

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, 4th 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 Operator's License Application(s) 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 Long-Term Street Use License Application(s) for: 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 Temporary Class “B” Retailer’s License Application for: Evansville Underground Music (EUM) 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 Renewal Alcohol Beverage License Applications for a Class “A” Beer/ “Class A” Liquor License for: (background check recommendations provided by Chief Jones, unless otherwise noted)

- 1) **Family Dollar Stores of Wisconsin, LLC, 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.

11. 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.

Members

Aldersperson Erika Stuart, Chair
Aldersperson Chuck Boyce
Aldersperson Joe Geoffrion

Present/Absent

P
P
P

Others Present

Christopher Jones, Chief
Carolyn Kleisch, EMS Chief
Jolene Klitzman, Deputy Clerk
Leah Hurtley, City Clerk
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.** by Stuart, Seconded by Geoffrion, Motion Carried 3-0
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.* by Stuart, Seconded by Geoffrion, Motion Carried 3-0
- 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.* by Stuart, Seconded by Geoffrion, Motion Carried 3-0

- B. Discussion on Evansville 4th of July Run with Steve Eager.** *Kurt Krueger came and spoke for Steve Eager about the 4th 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

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

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*
- 2) **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. *by Stuart, Seconded by Boyce, Motion Carried 3-0*
- 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 *by Stuart, Seconded by Boyce, Motion Carried 3-0*

E. Motion to recommend to the Common Council Approval of the Renewal Alcohol Beverage License Applications for a Class "A" Beer/ "Class A" Liquor License for: *(background check recommendations*

provided by Chief Jones, unless otherwise noted)

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

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

- 5) **SD Evansville Minimart, Inc., Manvir Singh, Agent**, 905 E. 10th Street, Brodhead, WI 53520, d/b/a SD Evansville Minimart, Inc., 350 Union Street, Evansville, WI 53536.

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 Renewal Alcohol Beverage License applications for a Class "B" Beer/ "Class B" Liquor License for: (background check recommendations provided by Chief Jones, unless otherwise noted)

- 1) **139 E. Main Street LLC, Tawfick (Tommy) Hanna, Agent**, 3018 Maple Grove Dr., Madison, WI 5379, d/b/a Allen Creek Coffeehouse, 137 E. Main Street, Evansville, WI 53536.
- 2) **Bessire Bowl, LLC, Joel Bessire, Agent**, 221 Noah's Arc Ct, Evansville, WI 53536, d/b/a Blue Devil Bowl, 108 E. Main Street, Evansville, WI 53536.
- 3) **Creekside Place Inc., Shawn Lynn, Agent**, 5101 N. Coon Island Rd., d/b/a Creekside Place Inc., 102 Maple Street, Evansville, WI 53536.
- 4) **El Vallarta De Evansville LLC, Marco Lugo, Agent**, 438 Almeron St, WI 53536, d/b/a El Vallarta, 609 E Main Street, Evansville WI 53536.
- 5) **Evansville Memorial Post 6905 VFW, John L Schneider, Agent**, 15542 W. Francis Road, Evansville, WI 53536, d/b/a VFW Memorial Post, 179 E. Main Street, Evansville, WI 53536.
- 6) **Lovegood's, LLC, Hannah O'Brien, Agent**, 676 Porter Rd, Evansville, WI 53536, d/b/a Lovegood's Coffee & Cocktails, 16 W. Main Street, Evansville, WI 53536.
- 7) **Pete's Inn Inc., Sheri Biddick, Agent**, 694 W. Main Street, Evansville, WI 53536, d/b/a Pete's Inn Inc., 14 N. Madison Street, Evansville, WI 53536.
- 8) **Slice Golf, LLC, Sarah Kilps, Agent**, 300 S. 1st Street, Evansville, WI 53536, d/b/a Slice Golf, 1 E. Main Street, Evansville, WI 53536
- 9) **The Night Owl Food & Spirits Inc., Gregory P Ardisson, Agent**, 217 N. Sixth Street, Evansville, WI 53536, d/b/a The Night Owl Sports Pub & Eatery, 189 E. Main Street, Evansville, WI 53536.
- 10) **Totally Elegant, LLC, Johnnie Washington, Agent**, 326 East Bluff, Madison, WI 53521, 7 E. Main Street, Evansville, WI 53536.
- 11) **Trappers Bar & Grill LLC, Travis Schuh, Agent**, 3942 State Road 213, Orfordville, WI 53576, d/b/a Trappers Bar & Grill, 50 Union Street, Evansville WI 53536.

