officed Sta	tes of Americ		Ye	5	No
3. Have you ever been cited and/or convicted of a misdemeanor?				Ye		No
4. Within the past ten (10) years, have you been arrested for, received a summons	to appear in	n court for, o	r forfeited a bon	d for any of the fo	llowing:	
a) Any underage alcohol violation?				Ye		(NO)
<ul> <li>b) Operating a motor vehicle while intoxicated?</li> <li>c) Selling or furnishing alcoholic beverages to underage person?</li> </ul>				Ye		No
d) Permitting underage person on licensed premises?				Ye		No
e) Allowing persons on licensed premises after closing?				Ye		NO
f) Any alcohol related violation other than a, b, c, d, and e?				Ye	5	NO
<ul> <li>g) Sale of legal or illegal drugs to include prescription medications or possession of medications and prescribed to usual</li> </ul>	any illegal d	rugs to includ	le prescription	T You	Th	NO
medications not prescribed to you? h) Fighting, disorderly conduct, assault, or battery?				Te		No
<ul> <li>i) Resisting arrest, interfering with a police officer or obstructing an officer?</li> </ul>				Ye	Contraction of the Contraction o	(NO)
j) Any crime or ordinance violation not listed above other than traffic or parking tic	and the second s			Ye		(No )
5. For each YES response above, you must identify all violations below. Attach add	ditional shee					
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE		MC	DNTH/YEAR	CI	TY	STATE
DC Dismessed		2	19012	1 Eller	Source	WI
Within the last two (2) years, did you have and/or complete one of the followi	ng:	Attach certif	icate of complet	ion for Responsibl	e Alcohol Serve	rs Course
Successfully completed a Responsible Alcohol Servers Course		and the second se	the state of the s	for a retail alcohol		
Held an Operator's License issued in Wisconsin			The sole propriet	or of retail alcohol	license	
6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the per statements herein are complete, true and correct. I further understand a full backgr ation of this application. Additionally, I understand that this application may be den do further agree to comply with all laws, resolutions, ordinances, and regulations, fer and the statement of the statement o	round invest ied if it cont	gation may b ains any falsi	be conducted by t fication-and that	he Evansville Polic I will not be able to	e Department p o reapply for a 6	5 month period. I
Signature: AUMAN AUC	Ema	il:			*)	
Tallant Alt	Date		9-25	- 0		
Printed Name: LURY VILLING	Date					
FOR MUNICIPALITY Police Department Recommendation and Comments:		C Safety Com		Paid To:		
		oved:	Denie	a: City of Evan	Dates	
		Clerk's Of	fice Signature		Date	
Approved: Denied:	Recei	pt #		Receipt: 1.1	58141	35.00
Police chief's Signature 05/20/2025				LUANN MAY A May 12, 2025	LF	

APPLICAT OPERATOR CITY OF EVANSVILLE O 31 S. Madison St, PO Box	'S LICENSE CITY CLERK'S OFFICE		8C-15
	or's License: \$35.00	Provisional License	: \$15.00
NOTE: APPLICATION FEE WILL NOT BE REF			
A Police check will be completed. Please read carefully and answer honestly. Falsification cannot reapply for a 6 month period from date of denial. If you have any doubt as to wheth information. If you are unsure about how to respond to any questions on this form, check and conviction record from the police department and/or the court with w https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive list of	n and/or misrepresentation may be her to include the facts of a specific ir with the City Clerk for clarification. Ye which you interacted, or the W	grounds for denial of license/p ncident it is recommended that ou can obtain information rega	you disclose the rding your arrest
1. LEGAL NAME: ASHER E	10 1.0	DATE OF BIRTH: , ,	VI
ADDRESS:	Last	PHONE:	
CITY: EUGDSVILL STATE: UIT	ZIP: 53536	GENDER: Male	emale
Driver's License No.:	Issuing State: Wis	consin	<u> </u>
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? & MONTHS	Former Name(s):	los Henr	7
	City State	Zip From	То
FUR FUR	nalle LIT 5	3536 2023	3024
ARREST AND CONV		on the man	- and
(Anywhere within the Unit	ted States of America).	Yes	NO
2. Have you ever been cited and/or convicted of a felony?     3. Have you ever been cited and/or convicted of a misdemeanor?		Yes	No
<ol> <li>Have you ever been cited analytic convicted or a misdemeanor?</li> <li>Within the past ten (10) years, have you been arrested for, received a summons to ap</li> </ol>	pear in court for, or forfeited a bong		0
a) Any underage alcohol violation?		Yes	NO
b) Operating a motor vehicle while intoxicated?		Yes	AND
c) Selling or furnishing alcoholic beverages to underage person?		Yes	C.S
d) Permitting underage person on licensed premises?		Yes	(Ma)
e) Allowing persons on licensed premises after closing?		Yes	Ng
<ul> <li>f) Any alcohol related violation other than a, b, c, d, and e?</li> <li>g) Sale of legal or illegal drugs to include prescription medications or possession of any ill</li> </ul>	legal drugs to include prescription	Yes	Ng
medications not prescribed to you? h) Fighting, disorderly conduct, assault, or battery?		Yes	No
<ul> <li>i) Resisting arrest, interfering with a police officer or obstructing an officer?</li> </ul>		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 additiona	al 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 completi	on for Responsible Alcohol Ser	vers Course
Successfully completed a Responsible Alcohol Servers Course		for a retail alcohol license	
Held an Operator's License issued in Wisconsin		or of retail alcohol license	
6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person w statements herein are complete, true and correct. I further understand a full background ation of this application. Additionally, I understand that this application may be denied if do further agree to comply with all laws, resolutions, ordinances, and regulations, federal	investigation may be conducted by t it contains any falsification-and that	he Evansville Police Departmer I will not be able to reapply for	a 6 month period. I
Signature	Email:		
Printed Name: CESALLE Maylor	Date: D 7- dd	5 0	
FOR MUNICIPALITY USE C	ONLY BELOW THIS LINE	at 1 4 50.	
Police Department Recommendation and Comments:	Public Safety Committee: Approved: Denied	Paid To: d: <u>City of Evan</u> Date:a	
	Clerk's Office Signature	Date	al se al de la la se an a se an an an
Approved: X Denied:	Receipt #		
Police Chief's signature 05/22/2025		ASHLEE TRAYLOR May 13, 2025 11:17 A	

		LICATIC			-					4
	OPERA CITY OF EVAN							0/		
1839 515(c))55	31 S. Madison St, P	the second s				6		80	C-16	)
New Operator's License: \$		Operator's					onal Lie	cense: \$	15.00	
	OTE: APPLICATION FEE WILL									
A Police check will be completed. Please re- cannot reapply for a 6 month period from da information. If you are unsure about how to and conviction record from the police https://www.wicourts.gov/casesearch.htm	ate of denial. If you have any doub respond to any questions on this e department and/or the cou	t as to whether to form, check with urt with which	the City Cl	he facts of a spec erk for clarification eracted, or the	ific incide	ent it is rec an obtain i	ommend nformatic	ed that you on regarding	disclose g your ar	the rest
1. LEGAL NAME: Karsen	Kay	11-	nce		DATE	OF BIRTH	1:			5
First ADDRESS:	Middle	2	Last		РНО	NE:				
CITY: EVANSVILLE	STATE: W		ZIP:	53534	GEN	DER:	Male	Fem	ale	
Driver's License No.:		- 7	Issuing S	tate: W	F			_		
HOW LONG HAVE YOU LIVED AT ABOVE AD		5	Former	Name(s):						
Prior Street Address if Above Address is Les	s Than 5 Years State Zip From To	City	alle	State 1/1	52	Zip	0 -	From	-	To
		LIK	SVILK	VV	00	TCC		120	7	21
		Jaine	MIK	WI	5	354	8 1	119	7	20
		AND CONVICTION thin the United S							-	
2. Have you ever been cited and/or convict	ed of a felony?						Yes		No	
3. Have you ever been cited and/or convictor	ed of a misdemeanor?						Yes		No	)
4. Within the past ten (10) years, have you	been arrested for, received a sum	mons to appear	in court fo	or, or forfeited a	bond for	any of the	and the second se	g:	õ	
a) Any underage alcohol violation? b) Operating a motor vehicle while intoxica	ited?					Yes			No	
c) Selling or furnishing alcoholic beverages	Contraction of the second s						Yes		0	
d) Permitting underage person on licensed	premises?						Yes		No	
e) Allowing persons on licensed premises a							Yes		No	
<ul> <li>f) Any alcohol related violation other than a</li> <li>g) Sale of legal or illegal drugs to include pr</li> </ul>	and the second	ion of any illegal	drugs to in	clude prescriptio	n		Yes		No	
medications not prescribed to you?							Yes		NO	
<ul> <li>h) Fighting, disorderly conduct, assault, or b</li> <li>i) Resisting arrest, interfering with a police</li> </ul>							Yes		No	
j) Any crime or ordinance violation not liste		ing tickets?					Yes		(No)	
5. For each YES response above, you must i		March 1997 Barriel and Street Pro-	ets if nece	ssary or continu	e on the l	back of thi	is applica	tion.	V	
TYPE OF ARREST, SUMMONS, V	VIOLATION OR CHARGE			MONTH/YEAR			CITY		STATE	
Within the last two (2) years, did you ha	ave and/or complete one of the fo	ollowing:	Attach c	ertificate of com	pletion fo	r Respons	sible Alco	hol Servers	Course	and and
Successfully completed a Response	sible Alcohol Servers Course			An alcohol ag						
Held an Operator's License issued				The sole prop						h 11
<ol> <li>CERTIFICATION: I do hereby swear, under statements herein are complete, true and complete.</li> </ol>										
ation of this application. Additionally, I under	P									
do further agree to comply with all laws, res	plutions, ordinances, and regulati	ons, rederal, stat	e or local a	iffecting the sale	offerme	nted mait	beverage	s and intox	cating lic	quors.
Signature:	and	Em	ail:				- 1			1
Printed Name: KAVCPN	VANCE,	Da	te:	May	TH	1,2	022	5		
TUII SCIT	FOR MUNICIP	ALITY USE ONLY	BELOW TH	IS LINE		1.5				
Police Department Recommendation and Co				Committee:		aid To:				
			roved:		enied:	ity of E	Van Date	1.0		
				s Office Signatur	e			Date		
Approved:	Denied:	Rece	eipt #		R	eceipt:	1.15380	5	35. 20.	30
$\cap ( \land )$							ARSEN	1.4 .54		
lif	06-02-25					ay 16, 2		19 N)		
Police Chief's Signature	Date									

.