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 capping 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. *Stuart made a motion to cancel the Public Safety Meeting on July 2, 2025. by Stuart, Seconded by Geoffrion, Motion Carried 3-0*

I. Discussion with possible motion to approve the Temporary Class "B"/ "Class B" Retailer License Application for:

- 1) Evansville Community Partnership Lake Leota 4th of July, Lake Leota, Evansville, WI 53536, Agent James Brooks 310 S. Sixth Street, Evansville, WI 53536

1. For the five consecutive dates from Wednesday, July 2, 2025 - Sunday, July 6, 2025
 - Wednesday, July 2, 2025, Setup (*No Consumption*)
 - Thursday, July 3, 2025, 6:00 p.m. - 12:00 a.m.
 - Friday, July 4, 2025, 12:00 p.m. - 12:00 a.m.
 - Saturday, July 5, 2025, 12:00 p.m. - 12:00 a.m.
 - Sunday, July 6, 2025, 10:00 a.m. (*at Horse Barn*), and
 - Sunday, July 6, 2025, 10:00 a.m. - ~~12:00~~ 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 4th 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

DRAFT



APPLICATION FOR Solicitor's License

(Section 90 Municipal Code)

CITY OF EVANSVILLE CLERK'S OFFICE

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

(608) 882-2266 - Fax (608) 882-2282



Application Fee:
\$150.00 per Year

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN

Required: Two (2) ID size photos of applicants head and Shoulders.

LICENSE TO EXPIRE ON DECEMBER 31ST

Company Name: Top to Bottom Construction Phone: 847-466-0051

Company address: 75 Gaylord St Elk Grove Village IL 60007

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

Applicant's Name: Ace Keith Tilson
First Middle Last

Applicant's Permanent Home Address: [REDACTED]

City Lake Villa State: IL Zip: 60046

Phone No: [REDACTED] Date of Birth: [REDACTED] Social Security No: [REDACTED]

Email Address: [REDACTED]

Physical Description: 5'4 125 B B Gender: ☒ Male ☐ Female
Height Weight Hair Color Eye Color

Driver's License No.: [REDACTED] Issuing State: IL

Vehicle Information: Ford Transit 2000 White
Make Model Year Color

License Plate No. & Issuing State: IL

Local address from which business will be conducted: NA

Nature of business and articles or services to be sold: Storm Rest

Current supply of articles to be sold: NA

Warehouse location (if applicable): NA

The proposed method of delivery: Semi

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

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

Yes 2005 Wrong Size Font on Contract (2) Mister Meaners
in Wisconsin → 2005 Lake Co. IL charged. and found Not Guilty

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

Bolingbrook, IL Joliet, IL

Schaumburg, IL

7d

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

1) Mindy Brice

2) Randy ~~Kirch~~
Kirch

Chapter 90 of the Evansville Code of General Ordinances specifies all the laws and requirements which you are governed by and with which you must comply. You must know the law and comply with the requirements. The City Clerk's office will provide you a copy of this ordinance if you desire a copy. This application must be fully completed, and submitted to the City Clerk's office at 31 S Madison St, Evansville WI 53536, with the above required fee and photographs. Omissions or false statements constitute grounds for denial or revocation of license applied for or issued.