(Find	APPLI	CATIC	ON F	OR				
3	OPERAT	OR'S		CENS	Ε			
THA GROVE	CITY OF EVANSV		VCI	PK'S OFF				8C-17
	31 S. Madison St, PO					4	Ċ	6C-17
New Operator's License:					_			A15 00
						and the second se	nal License:	\$15.00
A Police check will be completed. Please	NOTE: APPLICATION FEE WILL NOT read carefully and answer honestly. Fai						al of license/ne	mit Applicant
cannot reapply for a 6 month period from	date of denial. If you have any doubt as	to whether t	o include	the facts of a sp	ecific incide	nt it is recon	nmended that y	ou disclose the
information. If you are unsure about how	to respond to any questions on this form	m, check with	the City	lerk for clarifica	tion. You ca	n obtain infe	ormation regard	ding your arrest
and conviction record from the poli https://www.wicourts.gov/casesearch.ht					the Wiscor	nsin Circuit	Court Access	s website at:
1. LEGAL NAME: Jessica	Ann		Ha	)	DATE	OF BIRTH:		
First	Middle		Last					
ADDRESS:					PHO	NE:		,
arr: Evansville	STATE: WI		ZIP: 5	3536	GEN	DER: M	ale Fe	emale
Driver's License No.:			Issuing	State: WI				
HOW LONG HAVE YOU LIVED AT ABOVE A	DOBESS? IN LIS		Former	Name(s):	SSICO	Hal	vensiek	20
Prior Street Address if Above Address is L		City	Tomler	State	33.00	Zip	From	То
	ARREST ANI (Anywhere within	and the second		and the second se				
2. Have you ever been cited and/or convi				P		Ye	s	NO
3. Have you ever been cited and/or convi						CYe	*	No
4. Within the past ten (10) years, have yo		ons to appear	in court	or, or forfeited	a bond for	-		
a) Any underage alcohol violation?						Ye		No
b) Operating a motor vehicle while intoxi	cated?					Te	5	No
c) Selling or furnishing alcoholic beverage						Ye		M
<ul> <li>d) Permitting underage person on license</li> <li>e) Allowing persons on licensed premises</li> </ul>				and and and and and a state of the state of		Ye		No
f) Any alcohol related violation other than	Construction of the local data and the second se					Ye		No
g) Sale of legal or illegal drugs to include		of any illegal	drugs to	nclude prescript	tion			
medications not prescribed to you?						Ye		NO
<ul> <li>h) Fighting, disorderly conduct, assault, o</li> <li>i) Resisting arrest, interfering with a polic</li> </ul>						Ye		No
<ul> <li>i) Any crime or ordinance violation not lis</li> </ul>		tickets?				Ye		No
5. For each YES response above, you mus		and the second se	ets if neo	essary or contin	ue on the b			
TYPE OF ARREST, SUMMONS				MONTH/YEAR			ITY	STATE
OWI			9	12021		orego	0	WI
						5		
Within the last two (2) years, did you	have and/or complete one of the follo	wing:	Attach	certificate of co	mpletion fo	r Responsib	le Alcohol Serve	ers Course
Successfully completed a Respo	onsible Alcohol Servers Course				-	retail alcoho		
Held an Operator's License issu						etail alcoho		
<ol><li>CERTIFICATION: I do hereby swear, un statements herein are complete, true and</li></ol>								
ation of this application. Additionally, I un								
do further agree to comply with all laws, r	esolutions, ordinances, and regulations,	, federal, stat	e or local	affecting the sa	le of fermer	nted malt be	verages and int	oxicating liquors.
Signature:	trace	Em	ail:					_
Printed Name: Jessica	Han	Da	te: _ 3	18/25	5			
	FOR MUNICIPALI	TY USE ONLY	BELOW	HISLINE				
Police Department Recommendation and				Committee:				
			roved:		Denied:		Date:	
				015				
*	1			's Office Signati	ure		Date	
Approved	Denied:	Rece	eipt #					
(V. /	06-02-25							
Police Chief's Signature	Date							

ON CROY	APPLIC OPERATO	CATION		E		
31	CITY OF EVANSV S. Madison St, PO					8C-18
New Operator's License: \$35.00				1.5.71	ovisional Licens	se: \$15.00
	APPLICATION FEE WILL NOT	BE REFUNDE	IF DENIED OR WITH	HDRAWN.		
A Police check will be completed. Please read care cannot reapply for a 6 month period from date of d information. If you are unsure about how to respo and conviction record from the police dep https://www.wicourts.gov/casesearch.htm (CCA)	lenial. If you have any doubt as t nd to any questions on this form artment and/or the court	o whether to in , check with the with which y	clude the facts of a spe City Clerk for clarificat ou interacted, or th	cific incident it ion. You can o	t is recommended th btain information rep	at you disclose the garding your arres
1. LEGAL NAME: MICHEILE	Marie		RUCKS	DATE OF	BIRTH:	
ADDRESS:				PHONE:		
CITY: EVANSVILLE	STATE: UL		P: 53534	GENDER	Mala /	
Driver's License No.:	STATE: V		suing State: U	JI	: Male (	Fémale
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS	1241,		ormer Name(s):	2		
Prior Street Address if Above Address is Less Than		City	State	Zip	Froi	m To
Large and the second	ARREST AND					
	(Anywhere within t	the United State	es of America).	1000000	M	
2. Have you ever been cited and/or convicted of a					Yes	(No)
3. Have you ever been cited and/or convicted of a				h = 16	Yes	No
4. Within the past ten (10) years, have you been a a) Any underage alcohol violation?	rrested for, received a summor	is to appear in	court for, or forfeited a	bond for any	Yes	(No)
b) Operating a motor vehicle while intoxicated?					Yes	No
c) Selling or furnishing alcoholic beverages to und					Yes	Mo
<ul> <li>d) Permitting underage person on licensed premise</li> <li>e) Allowing persons on licensed premises after clo</li> </ul>					Yes Yes	No.
<ul> <li>f) Any alcohol related violation other than a, b, c,</li> </ul>	and the second				Yes	NO
g) Sale of legal or illegal drugs to include prescript		of any illegal dru	gs to include prescripti	on	Yas	Ň
medications not prescribed to you? h) Fighting, disorderly conduct, assault, or battery	1?				Yes	No
i) Resisting arrest, interfering with a police officer					Yes	No
j) Any crime or ordinance violation not listed abov		and the state of t			Yes	No
5. For each YES response above, you must identify		ditional sheet	and the second second second second second second			
TYPE OF ARREST, SUMMONS, VIOLAT	ION OR CHARGE		MONTH/YEAR		CITY	STATE
Within the last two (2) years, did you have and	d/or complete one of the follow	ving:	ttach certificate of con	pletion for R	esponsible Alcohol S	ervers Course
Successfully completed a Responsible A					il alcohol license	a reis course
Held an Operator's License issued in Wi			The sole pro	prietor of reta	il alcohol license	
6. CERTIFICATION: I do hereby swear, under penstatements herein are complete, true and correct. ation of this application. Additionally, I understand do further agree to comply with all laws, resolution	alty of perjury, that I am the p I further understand a full back I that this application may be de	ground investig nied if it contai	ation may be conducted ns any falsification-and	d by the Evans that I will not	wille Police Departm be able to reapply for	ent prior to consid or a 6 month perio
Signature Mchelle Kuch		Email				
Do challe P	inclin		5-30-6	25		
Printed Name: Machelle L	uno	Date:	520			
	FOR MUNICIPALIT	Y USE ONLY BE	LOW THIS LINE	D-11	Ter	
Police Department Recommendation and Commer	nts: Paid To: City of Evansvi	Public 11e Approv	Safety Committee:	Paid Denied: <u>City</u>	of EvansDate:e	
			Clerk's Office Signatu	re	Da	te
Approved: Denie	ed:	Receipt	<b>#</b> 15.00	Recei	ipt: 1.158965	35.00
000	MICHELLE RUCK	3			ELLE RUCKS	00100
11.4	06.02 M2 5 2025	2:25 PM			30, 2025 2:24 P	M
Police Chief's Signature	Date					



City of Evansville

www.ci.evansville.wi.gov

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

May 6, 2025

Sean Michael Mangold

Evansville, WI 53536

Dear Sean:

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, June 4, 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,

Jalene Khitzman

Jolene Klitzman Deputy Clerk

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

	APPLIC OPERATO			_					
1999 4.48754	CITY OF EVANSVI								
Ale and a second	31 S. Madison St, PO B	Box 52	9, E	ans	ville, WI	53530	6		
New Operator's License: \$3	5.00 🔀 Renewal Op	erator's	Lice	nse: \$	35.00		Provisional	License:	\$15.00
and the second se	TE: APPLICATION FEE WILL NOT E			and the second second					
A Police check will be completed. Please read cannot reapply for a 6 month period from date information. If you are unsure about how to m and conviction record from the police https://www.wicourts.gov/casesearch.htm	e of denial. If you have any doubt as to espond to any questions on this form, department and/or the court w	check with with which	the Cit you	de the fa ty Clerk fi interact	or clarification ted, or the	ific incide on. You ca	nt it is recomme in obtain informa	nded that y	ou disclose the ling your arrest
1. LEGAL NAME: SEAN	MicHael	٢	1A	JGO	LD	DATE	OF BIRTH:		
First ADDRESS:	Middle		La	st		РНО	NE:		
CITY: EVANSVILLE	STATE: W (		ZIP:	535	36	GEN	DER: Male	Fe	male
Driver's License No.:			Issuir	ng State:	$\mathcal{M}$				
HOW LONG HAVE YOU LIVED AT ABOVE ADD	RESS? 12 YEARS				e(s): N(	A			
Prior Street Address if Above Address is Less	A NAME OF COMPANY OF THE OWNER OWNE	City			State		Zip	From	То
	ARREST AND						C. Sall Press	inter ter	
2. Have you ever been cited and/or convicted	(Anywhere within th	ne United St	tates o	f Americ	a).	C. C	Ver		5
3. Have you ever been cited and/or convicted							Yes		No
4. Within the past ten (10) years, have you be		to appear	in cou	rt for, or	forfeited a b	bond for a		ving:	
a) Any underage alcohol violation?							Yes		No
<ul> <li>b) Operating a motor vehicle while intoxicate</li> <li>c) Solling or furnishing alsoholis hoursages to</li> </ul>	the second se						Yes		No
<ul> <li>c) Selling or furnishing alcoholic beverages to</li> <li>d) Permitting underage person on licensed prisma and the selection of the selection o</li></ul>	the second se						Yes		No
e) Allowing persons on licensed premises after							Yes		No
f) Any alcohol related violation other than a,							Yes		No
g) Sale of legal or illegal drugs to include pres medications not prescribed to you?	cription medications or possession of	any illegal	drugs t	oinclude	e prescription	n	Yes		(No)
h) Fighting, disorderly conduct, assault, or ba	ttery?						Yes		(No)
i) Resisting arrest, interfering with a police of		1					Yes		No
j) Any crime or ordinance violation not listed 5. For each YES response above, you must ide		the of the other states and the states of th	etc if r	ereccon	or continue	on the h	Yes	cation	No
TYPE OF ARREST, SUMMONS, VIO		actorial site	con n		NTH/YEAR	e on the b	CITY	cation.	STATE
941.23			6	301	2000		Janesvi	ile	WI
941.20(1)(B)			41	201	2000		Janesui		WI
							Station of the		
Within the last two (2) years, did you have	and/or complete one of the following	ng:	Attac	h certifie	cate of comp	pletion for	Responsiele Al	cohol Serve	rs Course
Successfully completed a Responsib							etail alcohol lice		
<ul> <li>Held an Operator's License issued in</li> <li>6. CERTIFICATION: I do hereby swear, under</li> </ul>		ton who m					etail alcohol licer		and that all
statements herein are complete, true and com ation of this application. Additionally, I unders do further agree to comply with all laws, resol	ect. I further understand a full backgr tand that this application may be den	ied if it con	tigatio tains a	n may be ny falsifi	catiomand th	by the Evanat I will n	ansville Police De not be able to rea	epartment ( apply for a l	prior to consider- 6 month period. I
Signature: Seen Mangol	il	Em	aile						_
Printed Name: SEAN MANGO	DLD	Dat	ie: _3	120	202	5			_
	FOR MUNICIPALITY	USE ONLY	BELOW		NE				
Police Department Recommendation and Com	ments:	Publ		ty Comn		23	aid To:		
04-27-2000 - Charge		Арр	roved:			nied:	ty of ity Da	te:	
-	- Both Felonies								
Both dismissed - No	Prosecution #2			rk's Offi	ce Signature			Date	
	enied:	Rece	ipt #			0	eceipt: 1.150	2510	15.00
							SEAN MANGELL		
Police Chief's Signature	04/30/2025 Date	_				A	pr 23, 2025	9:46 84	



www.ci.evansville.wi.gov

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

April 23, 2025

Jed Kjornes

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,

alone Khtyman

Jolene Klitzman Deputy Clerk

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



City of Evansville

www.ci.evansville.wi.gov

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

May 8, 2025

Jed Kjornes

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, June 4, 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,

alene Khtymm

Jolene Klitzman Deputy Clerk

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

APPLIC OPERATO CITY OF EVANSVI 31 S. Modison St, PO New Operator's License: \$35.00 NOTE: APPLICATION FEE WILL NOT A Police check will be completed. Please read carefully and answer honestly. Fals cannot reapply for a 6 month period from date of denial. If you have any doubt as to information. If you are unsure about how to respond to any questions on this form	DR'S LLE CITY Box 529 perator's BE REFUND ification and/, o whether to , check with t	LICENSE CLERK'S OFFIC , Evansville, WI License: \$35.00 ED IF DENIED OR WITH for misrepresentation may include the facts of a spec he City Clerk for clarification	CE 53536 Provis DRAWN. y be grounds for diffic incident it is room. You can obtain	denial of license ecommended to information re	hat you disclose the garding your arrest
and conviction record from the police department and/or the court whttps://www.wicourts.gov/caseseprch.htm (CCAP may not provide comprehensive	ve list of all a	rrests/convictions).	e wisconsin cir	cuit Court A	ccess website at:
1. LEGAL NAME: Selected AY PANel		KJoines	DATE OF BIRT	TH:	
First Middle		Last	PHONE:		
		ZIP: 53536	GENDER:	Male	Female
		70		Wale	remaie
Driver's License No.:					
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 1924 Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	Former Name(s): State	Zin	Fre	om To
Prior Street Address if Above Address is Less Than 5 Years State 21p From 10	EVANSK	T	5353(	2071	
	IVAN Y	he VI	22220	of fi	2021
ARREST AND (Anywhere within t	The second s				
2. Have you ever been cited and/or convicted of a felony?				Yes	No
3. Have you ever been cited and/or convicted of a misdemeanor?				Yes	No
4. Within the past ten (10) years, have you been arrested for, received a summon	s to appear i	n court for, or forfeited a	bond for any of th	he following:	
a) Any underage alcohol violation?				Yes	No
b) Operating a motor vehicle while intoxicated?				Yes	Np
c) Selling or furnishing alcoholic beverages to underage person?				Yes	No
d) Permitting underage person on licensed premises?				Yes	Np
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 o medications not prescribed to you?	if any illegal d	rugs to include prescriptio	n	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 ti	ickets?			Yes	No
5. For each YES response above, you must identify all violations below. Attach ad	ditional shee	ts if necessary or continu	e on the back of t	his application	
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE		MONTH/YEAR		CITY	STATE
Within the last two (2) years, did you have and/or complete one of the follow	ving:	Attach certificate of com	pletion for Respo	nsible Alcohol	Servers Course
Successfully completed a Responsible Alcohol Servers Course			ent for a retail alc		
Held an Operator's License issued in Wisconsin		The sole prop	rietor of retail alc	ohol license	
6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the pe					
statements herein are complete, true and correct. I further understand a full backg					
ation of this application. Additionally, I understand that this application may be de do further agree to comply with all laws, resolutions, ordinances, and regulations, I	federal state	or local affecting the sale	of fermented ma	ble to reapply t	or a 6 month period. I
Duplicant		•			
Signature: 19150600	Ema	il:	6		
Printed Name: ND STORALS Date: 5-18-25					
FOR MUNICIPALITY		ELOW THIS LINE c Safety Committee:			
Police Department Recommendation and Comments: 2020 - Charged with Puss. THC., Para	Appr		nied: Paid To:	Date:	
			city of	EVansville	
2021 - Mun: Citation - Battery		Clerk's Office Signature		D	ate
		-		De De	
	Rece	pt#			
Approved Denied:				1.158467	35.00
1. 4 04-73.25				DOLLAR STORE	
Police Chief's Signature Date			Apr 17,	2025 2429 P	M
	and in succession of the second se				



# 8D-3 City of Evansville

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

April 15, 2025

Amy Schoonover

Evansville WI 53536

Dear Amy:

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, June 4, 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,

me Khtyman

Jolene Klitzman Deputy Clerk

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

- File					
A A A A A A A A A A A A A A A A A A A	APPLICAT	ION FOR			
	OPERATOR	'S I ICEN	SE		
THE GROVE	OLEKATOK	JLICLIN	JL		
1839	CITY OF EVANSVILLE O	TITY CLERK'S C	FFICE		
A DODAY	31 S. Madison St, PO Box 3	529, Evansville	, WI 5353	6	
New Operator's License:	\$35.00 Renewal Operato	r's License: \$35.0	00	<b>Provisional Licen</b>	se: \$15.00
	NOTE: APPLICATION FEE WILL NOT BE REF	with the state of		the second statement of the se	CALL CONTRACTOR
A Delias sheets will be sempleted Disess	read carefully and answer honestly. Falsification				Analicant
	a date of denial. If you have any doubt as to wheth				
	to respond to any questions on this form, check				
	lice department and/or the court with w				
	ttm (CCAP may not provide comprehensive list of				cess website at.
https://www.wicourts.gov/cuseseurch.i		Salasalasi	$\sim$		
1. LEGAL NAME:		TUNDYO	DAT	E OF BIRTH:	
First	Middle	Last			
ADDRESS:			PHO	DNE:	
C. DISSUIL	, T	1252	C		-
CITY: EVONDVIIE	STATE: (1)-+	z115353	GEN	DER: Male	Female
			T		
Driver's License No.:		Issuing State: U	t		
HOW LONG HAVE YOU LIVED AT ABOVE	ADDRESS? DIPONS	Former Name(s):	Arms		
Prior Street Address if Above Address is		City State		Zip Fro	m To
Filor Street Address II Above Address is		State			10
the same a special birth	ARREST AND CONVI		14 7	and the second s	Carlo Maria
	(Anywhere within the Unite	ed States of America).	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		~
2. Have you ever been cited and/or conv	icted of a felony?	The second s		Yes	(NO)
3. Have you ever been cited and/or conv	icted of a misdemeanor?			Yes	No
		and the second line on the day	in da hand f		110
	ou been arrested for, received a summons to app	bear in court for, or forte	ited a bond for		
a) Any underage alcohol violation?	instand 2			Yes	(NO)
b) Operating a motor vehicle while intox				Yes	NO
c) Selling or furnishing alcoholic beverag				Yes	ND
<ul> <li>d) Permitting underage person on licens</li> </ul>				Yes	No
e) Allowing persons on licensed premise				Yes	Ne
<li>f) Any alcohol related violation other that</li>				Yes	No
g) Sale of legal or illegal drugs to include	prescription medications or possession of any ille	egal drugs to include pres	cription		X
medications not prescribed to you?				Yes	(NO)
<ul> <li>h) Fighting, disorderly conduct, assault,</li> </ul>	or battery?			Yes	No
i) Resisting arrest, interfering with a poli	ce officer or obstructing an officer?			Yes	(No.)
j) Any crime or ordinance violation not li	isted above other than traffic or parking tickets?			Yes	(NO)
5. For each YES response above, you mus	st identify all violations below. Attach additional	sheets if necessary or co	ontinue on the	back of this application.	
TYPE OF ARREST, SUMMON	S. VIOLATION OR CHARGE	MONTH/	YEAR	CITY	STATE
Batten 1-7NQ-Chi	AVER OKNIKSPI	TOUT	AIC	SATURE	LAT
stilly article	DICK CINTURE	aving 2	UT	LOW DVILLE	ult
(1) $S$ $M$ $A$ $(1) - 20$	23	NOV 70	VR	FIANDUR	Tal
Within the last two (2) years did you	have and/or complete one of the following:	Attach contificate	f completion f	Paranaikle Alashald	- un
				or Responsible Alcohol S	ervers Course
Succession completed a nesp	onsible Alcohol Servers Course			retail alcohol license	
Held an Operator's License issu	ued in Wisconsin			retail alcohol license	
<ol><li>CERTIFICATION: I do hereby swear, un</li></ol>	nder penalty of perjury, that I am the person wh	no made and signed the	foregoing appl	lication for an operator's	license, and that all
statements herein are complete, true and	d correct. I further understand a full background in	nvestigation may be cond	ducted by the E	vansville Police Departme	ent prior to consider-
do further agree to comply with all laws	nderstand that this application may be denied if it resolutions, ordinances, and regulations, federal,	contains any faisification	n-and that I will	not be able to reapply fo	r a 6 month period. I
do further agree to comply with an laws,	resolutions, ordinances, and regulations, rederal,	state or local affecting th	e sale of terme	inted prest beverages and	intoxicating liquors.
Signature: Wy Sue		Email:			
T Marth Sch	- Macillar	FILL	INK		1
Printed Name: TMU	LULUKI	Date: 5/4/6	00		
	÷				
	FOR MUNICIPALITY USE OF				
Police Department Recommendation and		Public Safety Committee		aid To:	
See citation #1	69800NZMCR (Attacked)	pproved:	Denied:	Date:	
		Clerk's Office Sig	nature	Dat	P
			, atare	Dat	
1	X	Receipt #			
Approved:	Denied:		Re		
	0.211			MY SCHOONOVER	
1 A eff	05/72/2025				14
Police Chief's Signature	Date			y 13, 2025 11:18 A	<i>n</i>

u are Notified to Pay or Appear		Form No. and Version C	CITATION NO.
earance Required: NO DEC-09-	2023 09:00 AM		DEPOSIT Cash- Card
ANSVILLE CITY MUNICIPAL COURT S MADISON ST/PO BOX 529		1	
ANSVILLE, WI 53536		Court Use: DA N	<b>313.00</b> Y Y
Defendant (Last Name, First, Middle), Street Addr	ess P.O. Box City State Zin	Birth Date	Sex Race
		нт	WT Hair Eyes
Driver License/Identification Card Number	State Exp. Yr.		arent/Guardian/Legal Custodian
······		(If minor defendant)	
Other Identification Number	ID Туре		
	-		
License Plate Number Plate Type	State Exp. Yr.	ALE	
Vehicle Identification Number	Telephone Number	Telephone Number of P	arent/Guardian/Legal Custodian
Plaintiff	Ordinance Violated	p <sup>ran</sup> ull II	Adopting State Statute
CITY OF EVANSVILLE	82-3		947.01(1)
Violation Description			Agency Space
DISORDERLY CONDUCT - COUNTY/N		and the second s	EV2310938
Ordinance Description		∕≬	
	<b>W</b>	<i>B</i>	
	and the second s		
DISORDERLY CONDUCT Week Day Date Time			
		<i>I</i>	
Week Day Date Time			
Week Day         Date         Time           SATURDAY 11/04/2023         12:52 AN			
Week DayDateTimeSATURDAY 11/04/202312:52 ANFrom/AT Hwy No. and/or Street Name			
Week Day     Date     Time       SATURDAY 11/04/2023     12:52 AN       From/AT Hwy No. and/or Street Name       ON 59 EAST 157 FT N OF W MAIN ST       County     City/Village/			
Week Day     Date     Time       SATURDAY 11/04/2023     12:52 AN       From/AT Hwy No. and/or Street Name       ON 59 EAST 157 FT N OF W MAIN ST       County     City/Village/		Date Citation Served,	Method
Week DayDateTimeSATURDAY 11/04/202312:52 ANFrom/AT Hwy No. and/or Street NameON 59 EAST 157 FT N OF W MAIN STCountyCity/Village/ROCK - 53EVANSVILU		Date Citation Served, 11/11/2023	Method MAILED
Week DayDateTimeSATURDAY 11/04/202312:52 AWFrom/AT Hwy No. and/or Street NameON 59 EAST 157 FT N OF W MAIN STCountyCity/Village/ROCK - 53EVANSVILLOfficer Name		-	MAILED
Week Day     Date     Time       SATURDAY 11/04/2023     12:52 AN       From/AT Hwy No. and/or Street Name     0N 59 EAST 157 FT N OF W MAIN ST       County     City/Village/       ROCK - 53     EVANSVILL       Officer Name     OFFICER A. JOHNSON       Officer ID     Department		11/11/2023 Residence Contact Na	MAILED me Age
Week Day     Date     Time       SATURDAY 11/04/2023     12:52 AW       From/AT Hwy No. and/or Street Name     0N 59 EAST 157 FT N OF W MAIN ST       County     City/Village/       ROCK - 53     EVANSVILL       Officer Name     OFFICER A. JOHNSON		11/11/2023	MAILED me Age
Week Day     Date     Time       SATURDAY 11/04/2023     12:52 AN       From/AT Hwy No. and/or Street Name     0N 59 EAST 157 FT N OF W MAIN ST       County     City/Village/       ROCK - 53     EVANSVILL       Officer Name     OFFICER A. JOHNSON       Officer ID     Department		11/11/2023 Residence Contact Na	MAILED me Age