ATTESTATION AND APPOINTMENT OF AGENT FOR SERVICE OF PROCESS

I, 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 May '25

Ace Tilson

Signature of Applicant

STATE OF WISCONSIN, Rock County

Subscribed and sworn to before me this 2nd day of May 2025

Michelle Natrop
Notary Public

My Commission Expires: 6-4-2027



FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Copy of Surety Bond Required: Yes No Date Provided:

Police Chief Recommendation and Comments:

Violate unfair trade general orders X2 - convicted 2010
Theft by contractor - Plea no contest, deferred prosecution, later dismissed
Denied under OR 90-9 (C)(2)(h)

Recommend Non-Recommend ☒ Recommend with conditions

[Signature]
Police Chief's Signature

5/7/25
Date

Date License Issued:

Denied

Designee

Clerks Notes and Receipt Information:

5/9/25 followed up with an Email

Jolene Klitzman

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

Please add me to next months agenda, 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 City of Evansville Municipal Code the appeal process, if interested, is as follows:

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

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 – Partisan Primary

*November 3, 2026 – General Election

www.myvote.wi.gov – Register to Vote, Request an absentee ballot, and more.



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

8C-1

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

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

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

1. LEGAL NAME: <u>Barbara Ann</u> <u>Hermanson</u>		DATE OF BIRTH:
First Middle Last		
ADDRESS:		PHONE:
CITY: <u>JANESVILLE</u>	STATE: <u>WI</u>	ZIP: <u>53548</u>
Driver's License No.:		GENDER: Male <input type="radio"/> Female <input checked="" type="radio"/>
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>25 years</u>		Issuing State: <u>WI</u>
Former Name(s): <u>Van Hecke</u>		
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: Barbara A Hermanson Email: _____
Printed Name: Barbara A Hermanson Date: 4-25-25

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee: <u>Paid To:</u>	
		Approved: _____ Denied: <u>City of Evansville</u> Date: _____	
		Clerk's Office Signature	Date
Approved: <u>[Signature]</u>	Denied: _____	Receipt #	
Date: <u>05/01/2025</u>		Receipt: 1.158567 35.00 BARBARA HERMANSON Apr 25, 2025 12:49 PM	



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

8C-2

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

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

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

1. LEGAL NAME: <u>Tina Marie Eckhoff</u>		DATE OF BIRTH: <u>1-1-1981</u>				
First Middle Last						
ADDRESS: <u>1111 1st St</u>		PHONE: <u>735-1234</u>				
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input type="radio"/> Female <input checked="" type="radio"/>			
Driver's License No.:		Issuing State:				
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>3 yrs</u>		Former Name(s): <u>Tina Harnack</u>				
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		City	State	Zip	From	To
		<u>Evansville</u>	<u>WI</u>	<u>53536</u>	<u>2/11</u>	<u>7/22</u>

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: Tina Eckhoff
Printed Name: Tina Eckhoff

Email: tin@evansvillewi.com
Date: 3/26/25

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Approved:

Denied:

Paid To:

City of Evansville

Clerk's Office Signature

Date

Approved: ☒

Denied: ☐

Receipt #

Receipt: 1.158656
ECKHOFF, TINA
May 5, 2025 3:29 PM

35.00

Police Chief's Signature

Date

06-02-25



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

8C-3

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

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

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

1. LEGAL NAME: <u>Gina Kristine Haeser</u>			DATE OF BIRTH: _____		
First Middle Last					
ADDRESS: _____			PHONE: _____		
CITY: <u>Evansville</u>		STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male Female <input checked="" type="checkbox"/>	
Driver's License No.: _____			Issuing State: <u>WI</u>		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>31 yrs</u>			Former Name(s): <u>Gina Lee</u>		
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		City	State	Zip	From To