Police # EV2310938

ار

- INSTRUCTIONS - READ CAREFULLY -

ON 11/4/23, OFC. TWAY AND I WERE DISPATCHED TO A BATTERY AT PETE'S INN, 14 N MADISON ST, FOR A MALE, YURIY (MIND, WHO REPORTED HE AND HIS WIFE, ALLYSA (MIND) WERE BLEEDING AFTER BEING BEAT UP BY PETE'S PATRONS. UPON MY ARRIVAL TO THE SCENE, YURIY AND ALLYSA WERE NOT ON SCENE AND NO ONE IN THE BAR ADMITTED TO SEEING A FIGHT TAKE PLACE. UPON MY RETURN TO WORK ON 11/6/23, I REVIEWED THE SECURITY CAMERA FOOTAGE WE RECEIVED FROM PETE'S OF THE INCIDENT AND OBSERVED A FEMALE CLIMB ON TOP OF THE BAR AND PUNCH ALLYSA MULTIPLE TIMES IN THE HEAD AFTER ALLYSA GRABBED THE BARTENDER. AT THAT TIME, NEITHER MYSELF OR ANYONE AT THE PD WAS ABLE TO IDENTIFY THE FEMALE. HOWEVER, I LATER SPOKE WITH ONE OF THE PATRONS I MET AT PETE'S ON 11/4/23, ELISSA (MIND), AND WAS ABLE TO GET HER TO IDENTIFY ALL OF THE INDIVIDUALS INVOLVED IN THE ALTERCATION, ONE OF WHICH SHE IDENTIFIED AS AMY SCHOONOVER. ON 11/10/23, I MADE PHONE CONTACT WITH AMY SCHOONOVER WEO ADMITTED TO JUMPING OVER THE BAR AND "PUTTING HER HANDS" ON ALLYSA AFTER SHE STARTED ATTACKING THE BARTENDER AND PULLING

WISCONSIN NON TRAFFIC CITATION

Citation # 69800NZMCR HER OVER TOP OF THE BAR. DESPITE AMY'S CLAIM OF PUNCHING ALLYSA IN SELF DEFENSE OF THE BARTENDER, I INFORMED HER I WAS GOING TO BE MAILING HER A CITATION FOR DC WHICH SHE UNDERSTOOD. IT SHOULD BE KNOWN THAT I DID NOT ISSUE AMY A CITATION FOR BATTERY BECAUSE SHE DID NOT REPORT HAVING INTENT TO CAUSE ALLYSA PAIN, BUT WAS JUST TRYING TO KEEP HER FROM ATTACKING THE BARTENDER. SEE FULL REPORT FOR MORE DETAILS. JOHNSON/5325



# 8D-4 *City of Evansville*

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

April 15, 2025

Arcadia Krake

Beloit WI 33511

Dear Arcadia:

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, June 4, 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,

alone

Jolene Klitzman Deputy Clerk

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

APPL	ICATIO	ON F	OR				
OPERAT				=			
31 S. Madison St, PC					6		
	Operator's					al License:	\$15.00
NOTE: APPLICATION FEE WILL NO A Police check will be completed. Please read carefully and answer honestly.						al of license/pe	rmit Applicant
cannot reapply for a 6 month period from date of denial. If you have any doubt	as to whether t	o include	the facts of a spe	cific incide	nt it is recon	nmended that y	ou disclose the
information. If you are unsure about how to respond to any questions on this for and conviction record from the police department and/or the cour	t with which	you i	nteracted, or th	ne Wiscor	nsin Circuit	Court Access	s website at:
https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehe	ensive list of all	arrests/c	onvictions).				
1. LEGAL NAME: PTY (AAIA PTI)		Last	Al	DATE	OF BIRTH:		
ADDRESS:				PHO	NE:		
CITY: BEIVIT STATE: WI		ZIP:	53511	GEN	DER: M	ale Fe	emale
Driver's License No.:		Issuing	State: W				
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 1. 5 YEar	And the second of the second s	and a state of the	r Name(s):				
Prior Street Address if Above Address is Less Than 5 Years State Zop From To	City		State	< 2	Zip C 2 /	2021	To 20211
	Evansu	ille	WI	20	2226	2 2021	2029
ARREST A	ND CONVICTI	ON REC	ORD		A CONTRACTOR		
(Anywhere with				18 19 19	1		())
2. Have you ever been cited and/or convicted of a felony? 3. Have you ever been cited and/or convicted of a misdemeanor?					Ye		(No)
4. Within the past ten (10) years, have you been arrested for, received a summ	mons to appear	in court	for, or forfeited a	bond for	any of the fo	ollowing:	
a) Any underage alcohol violation? b) Operating a motor vehicle while intoxicated?					CYC YC	25	NO
c) Selling or furnishing alcoholic beverages to underage person?					Ye	25	No
<ul> <li>d) Permitting underage person on licensed premises?</li> <li>e) Allowing persons on licensed premises after closing?</li> </ul>					Ye		No
<ul> <li>f) Any alcohol related violation other than a, b, c, d, and e?</li> <li>g) Sale of legal or illegal drugs to include prescription medications or possessic</li> </ul>	on of any illegal	drugs to	ioclude prescripti	00	Ye	25	NO
medications not prescribed to you?	on or any mega	urugs to	include prescripti	- Chi	Ye		No
<ul> <li>h) Fighting, disorderly conduct, assault, or battery?</li> <li>i) Resisting arrest, interfering with a police officer or obstructing an officer?</li> </ul>					Ye	25	NO
j) Any crime or ordinance violation not listed above other than traffic or parking	And the second se				Y	A CONTRACTOR OF	NO
5. For each YES response above, you must identify all violations below. Attack TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	h additional she	eets if ne	MONTH/YEAR			ITY	STATE
underdae drinking ticket		JUN	e 2022		orford	1 1.	WI
Within the last two (2) years, did you have and/or complete one of the fol	llowing:	Attact	certificate of cor	npletion fo	or Responsib	le Alcohol Serv	ers Course
Successfully completed a Responsible Alcohol Servers Course		Attach certificate of completion for Responsible Alcohol Servers Course An alcohol agent for a retail alcohol license					
Held an Operator's License issued in Wisconsin 6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the	e person who r		The sole pro				ense and that all
statements herein are complete, true and correct. I further understand a full b ation of this application. Additionally, I understand that this application may be	ackground inve	stigation	may be conducte	d by the Ev	vansville Poli	ce Department	prior to consider-
do further agree to comply with all laws, resolutions, ordinances, and regulation							
Signature: Angelin, feature	Em	nail:					
Printed Name: Arcaala Krake	Da	te: 0	4/09	120	25	5	
FOR MUNICIPA	LITY USE ONLY	BELOW	THIS LINE				
Police Department Recommendation and Comments: 2072 - C:4 dispuised a Druse		olic Safet	y Committee:		id To: ty of Eva	Pitte	
motion	ectuar Apr	proveu:_	L	enieu: Gi		Date.	
		Cler	k's Office Signatu	re		Date	
Approved: Denied:	Rec	eipt #		Ro	cenști î.	(5974)	7500
$\Omega \Omega \Lambda$					RCADIA KR		
1 X. (1 05/72/20.	25				iy 12, 202	5 12:08 PM	
Police Chief's Signature Date							



May 5, 2025

Evansville Underground Music 104 Garfield Ave Evansville, WI 53536

Evansville Public Safety committee,

Attached please find applications for street closure and class B temporary permits for Evansville Underground Music for the 2025 season.

We will be hosting shows again this year on 5 dates on First St.

June 13, 2025 - EUM show #100 (and 6th anniversary celebration) coincides with the Strawberry Shortcake sale at Emma's table, and we have coordinated our activity with them.

June 27th (EUM show #101) is the date of the library ice cream social fundraiser, and we are excited to help bring more attention to that event again this year.

Our July 19th show will have the great grandson of Hank Williams as our headliner, and we hope to draw even more audience members from outside the Evansville area.

Our other First Street shows this year will be on 8/8 and 8/23.

Thank you once again for helping us to bring great free entertainment to our community!

On behalf of all of EUM,

(EUM secretary)

Clay Blohm

AND A	APPLIC	ATION FO	OR		
	Street Clos	sure Li	icense		
YHE GROVE	(Section 10	6 Municipal	Code)		
1839	CITY OF EVANSV 31 S. Madison St, PO Bo			3536	
	(608) 882-2266 -				
Application Fee: \$25.00 per Event	APPLICATION FE	E WILL NOT B	BE REFUNDED IF	DENIED OR WITHD	RAWN
	s or less) Street Closure		The attached Petition	must be included with at le	east 2/3 signatures)
This permit shall license the cl	osure of a City Street for the pur full or partial closure of c	rpose of busine a road for a set	ss, celebration or period of time.	other event that woul	d require the
Name of Organization: EVG		ground	Music	Phone: 608-5.	58-6537
Organization address:	4 Garfield S	St E	Evansvil	le, WI 5	3536
Responsible Person: Ry	•	L.		Thomp.	son
Responsible reison. Fist		Middle		1	Last
Home Address:				r7521	
city Evansville	State: WL	A + A	Zip:	53536	m 48 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4
Phone Noz	Email Address:	1	0/0	6/2	23 2025
Date(s) of Event(s): 6/1	3, 6127, 1	/16 , OM	8/8	and 8/2	3 2025
Hours of Operation.		PM E Evic	nouille	WI 535	21
Location of Event: 23	N. First S	DT EVC	INSVITC,		26
		where you wish	to have the road	blocked off	
	e attach a copy of map, showing				
Hold Harmless- The applican against all claims, liability, los or death of any person or da granted. As evidence of the may require the applicant to employees and agents as ar minimum limits in an amount 30 days written notice to the	s, damage or expense asse mage to any property cau applicant's ability to perfo furnish a certificate of con additional insured. The ins as required by the public s city upon cancellation, no	erted against used by or re- orm the conc nprehensive surance shal safety comm on-renewal o	t or incurred by sulting from the ditions of the lic general liability Il include cover hittee. The certi r material char	e activities for whice ense, the public so y insurance with the rage for a contract ficate of insurance age in policy.	the license is afety committee the city and its tual liability with e shall provide
<b>Cancellation-</b> The city, throug authorized by a street use lic ties generated by or associa lic safety committee when a	ense if the health, safety or ted with the use or if there uthorizing the issuance of t	r welfare of f are activities he street use	the public appe that violate ar license.	ears to be endang	lered by activi-
	*For Long Term				
Public Hearing and/or Petitio ing the petition attached to ing the instructions on the at	this permit. The applicant h tached petition.	ature of App	Clayton	Ing a public hearing of to his or her best Blokm Eum 5/2 D	ability in follow-

sort		
	Police Chief Recommend	USE ONLY BELOW THIS LINE dation and Comments:
Deserved	X	
Recommend	Non-Recommend	Recommend with conditions
	0	
	$ \longrightarrow                                   $	$-\Lambda$
	Police Chief	5 Signature 05/08/2075
	Municipal Services Recomm	endation and Commante:
Recommend		
keconinena	Non-Recommend	Recommend with conditions
5	e Email	
UT	e cmail	
		5.13-25
	Municipal Service	
	City Clerk's	Office:
Public Safety Meetin	g required? (Yes) No	If Yes, Meeting Date:
Date License Issued:		
Clerks Notes and Re	ceipt Information:	

### Jolene Klitzman

From: Sent: To: Subject: Dale Roberts Tuesday, May 13, 2025 8:39 AM Jolene Klitzman Re: EUM Street Closure

Looks good.

Dale Roberts

City of Evansville Public Works Foreman 608-516-2680

From: Jolene Klitzman <j.klitzman@evansvillewi.gov> Sent: Monday, May 12, 2025 2:24 PM To: Dale Roberts <d.roberts@evansvillewi.gov> Subject: EUM Street Closure

Hi Dale,

Please let me know if you have any issues with these dates.

# Jolene Klitzman

Deputy Clerk, City of Evansville 31 S. Madison St./PO Box 529 Evansville, WI 53536 Phone: 608-882-2266 Option 2 <u>Upcoming Elections</u>: \*April 7, 2026 – Spring Elections \*August 11, 2026 – Partisian Primary \*November 3, 2026 – General Election www.myvote.wi.gov – Register to Vote, Request an absentee ballot, and more.

				8F
Reto	Class ailer's	"emporary "B"/ "Class B" License Applic NSVILLE CLERK'S O	ation	
		O Box 529, Evansvill		536
Application Fee: \$10.00 per Licensed Premises				IF DENIED OR WITHDRAWN
Number of Licensed Premises:	5	x \$10.00 = \$_57	0.00	Total Due
License Type: (Check one) Keer O		Wine Only	1	Beer & Wine
Event Name: Evansville Under Event Date: 6/13, 6 27, 7/16, 8/8, 8/2;	Groun	d Music		
Event Date: 6/13 ( 27 7/16 8/0 8/2	2025			1.0
	3 2025	Event Time: 6	pm -	lopm
Name of Person in Charge of Event: Clay	ton B	John one	the li	# 23/25-107
	Orga	nization		
K Bona fide Club Sol C 3	Church		Lo	dge/Society
Chamber of Commerce/ similar				-8-,000121
		Agricultural Society	Ve	eteran's Organization
Organization Name: Evansville	Indeva	round Music		
Address: 104 Garfield A	J	En ille	1	() F ) /
The state of the s	ie	Evansuille, u	17	53536
Date Organized: 3/11/2022 If Corporation	in, Date of	Incorporation: 3/11/	2022	
f organization is not required to hold a Wisconsin Sell	ler's Permit	Pursuant to SS 77.54(7m),	Wis. Stats., C	heck here
Names and a	ddresses o	f all Organization Officer	<b>'S</b> :	
resident/Primary Officer: Kavillaser		- E	Vansvi	14 WI 53536
				(1.4 WT 53536 City/State/Zip WT 53536
ice President: Einar Floan 1		Eva	usville	
ecretary: Clayton Blohm		R	1 2	city/state/Zip
reasurer: Ry Thompson		1 04	11	City/State/Zip
Name		Address	Suille	WI 53536 City/State/Zip
ocation of Premises were Beer and/or Wine will be	served, con	sumed, or stored and area	s where Alco	ohol Beverage Records will
	De si	ored:		
premises occupy all or part of building?	51. (5	weet closure)	stored e	18Emain (hop gade
part of building, fully describe all premises covered	under this a			enses is to cover:
roped off area of stree	T to	r this event	<u> </u>	
claration: An officer of the organization, declares un	der nonalti	of low that the informer	Pai	d To:
d correct to the best of his/her knowledge and belief plication for a license may be required to forfeit not	Any perso	h who knowingly provider r	on provided naterially fal	in this application is true se information in an
11/11				
		Evansville U	a derg Re	Leipt 1.170447
(Officer Signature/Date)		(Nam	e of Organiz	ation) (11-74 AM

Tompore	Class "D"/	"Class D"	Datallat	
AFFIRM	ry Class "B"/ ATION OF UNDERS	TANDING FO	R EVENT MAN	LICENSE
21 C	CITY OF EVANS			
313	. Madison St, PO E	30x 529, Evan	sville, WI 535	36
EVENT DATE: 6/13, 6/27, 7/16, 8/8	8/23 2025		1	10
		EVENT TIME:	6pm -	TOPM
NAME: Clayton Blohm 1	0		DATE OF BIRTH:	
ADDRESS:		Evansville	e, wI	53536
EMAIL:		PHONE:		
I, the undersigned being duly sworn of following: Successfully completed a resp Held a Wisconsin Operator's L An Alcohol Agent for a Retail A The Sole Proprietor of Retail A I acknowledge I am the responsible pa for said event. I further acknowledge t	onsible Alcohol Servers icense £ 23/25 Alcohol License Icohol License.	agree to obey all	the laws which	regulate the activities planned
	Signature of N	lanager/Person i	n Charge of ever	nt Date
	FOR MUNICIPALITY USE			Build
	Police Chief Recommer			
Recommend Nor	n-Recommend	Re	commend with	conditions
	Police Chief	A		05/08/2025
	V			Date
1 11 0 6	V	Date License Iss	ued:	Date
Date Filed with Clerk: $5 - 5 - 20$ Public Safety: $6 - 4 - 25$	V			Date
1 11 1	V	Date License Iss		Paid To: City of Evansville

# Application for Temporary Class "B" / "Class B" Retailer's License

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

FEE \$	Application Date: 5/5/2025			
Town Village City of Evansville, WI	County of Rock			
The named organization applies for: <i>(check appropriate box(es).)</i> A Temporary Class "B" license to sell fermented malt beverage A Temporary "Class B" license to sell wine at picnics or similar				
at the premises described below during a special event beginning to comply with all laws, resolutions, ordinances and regulations (st and/or wine if the license is granted.	and ending and agrees and ending and agrees tate, federal or local) affecting the sale of fermented malt beverages			
1. Organization (check appropriate box) → □ Bona fide Club □ Chamber of C □ Veteran's Orga	commerce or similar Civic or Trade Organization			
(a) Name Evansville Underground Music (501c3)	l			
(b) Address 104 Garfield Ave, Evansville, WI 5353	6			
(Street)	🗌 Town 🔲 Village 💢 City			
(c) Date organized March 11, 2022				
(d) If corporation, give date of incorporation March 11, 2				
box:	sin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this			
(f) Names and addresses of all officers: President Kari Haser	en son an the sector of the Sector of the sector of the			
Vice President Einar Floan				
Secretary Clayton Blohm				
Treasurer Ry L. Thompson				
(g) Name and address of manager or person in charge of affai	ir: Albert (Joe) Kaether, event coordinator 23 N main s			
Clayton Blohm, licensed operator, 8638 W	/ Whitmore Road # 23/25-197			
	old, Served, Consumed, or Stored, and Areas Where Alcohol			
Beverage Records Will be Stored:           (a) Street number 23 N 1st Street, Evansville (served). 18	E Main et Eveneville (stored)			
(b) Lot	Block			
(c) Do premises occupy all or part of building? Served out				
	r this application, which floor or floors, or room or rooms, license is			
to cover:				
<ul> <li>Name of Event         (a) List name of the event EUM shows #100, 101, 103, 10     </li> </ul>	15 106			
(b) Dates of event 6/13, 6/27, 7/16, 8/8 and 8/23 2025	5, 100			
(b) Dates of event 0/13, 0/27, 7/10, 0/8 and 0/23 2023				
DECLA	RATION			
The Officer(s) of the organization, individually and together, declare	e under penalties of law that the information provided in this applica-			
tion is true and correct to the best of their knowledge and belief.	Energy (the Use descent of March			
11/1	Evansville Underground Music (Name of Organization)			
All dela	(Name of Organization)			
Officer (Signature/date)	Officer(Signature/date)			
(Signature/date)				
Officer(Signature/date)	Officer(Signature/date)			
Date Filed with Clerk	Date Reported to Council or Board			
Date Granted by Council	License No.			
AT-315 (R. 6-16)	Wisconsin Department of Revenue			
	wisconsin Department of Revenue			

Form AB-200	Alcoh	ol Beverage Lice Application	Municipality License Period 2025-2026			16		
License(s) Reques	ted: (up to two boxes may b	pe checked)				Fees		
Class "A" Beer	\$ 100	Class "B" Beer	\$	_ Licen	se Fe		\$ 100	
		Glass B" Liquor		2.001			WL.	<u> </u>
_				Duon	groun	d Check Fee	\$ 51	0-
Class A" Liquor (	cider only) \$	Reserve "Class B" Liquor	\$	- Public	cation	Fee	\$ 100	,15
"Class C" Liquor (	wine only) \$			Total	Fees		\$ 751	0- <del>61</del> 4
1. Legal Business Nar FAMILY DOLI     2. Business Trade Nar	S/Business Information ne (individual name if sole prop LAR STORES OF WISC me or DBA LAR STORE #24446	rietorship)						
3. FEIN	Ant BIORE #21110	4. Wisc	onsin Seller'	's Permit Nu	mber			
561356720								
5. Entity Type (check	one)							
Sole Proprie		✓ Limited Liability Compa	any 🗌	] Corporat			fit Organi	
6. State of Organizatio	on	7. Date of Organization				DFI Registration	on Numbe	r
VA 9. Premises Address		07/31/2017		FU	5702	28		
28 County H	Highway M							
10. City	iigiiway ii			11. Sta	te	12. Zip Code		
Evansville				W		53536		
13. County		14. Governing Municipality:	] City 🔲 T	Town 🗌 Vi	llage	15. Aldermani	c District	
Rock		of: Evansville						
16. Premises Phone		17. Premises Email 18. W				Website		
(608) 736-5	5002	AB-LICENSING@DOLI	ARTREE	.COM W	WW.	FAMILYDOI	LAR.C	OM
are kept. Describe only on the premis THE RETAIL PROVIDE DIS STOCKED, AN	tion - Describe the building or b all rooms within the building, in ses described in this application GROCERY STORE P SIGNATED BEER AN ND SOLD IN ACCOR	ncluding living quarters. Author Attach a map or diagram and PROVIDES A SECUR D WINE SALES AR DANCE WITH ALL	ized alcohol additional sl E BACK EAS WH	beverage a heets if nece STOCK IICH WI	ctivitie essary LL	s and storage o CATION BE MANA	of records r AND I: GED ,	may occur S TO
	f different from premises addres	ss)						
500 VOLVO	PARKWAY							
21. City CHESAPEAKE				22. Sta		23. Zip Code 23320		
Part B: Question			C. C. C. C. S.	V.	H.	23320		
1. Has the business violating federal	s (sole proprietorship, partne or state laws or local ordinar	nces? Exclude traffic offense	es unless re	poration) b elated to a	een c Icoho	onvicted of I beverages.	Yes	✓ No
	ails of violation below. Attac	- 1	sary.					
Law/Ordinance Violate	eu	Location			Tr	ial Date		
Penalty Imposed			Mas	sontonco	comp	latad2	Yes	□ No
N/A			vvas	sentence		leted?		
Law/Ordinance Violate	ed	Location			Tr	ial Date		
N/A Penalty Imposed								
AB-200 (R 1-25)			Was	sentence	comp	leted?		

For Municipal Use Only

Municipality

2. Are charges for any offenses pending a beverages.	against the busines	ss? Exclude traffic	offenses un	less related to alc	cohol 🗌	Yes 🖌 No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed. $\rm N/A$						
<ol> <li>Is the applicant business or any of its individuals or entities a restricted inve If yes, provide the name of the restrict N/A</li> </ol>	stor with any intere	est in an alcohol b	everage pro	ducer or distribu		Yes 🔽 No
4. Is the applicant business owned by and If yes, provide the name(s) and FEIN(s						Yes 🖌 No
4a. Name of Business Entity		4b. Busines	s Entity FEIN			
N/A		N/A				
5. Have the partners, agent, or sole propr this license period? Submit proof of con						Yes 🗌 No
6. Is the applicant business indebted to a						Yes V No
7. Does the applicant business owe past		•			_	Yes 🖌 No
Part C: Individual Information						
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compa	s, and agent of a corr any. Attach additional	poration or nonprofit I sheets if necessary	organization,	all partners of a pa	rtnership, and	
Include Form AB-100 for each person listed be	r	Id LLCs must appoin		including Form AB-	1	
Last Name	First Name		Title		Phone	
PLEASE SEE ATTACHED LIST						
Part D: Attestation	1					
One of the following must sign and attest	to this application:					
sole proprietor     one genera	I partner of a partn	ership • one	e corporate o	officer • one	e 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.
KONRAD		JOCELYN				Z
Title	Email	ICENSING@DC		F COM	Phone (757) 32	21-5000
Signature		ICENSINGEDO	Date		(151) 5	21-3000
Part E: For Clerk Use Only				10100		
	e Number		Date Lic	cense Granted	Date Licens	e Issued
Signature of Clerk/Deputy Clerk				Date Provisional L	License Issued	l (if applicable)



WISCONSIN DEPARTMENT OF REVENUE PO BOX 8902 MADISON, WI 53708-8902

1

000119

LICENSING DEPT FAMILY DOLLAR STORES OF WISCONSIN LLC 500 VOLVO PKWY CHESAPEAKE VA 23320-1604 **Contact Information:** 

2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902 ph: 608-266-2776 fax: 608-327-0235 email: DORBusinessTax@wisconsin.gov website: revenue.wi.gov



# Wisconsin Business Tax Registration Certificate

Expiration date:December 31, 2025Legal/real name:FAMILY DOLLAR STORES OF WISCONSIN LLC

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Тах Туре	Account Type	Number	
Sales & Use Tax	Sales & Use Tax	456-0000344943-05	-
Local Exposition Tax	Local Exposition Tax	014-0000344943-04	
Premier Resort Tax	Premier Resort Tax	020-0000344943-03	
Withholding Tax	Withholding Tax	036-0000344943-06	
Excise Cigarette	OS Cigarette Mult Retail	409-0000344943-10	
Police & Fire Protection Fee	Police & Fire Protection Fee	800-0000344943-08	



WSCONSIN DEPARTMENT OF REVENUE PO BOX 8902 MADISON, WI 53708-8902

L

Contact Information:

2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902 ph: 608-266-2776 fax: 608-264-6884 email: DORBusinessTax@wisconsin.gov website: revenue.wi.gov

Letter ID L1413748368

LICENSING DEPT FAMILY DOLLAR STORES OF WISCONSIN, INC. 500 VOLVO PKWY CHESAPEAKE VA 23320-1604

# Wisconsin Department of Revenue Seller's Permit

Legal/real name: FAMILY DOLLAR STORES OF WISCONSIN, INC. Business name: FAMILY DOLLAR STORE #4446 28 COUNTY HIGHWAY M EVANSVILLE WI 53536-0000

• This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.