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

☐ Successfully completed a Responsible Alcohol Servers Course

☐ An alcohol agent for a retail alcohol license

☒ Held an Operator's License issued in Wisconsin

☐ The sole proprietor of retail alcohol license

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

Signature: Gina Haeser

Email: _____

Printed Name: Gina Haeser

Date: May 5, 2025

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

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

Clerk's Office Signature

Date

Approved: X

Denied: _____

Receipt #

Receipt: 1.158659

35.00

HAESER GINA

May 5, 2025 4:01 PM

Police Chief's Signature

Date

06-08-25



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

8C-4

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

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

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

1. LEGAL NAME: <u>Jon</u> <u>M</u> <u>Frey</u>		DATE OF BIRTH: _____			
First Middle Last					
ADDRESS: _____		PHONE: _____			
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: <input checked="" type="radio"/> Male <input type="radio"/> Female		
Driver's License No.: _____		Issuing State: <u>WI</u>			
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>23 yrs</u>		Former Name(s): <u>NA</u>			
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip	From	To
<u>NA</u>					

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

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

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

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>NA</u>			

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: [Signature]
Printed Name: Jon Frey

Email: _____
Date: 3-16-25

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Paid To:

Approved: _____

Denied: _____

Date: _____

Clerk's Office Signature

Date

Approved: [Signature]

Denied: _____

Receipt #

Receipt: 1.155706

35.00

EVANSVILLE HOME TALENT

May 8, 2025 14:20 AM

Police Chief's Signature

Date

05/28/2025



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

8C-5

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

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

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

1. LEGAL NAME: <u>Karen</u> <u>M</u> <u>Frey</u>		DATE OF BIRTH: _____	
First Middle Last			
ADDRESS: _____		PHONE: _____	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input type="radio"/> Female <input checked="" type="radio"/>
Driver's License No.: _____		Issuing State: <u>WI</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>23 yrs</u>		Former Name(s): <u>Karen M Cooper</u>	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To			
<u>NA</u>			

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

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

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

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>NA</u>			

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

Attach certificate of completion for Responsible Alcohol Servers Course

☒ Successfully completed a Responsible Alcohol Servers Course

☐ An alcohol agent for a retail alcohol license

☒ Held an Operator's License issued in Wisconsin

☐ The sole proprietor of retail alcohol license

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

Signature: Karen Frey
Printed Name: Karen Frey

Email: _____
Date: 8-16-25

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

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

Clerk's Office Signature

Date

Approved: ☒

Denied: _____

Receipt #

Receipt: 1.158706 35.00
EVANSVILLE HOME TALENT
May 8, 2025 9:01 AM

Police Chief's Signature

Date

05/02/2025



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

8C-6

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

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

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

1. LEGAL NAME: <u>Michael</u> <u>E</u> <u>Maves</u>		DATE OF BIRTH: <u>11/17/12</u>
First Middle Last		
ADDRESS: <u>Evansville</u>		PHONE: <u>715-201-1155</u>
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>
Driver's License No.: <u>---</u>		GENDER: <u>Male</u> Female
Issuing State: <u>Wisconsin</u>		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>12 Years</u>		Former Name(s): <u>NA</u>
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State Zip From To

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

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

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

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>Disorderly Conduct ?</u>	<u>11/23 ?</u>	<u>Evansville</u>	<u>WI</u>
<u>WI DNR Firearm Hunting</u>	<u>2024</u>	<u>Evansville</u>	<u>WI</u>

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

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

Signature: [Signature]
Printed Name: Michael Maves

Email: [Signature]
Date: 4/19/25

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee: Paid To:
Approved: _____ Denied: City of Evan Date: 4/19/25

Clerk's Office Signature

Date

Approved: [Signature]

Denied: _____

Receipt #

Receipts: 1,158706
EVANSVILLE -ONE TALENT
May 2, 2025 9:21 AM

Police Chief's Signature

Date

05/22/2025



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

8C-7

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

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

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

1. LEGAL NAME: <u>Jameson</u> <u>Patrick</u> <u>Lavery</u> First Middle Last	DATE OF BIRTH:
ADDRESS:	PHONE:
CITY: <u>Beloit</u> STATE: <u>WI</u> ZIP: <u>53511</u>	GENDER: <input checked="" type="radio"/> Male <input type="radio"/> Female
Driver's License No.:	Issuing State: <u>WI</u>
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>2.5 years</u>	Former Name(s):
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City State Zip From To