\_1

- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax TypeAccount TypeAccount NumberSales & Use TaxSeller's Permit456-0000344943-05



# City of Evansville

# www.ci.evansville.wi.gov

Date:Thursday, May 1, 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

î

	N	ne	Police Department Revie			Review
Establishment	r Alasi (	- First	DOB	Date		Notes 5 4
Family Dollar Stores of Wisconsin, LLC	Schmit	Corey		05/0612	- A - A	
	Konrad	Jocelyn Z.				
	Newman	Michael B.				
	Littler	Todd B.				
	Poston	Jonathan M.				
	Mitchell	John S.				
	Collar	Michael S.				
	Wesselhoft	Sharon N.			$\checkmark$	

.\*

÷

Form AB-101

# Alcohol Beverage Appointment of Agent

Date 4-5-25

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)	
FAMILY DOLLAR STORES OF WISCONSIN, I	JLC
2. Business Trade Name or DBA	
FAMILY DOLLAR STORE # 0444	
3. Entity Type (check one)	y 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 successo N/A	r is checked above.

Part B: Agent Information 2 First Name 3. M.I.							
1. Last Name	2. First Name						
SCHMIT	COREY						
4. Email			5. Phone				
ab-licensing@dollartree.com							
6. Home Address							
7. City	8. State	9. Zip Code	10. Date of Bir	th			
BROOKFIELD	IW	53045					
11. Drivers License/State ID Number		12. Drivers License/Stat	te ID State of Issuance	e			
		WI					

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement?	No No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?	No
3. Have you been a Wisconsin resident for at least 90 continuous days? Yes See instructions for exceptions.	No No

Continued  $\rightarrow$ 

### 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, Funderstand 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.
KONRAD			JOCELYN			Z
Titlę		Email	•		Phone	
PRESIDENT	a. 1	ab-licer	nsing@dollart	ree.com		
Signature	Wh Kno	S		Date	051	05/85
1-	1 Atre			· · · · · · · · · · · · · · · · · · ·	· · · · ·	· · · · ·

### Part E: Agent Attestation

AB-101 (R. 1-25)

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		<u> </u>	******	First Name		······································		M.I.
SCHMIT/			·	COREY	· ••	·••		
Signature	UNT					Date 4-5	- 25	in de activities
	1					·····		· · ·

- 2 -

Form	
A	B-100

₽#4-5-25

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)								
FAMILY DOLLAR STORES OF WISCONSIN, LLC								
C CONTRACTOR OF MALE AND CONTRACTOR OF CONTRACTOR OF CONTRACTOR OF CONTRACTOR OF CONTRACTOR OF CONTRACTOR OF CO	2. Business Trade Name or DBA							
FAMILY DOLLAR	FAMILY DOLLAR # $24440$							
3. Entity Type (check one)								
Sole Proprietor	Partnership	Limited Liability Company	Corporation	Nonprofit Organization				

Part B: Individual Information					
1. Last Name		2. First Name			3. M.I.
SCHMIT	et	COREY			
4. Relationship to Business (Title)	5. Email			6. Phone	
DISTRICT MANAGER	ab-lice	ensing@dol	lartree.com		
7. Home Address					
8. City		9. State	10. Zip Code	11. Date of E	Birth
BROOKFIELD		WI	53045		
12. Drivers License/State ID Number			13. Drivers License/State	ID State of Issuance	
			NI		

Part C: Address History									
1. Do yo	1. Do you currently live in Wisconsin?								
If yes	If yes, provide the month and year when you permanently moved to Wisconsin								
2. List in	h chronological order	all of your ac	dresses within	the last 5	years. At	tach additional sl	neets if necessar	<b>y</b> .	
Previous	Address 1			City			State	Zip Code	
				BRO	OKFIE	LD	WI	53045	
Previous Aduress 2		City			State	Zip Code			
Previous Address 3		City	City			Zip Code			
Previous	Address 4	12		City	City		State	Zip Code	
Previous	Address 5			City	City		State	Zip Code	
3. List a	Il states and counties	s you have liv	ed in as an ad	ult. Attach	additiona	I sheets if neces	sary.	1	
State WI	County WAUKESHA	State	County		State	County	State	County	
State	County	State	County		State	County	State	County	
						1		1	

Part D: Criminal History								
<ol> <li>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</li> <li>If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.</li> </ol>								
Law/Ordinance Violated	Location		Conviction [	Date				
Penalty Imposed	Imposed		. 🗌 Yes	No No				
Law/Ordinance Violated	Location		Conviction [	Date				
Penalty Imposed		Was sentence completed?	. Yes	No No				
Law/Ordinance Violated	Location		Conviction [	Date				
Penalty Imposed		Was sentence completed?	. 🗌 Yes	No No				
<ol> <li>Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or a ordinances?.</li> <li>If yes to question 2, describe nature and status of pen sheets as needed.</li> </ol>	nother state's laws or	any county or municipal	Yes	<b>√</b> No				

### 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 forfait not more than \$1,000 if convicted.

Signature Date 4-5-25

Form	Alcohol Beverage	Date 03/25/2025
AB-100	Individual Questionnaire	

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 pr FAMILY DOLLAR STORES OF WI			
2. Business Trade Name or DBA FAMILY DOLLAR # 2444U			
3. Entity Type (check one)	Limited Liability Company	Corporation	Nonprofit Organization

1. Last Name	2. First Name		3. M.I.
KONRAD	JOCELYI	N	
4. Relationship to Business (Title)	5. Email		6. Phone
PRESIDENT	ab-licensing@dc	llartree.com	
7. Home Address			
	9. State	10. Zip Code	11. Date of Birth
	9. State PA	10. Zip Code 19403	11. Date of Birth
8. City		19403	ate ID State of Issuance

Part C: Address Hi	istory						
1. Do you currently live		• • • • • • • • • • • • •					Yes 🖌 No
If yes, provide the n	nonth and year whe	n you perman	ently moved	d to Wise	cònsin		(MM/YYYY)
2. List in chronologica	l order all of your ac	dresses withi	n the last 5	years. A	ttach additional sh	eets if necessar	y.
Previous Address 1			City			State	Zip Code
			AUD	UBON.		PA	19403
Previous Address 2			City		City State		Zip Code
Previous Address 3		City	City		State	Zip Code	
Previous Address 4			City			State	Zip Code
Previous Address 5		<u> </u>	City			State	Zip Code
3. List all states and c	ounties you have liv	/ed in as an ai	dult. Attach	addition	al sheets if necess		
State County	State	County			State	County	
PA OSPREY							
State County	State	County		State	County	State	County
					·L		<u>_}</u>

<ol> <li>Have you ever been convicted of any for violation of any federal, Wisconsin</li> </ol>	onenses (excluding traffic offense , 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?.	🗋 Yes 🛄 N
Law/Ordinance Violated	Location	I	Conviction Date
Penalty Imposed		Was sentence completed?.	Yes N
Law/Ordinance Violated	Location	I	Conviction Date
Penalty Imposed	<u>_</u>	Was sentence completed?.	Yes N
Part E: Attestation READ CAREFULLY BEFORE SIGNI	•		

.

.

to forfeit not more than \$1,000 if convicted. Signature Date 1/21/2025

Form		
Α	<b>B-1</b>	00

# Alcohol Beverage Individual Questionnaire

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

- all officers, directors, and agent of a corporation or nonprofit organization
- sole proprietorall 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) FAMILY DOLLAR STORES OF WISCONSIN, LLC							
2. Business Trade Name or FAMILY DOLLAR				`			
3. Entity Type (check one)	Partnership	Limited Liability Company	Corporation	Nonprofit Organization			

1. Last Name	2. First Na	me			3. M.I.
NEWMAN	MICH	AEL			В
4. Relationship to Business (Title) VICE PRESIDENT	5.Email ab-licensing@	edol	lartree.com	6 Phone	
7. Home Address					
8. City	9. St	ate	10. Zip Code	11. Date of	Birth
Virginia Beach	T I	ΛV	23451		
12. Drivers License/State ID Number		_	13. Drivers License/State VA	e ID State of Issuand	æ

Lourrantly live in Mir							
T contentity the ut was	sconsin?						🗌 Yes 📝 No
provide the month a	nd year whe	n you permaneni	tly move	d to Wisc	onsin	· · · <i>· · ·</i> · · · ·	(MM/YYYY)
chronological order	all of your ad	dresses within th	ne last 5	years. At	tach additional sheets	if necessar	у.
Previous Address 1			City			State	Zip Code
			Vir	ginia	Beach	VA	23451
			City		<u> </u>	State	Zip Code
			Norfolk		AV	23510	
-			City			State	Zip Code
			Charlotte			NC	28226
Previous Address 4		City		State	Zip Code		
Previous Address 5		City		State	Zip Code		
states and counties	you have liv		t. Attach	additiona	I sheets if necessary.	l	1
County	State	County		Slate	County .	State	County
VIRGINIA	AV	NORFOLK		NC	MECKLENBURG		
County	State	County		State	County	State	County
	chronological order address 1 Address 4 Address 5 States and counties County VIRGINIA	chronological order all of your ad address 1 Address 4 Address 5 States and counties you have liv County State VIRGINIA VA	chronological order all of your addresses within the address 1 Address 4 Address 5 States and counties you have lived in as an adult County State County VIRGINIA VA NORFOLK	chronological order all of your addresses within the last 5 Address 1 City Vir City City City City Address 4 City Address 5 City States and counties you have lived in as an adult Attach County VIRGINIA VA NORFOLK	chronological order all of your addresses within the last 5 years. At Address 1 City Virginia City Norfolk City Charlotte Address 4 City Charlotte City States and counties you have lived in as an adult Attach additiona County VIRGINIA VA NORFOLK NC	chronological order all of your addresses within the last 5 years. Attach additional sheets Address 1	Virginia Beach     VA       Virginia Beach     VA       City     State       Norfolk     VA       City     State       City     State       Charlotte     NC       Address 4     City       City     State       City     State       City     State       City     State       City     State       State     City       State     State       States and counties you have lived in as an adult Attach additional sheets if necessary.       County     State       VIRGINIA     VA       VA     NC       MCKLENBURG

Part D: Criminal History					
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances?					
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.					
Law/Ordinance Violated	Location		Conviction Date		
Penalty Imposed	· · ·	Was sentence completed?	. 🗌 Yes 🗌 No		
Law/Ordinance Violated	Location		Conviction Date		
Penalty Imposed	<u>ہ</u>	Was sentence completed?	. [] Yes [] No		
Law/Ordinance Violated	Location	· ·	Conviction Date		
Penalty Imposed		Was sentence completed?	, Yes 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?					
Part E: Attestation					
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participa beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000/if convicted. Signature	ating in this business t that any license issues t be prosecuted for su	due to any involvement in anothe ued contrary to Wis. Stat. Chapte bmitting false statements and affi false information on this applicati	er tier of the alcohol er 125 shall be void davits in connection		

:

.

`

Form	Alcohol Beverage	Date 03/25/2
AB-100	Individual Questionnaire	03/23/2

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)	· ·
FAMILY DOLLAR STORES OF WISCONSIN, LLC	
2. Business Trade Name or DBA	
FAMILY DOLLAR # 24446	
3. Entity Type (check one)	
Sole Proprietor Partnership 🗹 Limited Liability Comp	any Corporation Nonprofit Organization

Part B: Individual Information					
1. Last Name		2, First Name			3. M.I.
LITTLER		TODD			В
4. Relationship to Business (Title)	5. Email	•		6, Phone	• <u>•</u>
SR. VICE PRESIDENT	ab-lic	ensing@do]	lartree.com		
7. Home Address					
8. City		9. State	10. Zip Code	11. Date of	Birth
VIRGINIA		VA	23452		
12. Drivers License/State ID Number			13. Drivers License/Stat VA	te ID State of Issuance	3

Part C:	Address History								
1. Do yo	ou currently live in Wi	sconsin?			•••••			Yes 🖌 No	
If yes	, provide the month a	and year whe	n you permai	nently move	ed to Wis	consin		(MM/YYYY)	
2. List ir	n chronological order	all of your a	Idresses with	in the last 5	i years. A	ttach additional sh	eets if necessar	y.	
Previous	Address 1			City			State	Zip Code	
				Vii	rginia	Beach	VA	23452	
Previous	Address 2	<del>-</del>		City			State	Zip Code	
Previous	evious Address 3		City		State	Zip Code			
Previous	Address 4			City		State	Zip Code		
Previous	Address 5			City	City		State	Zip Code	
3. List a	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	
VA	VIRGINIA								
State	County	State	County		State	County	State	County	

.

Part D: Criminal History				
<ol> <li>Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state</li> </ol>	ing traffic offenses unle 's laws or of any coun	ess related to alcohol beverages) ty or municipal ordinances?	. 🗌 Yes	🖌 No
If yes to question 1, please list details of each conviction	on below. Attach additi	onal sheets as needed.		
Law/Ordinance Violated	Location		Conviction I	Date
Penalty Imposed	·	Was sentence completed?	. 🗌 Yes	□ No
Law/Ordinance Violated	Location		Conviction	Date
Penalty Imposed		Was sentence completed?	. 🗌 Yes	No
Law/Ordinance Violated	Location	<b> </b>	Conviction	Date
Penalty Imposed		Was sentence completed?	. 🗌 Yes	No
2. Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances?.	t you (excluding traffic mother state's laws or	offenses unless related to alcohol any county or municipal	. 🗌 Yes	✓ No
If yes to question 2, describe nature and status of per sheets as needed.	nding charges using th	ne space below. Attach additional		

### 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

Form	Alconor Deverage	Date 03/25/2025
AB-100	Individual Questionnaire	

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

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

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

Part A: Business Information									
1. Legal Business Name (individual name if sole proprietor)									
FAMILY DOLLAR STOP	RES OF WIS	SCONSIN, LLC							
2. Business Trade Name or DBA									
FAMILY DOLLAR #	444Le								
3. Entity Type (check one)									
Sole Proprietor	Partnership	Limited Liability Company	Corporation	Nonprofit Organization					

Part B: Individual Information					
1. Last Name		2. First Name			3. M.L
POSTON		JONATHAI	N		M
4. Relationship to Business (Title)	5. Email	- <b></b>	<b>_</b>	6. Phone	
VP AND TREASURER	ab-lic	ab-licensing@dollartree.com			
7. Home Address	-				
8. City	-	9. State	10. Zip Code	11. Date of	Birth
MARINERS WAY		NC	27958		
12. Drivers License/State ID Number			13. Drivers License/Stat	e ID State of Issuance	æ
			NC		-

Part C	: Address History								
1. Do y	ou currently live in Wis	sconsin?						••••	🗌 Yes 🛛 No
lf yes	, provide the month a	nd year whe	en you permar 	nently move	ed to Wise	consin	••••	·····	(MM/YYYY) 04/2017
2. List i	n chronological order	all of your ad	idresses with	in the last 5	i years. A	ttach additional sl	neets if n	ecessar	y
Previous	Address 1			- City				State	Zip Code
				MO	YOCK			NC	27958
Previous	Address 2			City				State	Zip Code
Previous	Previous Address 3		City	City /		State	Zip Code		
Previous	Address 4			City				State	Zip Code
Previous	Address 5			City				State	Zip Code
3. List a	all states and counties	vou have li	ved in as an a	dult. Attach	addition	al sheets if neces	sary.		
State	County	State	County		State	County		State	County
NC	CURRITUCK			·		1			
State	County	State	County		State	County		State	County
						· · · · · · · · · · · · · · · · · · ·			

١

Part D: Criminal History				
1. Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state	e's laws or of any count	ty or municipal ordinances?	. 🗌 Yes	🖌 No
If yes to question 1, please list details of each convicti				
Law/Ordinance Violated	Location		Conviction D	
Penalty Imposed		Was sentence completed?	. 🗌 Yes	No
Law/Ordinance Violated	Location		Conviction E	Date
Penalty Imposed	<u> </u>	Was sentence completed?	. 🗌 Yes	[] No
Law/Ordinance Violated	Location		Conviction [	Date
Penalty Imposed		Was sentence completed?	. 🗌 Yes	No
<ol> <li>Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or ordinances?.</li> <li>If yes to question 2, describe nature and status of pe sheets as needed.</li> </ol>	another state's laws or	any county or municipal	. 🗌 Yes	√ No

# 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 - 1 - 2025

Form	Alcohol Beverage	Date
AB-100	Individual Questionnaire	03/25/2025
AD-100	Individual Questionnaire	

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

• sole proprietor

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

· all partners of a partnership

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

Part A: Business Information		
1. Legal Business Name (individual name if sole proprietor) FAMILY DOLLAR STORES OF WISCONSIN, LLC		
2. Business Trade Name or DBA FAMILY DOLLAR #24440		
3. Entity Type (check one)	Corporation	Nonprofit Organization

Part B: Individual Information					
1. Last Name		2. First Name			3. M.I.
MITCHELL		JOHN			S
4. Relationship to Business (Title)	5, Email			6. Phone	
VP AND SECRETARY	ab-lic	licensing@dollartree.com			
7. Home Address					
8. City		9. State	10. Zip Code	11. Date of I	Birth
VIRGINIA BEACH		VA	23451		
12. Drivers License/State ID Number			13. Drivers License/Sta	te ID State of Issuance	2
			VA		

Part C	Address History						_	
1. Do yo	ou currently live in Wisc	consin?						🗌 Yes 🛛 No
if yes	, provide the month an	d year whe	en you permar	nently move	ed to Wis	consin		(MM/YYYY)
2. List in	n chronological order a	ll of your a	dresses with	in the last 5	years. A	ttach additional sh	eets if necessar	y.
Previous	Address 1			City			State	Zip Code
				WAS	SHINGI	ON	DC	20002
Previous	Address 2			City			State	Zip Code
Previous	Previous Address 3		City		State	Zip Code		
Previous	Address 4			City		State	Zip Code	
Previous	Address 5			City			State	Zip Code
3. List a	Il states and counties y	<b>ou</b> have liv	ved in as an a	dult. Attach	addition	al sheets if necess	ary.	L
State DC	County WASHINGTON	State	County	-	State	County	State	County
State	County	State	County		State	County	State	County
	<u>}</u>		1					· · · · · · · · · · · · · · · · · · ·

.

er state's laws or of any	county or municipal ordinances?	s) 🗌 Yes 🗹 No
		Conviction Date
Localdi		
	Was sentence completed?	🗋 Yes 🗌 No
Location		Conviction Date
	Was sentence completed?	
Location		Conviction Date
	Was sentence completed?	🗋 Yes 🗌 No
sin, or another state's lav	vs or any county or municipal	🗌 Yes 🔽 No
	er state's laws or of any conviction below. Attach a Location Location Location Location against you (excluding to sin, or another state's law	Was sentence completed?         Location         Was sentence completed?         Location         Was sentence completed?         gaainst you (excluding traffic offenses unless related to alcolisin, or another state's laws or any county or municipal         s of pending charges using the space below. Attach addition

### 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.

Date Signature

Form	Alcohol Beverage	Date 03/25/2025
AB-100	Individual Questionnaire	03/23/2023

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 In	formation						
1. Legal Business Name (individual name if sole proprietor) FAMILY DOLLAR STORES OF WISCONSIN, LLC							
2. Business Trade Name o FAMILY DOLLAR	r DBA						
3. Entity Type (check one)	Partnership	Limited Liability Company		Nonprofit Organization			

Part B: Individual Information		<u> </u>			
1. Last.Name		2. First Name	· · ·		3. M.I.
COLLAR		MICHAEL	ı		S
4. Relationship to Business (Title)	5. Email	-		- 6. Phone	
ASSISANT TREASURER	ab-lic	ensing@do.	llartree.com		
7. Home Address				I	
8. City	<u>.</u>	9. State	10. Zip Code	11. Date of	Birth
CHESAPEAKE		VA	23322		
12. Drivers License/State ID Number	•	-	13. Drivers License/Stat	e ID State of Issuant	æ
			VA		

Part C	: Address History	_						
1. Do y	ou currently live in Wis	consin?			•••••			🗌 Yes 🖌 No
If yes	s, provide the month ar	id year whe	en you permane	ently move	d to Wis	consin	••••	(MM/YYYY)
2. List i	n chronological order a	ll of your a	ddresses withir	the last 5	years. A	ttach additional sl	neets if necessar	y.
Previous	Address 1			City			State	Zip Code
				CHI	EAPEAK	E	VA	23322
Previous	Address 2			City			State	Zip Code
Previous	Address 3		<u> </u>	City			State	Zip Code
Previous	Address 4			City			State	Zip Code
Previous	Address 5			City			State	Zip Code
3. List a	all states and counties	you have liv		iult. Attach	additiona	al sheets if necess	}	I
State VA	County	State	County		State	County	State	County
State	County	State	County		State	County	State	County
	I		<u> </u>		L	1	l	I=.