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

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

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

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

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

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

Signature: <u>Jameson Lavery</u>	Email: _____
Printed Name: <u>Jameson Lavery</u>	Date: <u>04/21/25</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: City of Evansville
	Approved: _____ Denied: _____ Date: _____
	Clerk's Office Signature _____ Date _____
Approved: <input checked="" type="checkbox"/> _____	Receipt # _____
Denied: _____	EVANSVILLE HOME TALENT
<u>Police Chief's Signature</u>	May 8, 2025 9:21 AM
<u>05/22/2025</u>	



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

8C-8

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

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

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

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

☐ Successfully completed a Responsible Alcohol Servers Course

☐ An alcohol agent for a retail alcohol license

☒ Held an Operator's License issued in Wisconsin


☐ The sole proprietor of retail alcohol license

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

Signature: <u>Dorrry A. Weigel</u>	Email: _____
Printed Name: <u>Dorrry A. Weigel</u>	Date: <u>05-07-25</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: _____
	Approved: _____ Denied: <u>City of Evans</u> Date: _____
	Clerk's Office Signature _____ Date _____
Approved: <u>X</u>	Receipt # _____
<u>Cl. J.</u> Police Chief's Signature	Receipt: 1.158703 35.00 CASEY'S GENERAL STORE May 8, 2025 8:48 AM
<u>05/02/2025</u> Date	

Police Department Recommendation and Comments:		Public Safety Committee:		Paid To:	
		Approved: _____		Denied: _____ Date: _____	
		Clerk's Office Signature		Date	
Approved: <u>X</u>	Denied: _____	Receipt #		Receipt: 1.158700 35.00	
 Police Chief's Signature	<u>05/22/2025</u> Date			CASEY'S GENERAL STORE May 8, 2025 8:48 AM	



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

8C-10

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

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

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

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

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: Kari Fehrbacher Email: _____
Printed Name: KARI FEHRENBACHER Date: 5/9/25

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee: Paid To: _____ Approved: _____ Denied: _____ Date: _____	
		Clerk's Office Signature	Date
Approved: <u>X</u>	Denied: _____	Receipt #	Receipt: 1,158,719 FEHRENBACHER, KARI May 9, 2025 8:30 AM
<u>[Signature]</u> Police Chief's Signature	<u>05/22/2025</u> Date		



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

8C-11

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

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

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

1. LEGAL NAME: Blake Lee Biddick DATE OF BIRTH: 11/11/1989
First Middle Last

ADDRESS: _____ PHONE: _____

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

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 11 years Former Name(s): _____

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

ARREST AND CONVICTION RECORD

(Anywhere within the United States of America).

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

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

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

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

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

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

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

☐ Successfully completed a Responsible Alcohol Servers Course

☒ Held an Operator's License issued in Wisconsin

Attach certificate of completion for Responsible Alcohol Servers Course

☐ An alcohol agent for a retail alcohol license

☐ The sole proprietor of retail alcohol license

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

Signature: Blake Biddick

Printed Name: Blake Biddick

Email: _____

Date: 5/8/2025

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Approved: _____ Denied: City of Evansville Date: _____

Clerk's Office Signature

Date

Approved: _____

Denied: _____

Receipt #

Receipt: 1.159724

35.00

BIDDICK, BLAKE

May 8, 2025 12:35 PM

Police Chief's Signature

Date

05/08/2025



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

8C-12

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

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

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

1. LEGAL NAME: <u>Amber</u> <u>Rae</u> <u>Knetter</u>			DATE OF BIRTH: <u>1-1-1983</u>	
First Middle Last			PHONE: <u>715-411-1111</u>	
ADDRESS: <u>Evansville</u>			GENDER: <u>Male</u> Female	
CITY: <u>Evansville</u> STATE: <u>WI</u> ZIP: <u>53536</u>			Issuing State: <u>WI</u>	
Driver's License No.:			Former Name(s): <u>Gorman, Daffron</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>4 years</u>			Prior Street Address if Above Address is Less Than 5 Years State Zip From To	
			City State Zip From To	
			<u>Evansville WI 53536 6 years</u>	

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

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

Signature: Amber Knetter
Printed Name: Amber Knetter

Email: amknetter@evansvillewi.gov
Date: 5/8/25

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee: <u>Paid To:</u>	
		Approved: <u> </u> Denied: <u>City of Evansville</u> Date: <u> </u>	
		Clerk's Office Signature <u> </u> Date <u> </u>	
Approved: <u> </u>	Denied: <u> </u>	Receipt # <u> </u>	
<u> </u> Police Chief's Signature		Receipt: 1.158732 35.00 AK HAIR May 9, 2025 2:45 PM	
<u>05/08/2025</u> Date			



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

8C-13

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

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

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

1. LEGAL NAME: <u>Mark</u> <u>L.</u> <u>Merrill</u>		DATE OF BIRTH: _____	
First Middle Last			
ADDRESS: _____		PHONE: _____	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Driver's License No.: _____		Issuing State: <u>Wisc.</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>26</u>		Former Name(s): _____	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip From To

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: Mark Merrill Email: _____
Printed Name: Mark Merrill Date: 5-8-25

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee: <u>Paid To:</u>	
		Approved: _____ Denied: <u>City of Evans</u> Date: _____	
		Clerk's Office Signature _____ Date _____	
Approved: <u>X</u>	Denied: _____	Receipt # _____	
Police Chief's Signature <u>[Signature]</u>		Receipt: 1.158731 35.00 MARK MERRILL May 9, 2025 2:44 PM	
Date: <u>05/22/2025</u>			



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

8C-14

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

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

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

1. LEGAL NAME: <u>LeAnn</u> <u>May</u> <u>Alf</u>			DATE OF BIRTH: <u>11-1-1988</u>		
First Middle Last			PHONE: <u>1-535-251-1111</u>		
ADDRESS: <u>1111 1st St</u>			PHONE: <u>1-535-251-1111</u>		
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>		
Driver's License No.: <u>1111 1st St</u>			Issuing State: <u>WI</u>		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>6 years</u>			Former Name(s):		
Prior Street Address if Above Address is Less Than 5 Years State Zip From To			City State Zip From To		

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

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

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

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>DC Dismissed</u>	<u>5/2014</u>	<u>Evansville</u>	<u>WI</u>

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: <u>LeAnn Alf</u>	Email: <u>1111 1st St</u>
Printed Name: <u>LeAnn Alf</u>	Date: <u>5-9-25</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee: <u>Paid To:</u>	
		Approved: <u>City of Evansville</u> Denied: <u>City of Evansville</u> Date: <u>5-9-25</u>	
		Clerk's Office Signature: <u>1111 1st St</u> Date: <u>5-9-25</u>	
Approved: <u>1111 1st St</u>	Denied: <u>1111 1st St</u>	Receipt # <u>1111 1st St</u>	
<u>05/20/2025</u>		Receipt: <u>1111 1st St</u> <u>1111 1st St</u>	
Police Chief's Signature		May 12, 2025 12:09 PM	



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

8C-15

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

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

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

1. LEGAL NAME: <u>Ashlee E Traylor</u>		DATE OF BIRTH: <u>05/22/2025</u>	
First Middle Last			
ADDRESS: <u>Evansville</u>		PHONE: <u>53536</u>	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: <u>Male</u> <input type="radio"/> <u>Female</u> <input checked="" type="radio"/>
Driver's License No.:		Issuing State: <u>Wisconsin</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>8 months</u>		Former Name(s): <u>Ashlee Henry</u>	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To			
<u>Evansville</u>		<u>WI</u>	<u>53536</u> <u>2023</u> <u>2024</u>
<u>Evansville</u>		<u>WI</u>	<u>53536</u> <u>2021</u> <u>2023</u>

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: <u>Ashlee Traylor</u>	Email: <u>ashlee.traylor@gmail.com</u>
Printed Name: <u>Ashlee Traylor</u>	Date: <u>5-9-2025</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee: <u>Paid To:</u>	
		Approved: <u> </u> Denied: <u> </u> Date: <u> </u>	
		Clerk's Office Signature <u> </u> Date <u> </u>	
Approved: <u> </u>	Denied: <u> </u>	Receipt # <u> </u>	
<u> </u> Police Chief's Signature	<u>05/22/2025</u> Date	Receipts: 1.158765 35.00 ASHLEE TRAYLOR May 13, 2025 11:39 AM	



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

8C-16

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

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

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

1. LEGAL NAME: <u>Karsen</u> <u>Kay</u> <u>Vance</u>			DATE OF BIRTH: <u>7/20/1994</u>		
First Middle Last					
ADDRESS:					
CITY: <u>Evansville</u>		STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input type="radio"/> Female <input checked="" type="radio"/>	
Driver's License No.: <u>---</u>		Issuing State: <u>WI</u>			
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>4 years</u>					
Former Name(s):					
Prior Street Address if Above Address is Less Than 5 Years State Zip From To					
		City	State	Zip	From To
		<u>Janesville</u>	<u>WI</u>	<u>53540</u>	<u>7/20</u> <u>7/21</u>
		<u>Janesville</u>	<u>WI</u>	<u>53548</u>	<u>7/19</u> <u>7/20</u>

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: <u>Karsen Vance</u>	Email: <u>---</u>
Printed Name: <u>Karsen Vance</u>	Date: <u>May 7th, 2025</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee: <u>Paid To:</u>
		Approved: <u>---</u> Denied: <u>City of Evansville</u> Date: <u>---</u>
		Clerk's Office Signature <u>---</u> Date <u>---</u>
Approved: <u>---</u>	Denied: <u>---</u>	Receipt # <u>---</u>
<u>Cl. J</u> Police Chief's Signature	<u>06-02-25</u> Date	Receipt: 1.158605 VANCE, KARSEN May 16, 2025 9:14 AM



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

8C-17

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

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

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

1. LEGAL NAME: <u>Jessica</u> <u>Ann</u> <u>Hall</u>		DATE OF BIRTH: _____			
First Middle Last					
ADDRESS: _____		PHONE: _____			
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>			
Driver's License No.: _____		GENDER: Male <input type="radio"/> Female <input checked="" type="radio"/>			
Issuing State: <u>WI</u>					
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>10 yrs</u>		Former Name(s): <u>Jessica Halvensleben</u>			
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip	From	To

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

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

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

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>DWI</u>	<u>9/2021</u>	<u>Oregon</u>	<u>WI</u>

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

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

Signature: Jessica Hall
Printed Name: Jessica Hall

Email: _____
Date: 3/18/25

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature

Date

Approved: X

Denied: _____

Receipt #

Police Chief's Signature

Date

06-02-25



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

8C-18

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

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

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

1. LEGAL NAME: <u>Michelle</u> <u>Marie</u> <u>Rucks</u>		DATE OF BIRTH: _____
First Middle Last		
ADDRESS: _____		PHONE: _____
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>
Driver's License No.: _____		GENDER: Male <input type="radio"/> Female <input checked="" type="radio"/>
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>12 yr.</u>		Issuing State: <u>WI</u>
Former Name(s): <u>R</u>		
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: <u>Michelle Rucks</u>	Email: _____
Printed Name: <u>Michelle Rucks</u>	Date: <u>5-30-25</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Paid To: _____ City of Evansville	Public Safety Committee: _____ Approved: _____ Denied: <u>City of Evansville</u>
Clerk's Office