,

Part D: Criminal History				
1. Have you ever been convicted of any offenses (excluding for violation of any federal, Wisconsin, or another state	's laws or of any coun	ty or municipal ordinances?	. 🗌 Yes	🖌 No
If yes to question 1, please list details of each conviction		onal sheets as needed.		
Law/Ordinance Violated	Location		Conviction I	Date
Penalty Imposed		Was sentence completed?	. 🗋 Yes	🗋 No
Law/Ordinance Violated	Location	<u>.                                    </u>	Conviction [	Date
Penalty imposed		Was sentence completed?	. 🗌 Yes	∏ No
Law/Ordinance Violated	Location		Conviction I	Date
Penalty Imposed		Was sentence completed?	. 🗌 Yes	No No
<ol> <li>Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or a ordinances?</li> <li>If yes to question 2, describe nature and status of per sheets as needed.</li> </ol>	nother state's laws or	any county or municipal	. 🗌 Yes	No No

### 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.

Sprature Michael Lolls

Date 7025

,

Form AB-100	Alcohol Beverage Individual Questionnaire									
All individuals invol	All individuals involved in the alcohol beverage business must complete this form, including:									
<ul> <li>sole proprietor</li> <li>all partners of a partners</li> </ul>	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 bevera	age application	i or renew	ral is not complete	e until a	all require	d Individua	I Questionnai	res are s	ubmitted.	
Part A: Business 1. Legal Business Na Family Dol 2. Business Trade Na	ame (individual n lar Store	iame if sole			• • • • • • • • • • • • • • • • • • •					· ·
Family Dol	lar # 24	440								
3. Entity Type (check		artnership	☑ Limited I	.iability	Compan	/ 🗆 (	Corporation	[] N	onprofit Orga	nization
Part B: Individu	al Informati	οπ.				n Visears			· · · ·	
1. Last Name		<u></u>		2. Fin	st Name		<u>.</u>	<u> </u>	3.	MJ.
Wesselhoft	:			si	naron					N.
4. Relationship to Bu	siness (Title)		5. Email			-		6.	Phone	
Assistant	Secretary	Y	ab-lic	ensi	ng@dol	lartree	e.com			
7. Home Address										
			<u> </u>							
8. City				1	9. State	10. Zip Co		11	. Date of Birth	
Virginia E					VA	234				
12. Drivers License	State ID Number	•					s Ucense/State	ID State o	t issuance	
						VA				
			•• •			ورويد ويترو				
Part C: Addres									<u></u>	<u> </u>
	e, how long ha	ive you co	ntinuously lived in	Wisco	onsin prior	to the date	of application		··· [] Ye	s 🗸 No Months
2. List in chronolo	gical order all o	of your ad	dresses within the		years. Att	ach additio	nal sheets if n			
Previous Address 1				City				State	Zip Code	
				_	ginia	Beach		VA	23454	
				City		n <b>1</b>		State	Zip Code	
					ginia	Beach	·	VA	23451 Zip Code	-
				City	- <b>-</b> • •			State	1 -	
					haret	.a		GA State	30004 Zip Code	
Previous Address 4				City				Sidle		
	N/A Previous Address 5 City State Zip Code									
						choote if a			<u> </u>	
3. List all states a State County	nd counties yo	State	County	Allach	State	County		State	County	
VA Virgi State County	nia <u>B</u> eac	GA State	Fulton		State	County		State	County	
		1			<u> </u>			<u> </u>		

•

1

Part D: Criminal History		÷	· · · ·
<ol> <li>Have you ever been convicted of any offer for violation of any federal, Wisconsin, or if yes to question 1, please list details of e</li> </ol>	another state's laws or of any c	county or municipal ordinances?.	
Law//Ordinance Violated	Location		Conviction Date
Penalty Imposed	<u>_</u>	Was sentence completed?	[] Yes [] No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	<b></b>	Was sentence completed?	🗌 Yes 🔲 No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes 🗌 No
<ol> <li>Are charges for any offenses currently pe beverages) for violation of any federal, We ordinances?</li></ol>	isconsin, or another state's laws	s or any county or municipal	🗋 Yes 🕅 No
	<u>_</u>		

### ; 4 F. 4 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.

.

-21.25

Date

Signature

POLICE DEPARTMENT CTTV OF CTTV OF CTV

June 4<sup>th</sup>, 2025 Evansville Police Department

Public Safety Report

- Training:
  - Officers Hanson and Schwark graduated from Blackhawk Technical College Police Academy, class 25-94. They officially started field training on May 24<sup>th</sup>.
  - Officers Hanson and Schwark attended Basic Breath Examiner Specialist Training.
  - Officers Schmidt and Johnson attended PACE Background Investigations.

### Community Outreach:

- EPD officers assisted the school district with their first Ride Your Bike to School Day. Over 60+ kids participated.
- Chief Jones and Lt. Reilly attended Forward Wisconsin, Forward Evansville with guest speaker, Tommy Thompson. The event was hosted by Homes by R.M. Berg.
- Chief Jones met with High School Principal Jeff Crandall to discuss planning for school events during the '25-'26 school year.
- Calls for service: As of 06/01/25 May 2024: 1274 May 2025: 917

### > Police Commission/Staffing:

- The Police Commission did not meet in May.
- Officers Hanson and Schwark graduated from Blackhawk Technical College Police Academy, class 25-94. They officially started field training on May 24<sup>th</sup>.
- EPD is wrapping the background checks on the applicants for the 2 open full-time police officer positions.
- Accreditation:
  - Lt. Reilly and Quinn have been reviewing accreditation files.
- Notable calls:
  - Officer Johnson responded to a reported disturbance. Upon arrival he determined there was likely a domestic disturbance that had occurred and requested assistance from the Rock County Sheriff's Office. During the investigation the deputy attempted to take the male subject into custody. The subject began fighting with the deputy and Officer Johnson. Eventually, the subject was subdued after he was tased and pepper sprayed. He was taken to the hospital where he was medically cleared and taken to the Rock County Jail for a charge of Resisting / Obstructing an Officer and a probation violation. This incident required the response of two EVPD officers, five Rock County Deputies, and Evansville EMS.
  - Officer Johnson and Sgt Reilly responded to a possible domestic disturbance which was called in by a third party. After investigation a male was arrested and taken to the Rock County Jail for Domestic Disorderly Conduct.
  - Officer Johnson responded to a subject having a mental health crisis and had overdosed. It was eventually determined the subject would have to be taken into custody for medical treatment. Upon learning this information, the subject began resisting officers attempts to take them into custody. Officer Johnson and two Rock County Deputies were eventually able to take the subject into custody where he was transported by EMS for medical treatment.



June 4<sup>th</sup>, 2025

Evansville Police Department

Public Safety Report

- Officer Tway responded to a report of a belated disturbance at Pete's Inn. It was reported earlier in the evening a male and female had gotten into a verbal altercation and were kicked out of the bar. Officer Tway eventually contacted the female half of the incident who did not wish to be a victim. Both parties separated for the evening.
- Several juveniles were cited for illegal fireworks after they were found lighting off M-80s near homes.
- Officers have been dealing with several reports of runaways. Due to current Juvenile Intake instructions, we are not allowed to take any Law Enforcement action.
- Several businesses / residences reported windows being broken. Likely caused by BB guns.

### > Admin update:

- Lt. Reilly finalized his contract with the City. Congratulations to now officially Lt. Reilly!
- Chief Jones is working with the Rock County Sheriff's Office on having the ROSO cover 3<sup>rd</sup> shift 10 days a month for June and July to help alleviate the tight schedule and officer overtime.

# CAD Incidents By Type

Agency: EVPD

Printed:6/2/2025 10:59:41 AM

Covering Incidents From: 05/01/2025 00:00:01 To: 05/31/2025 23:59:59

Incident Type Description	# of Inic	dents Incident Type Code
911 ABANDONED OR HANGUP OR OPEN LINE	29	911
ALARM	4	ALARM
ANIMAL COMPLAINT	16	ANM
ARMED SUBJECT	1	ARMD
ASSIST CITIZEN	28	ACIT
ASSIST FIRE OR EMS	26	FAST
ASSIST OTHER JURISDICTION	35	OJUR
BATTERY	1	BAT
BUSINESS CHECK	45	BCK
CHILD OFFENSE	2	CHILD
CIVIL DISPUTE	2	CD
CIVIL PAPER SERVICE	1	CPS
CODE ENFORCEMENT	1	CODE
DISORDERLY CONDUCT	6	DC
DISTURBANCE	5	DIST
DRUG OFFENSE	3	DRUG
FAMILY PROBLEM	3	FAM
FIREWORKS COMPLAINT	5	BOOM
FOLLOWUP	89	FOL
FOOT PATROL	36	FOOT
FRAUD/FORGERY	2	FRD
HARASSMENT	2	HAR
HAZARDOUS CONDITION	5	HAZC
HIT & RUN	4	HR
KID PROBLEM	8	KID
LOUD NOISE	3	LOUD
OPEN DOOR/WINDOW	1	OPEN
ORDINANCE VIOLATION	4	ORD
OUT WITH SUBJECT	2	OWS
OVERDOSE	1	POD
PARKING COMPLAINT	10	PARK
PHONE MESSAGE FOR OFFICER	3	PHONE
PROPERTY	6	PROPERTY

Page 1 of 2

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

RUNAWAY	7	RUN
SCHOOL PATROL	41	SCHOOL
SECURITY CHECK	365	SECK
SEX OFFENSE	1	SEX
SPECIAL ASSIGNMENT	23	SPAS
STALLED VEHICLE	1	STALLD
SUSPICIOUS	13	SUSP
THEFT	4	THFT
THREAT	1	THREAT
TRAFFIC ACCIDENT	6	ТА
TRAFFIC COMPLAINT	11	ТС
TRAFFIC STOP	31	Т
TRESPASSING	1	TRES
TRUANCY	3	TRU
UNWANTED PERSON	1	NOWN
VANDALISM	4	VAND
VEHICLE UNLOCK	4	UNLK
WELFARE CHECK	11	WELF
Number of CAD Complaints During Period	917	

City of Evansville EMS 11 W. Church St. Evansville, WI 53536 (608) 882-2269 Chief Carolyn Kleisch Public Safety Meeting June 4th, 2025

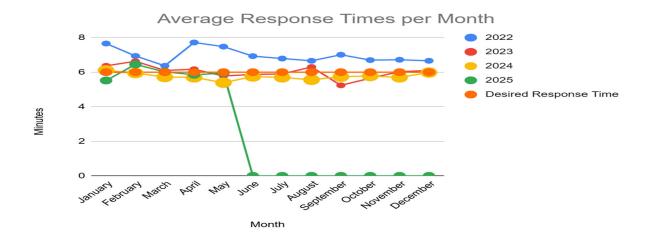
### 1. Calls for Service:

- a. 61 Calls during the month of May 2025 (641-37/642-28) through 5/30 12pm
- b. 70 Calls during the month of May 2024. (641-67/642-3)
- c. To date call volume 2025-289
- d. To date call volume 2024-279

### Updates:

- 1- Refresher was held by Mercy with Run Review, and neuro assessments for Stroke, Seizure and headache/migraine patients
- 2- EMS crew attended Civics Day at Creekside
- 3- The 4 EMRs who passed their class are now affiliated with Mercy and will start their training with us. 2 on the service and the other 2 providing assistance/service with FD.
- 4- Ashley passed her EMT-B class and the NR, waiting on affiliation with Mercy and she will be training and running shifts as well.
- 5- Carolyn is working with the EMS Billing Team for WIGEMT report filing for 2023/2024. This will hopefully give more Medicare/Medicaid funding returns.

Avg Unit Notified to Enroute in Minutes: 5.95
Avg Unit Enroute to Arrived at Scene in Minutes: 3.86
Avg Unit Arrived on Scene to Left Scene in Minutes: 26.37
Avg Unit Left Scene to Arrived at Destination in Minutes: 27.95
Avg Unit Arrived at Destination to Unit Back In Service in Minutes: 72.70



Incident Complaint Reported By Dispatch (eDispatch.01)	Number of Runs	Percent of Total Runs
Falls	10	17.24%
Traffic/Transportation Incident/MVA	8	13.79%
Sick Person	5	8.62%
Chest Pain (Non-Traumatic)	4	6.90%
Motor Vehicle Crash	3	5.17%
Unconscious/Fainting/Near-Fainting	3	5.17%
Invalid Assist/Lifting Assist	3	5.17%
Bleeding	2	3.45%
Traumatic Injury	2	3.45%
Breathing Problem	2	3.45%
Chronic Illness/Medical Condition	2	3.45%
Carbon Monoxide/Hazmat/Inhalation/CBRN	2	3.45%
Fire Standby	1	1.72%
Overdose/Poisoning/Ingestion	1	1.72%
Altered Mental Status	1	1.72%
Syncope/near-fainting	1	1.72%
Abdominal Pain/Problems	1	1.72%
Fire	1	1.72%
Medical Alarm	1	1.72%
Standby	1	1.72%
Back Pain (Non-Traumatic)	1	1.72%
Allergic Reaction/Stings	1	1.72%
Pregnancy/Childbirth/Miscarriage	1	1.72%
Stroke/CVA	1	1.72%
	Total: 58	Total: 100.00%

# ALCOHOL POLICY

Join us to delve into the best approaches to alcohol policy, uncover what other communities are adopting, and participate in shared learning experiences.



**Monday, June 16th** 11.00 am to 1:00 pm



1717 Center Ave Janesville, WI 53545



Lunch provided Please RSVP to secure your spot.







limador



Scan the QR Code to register

Visit Our Website

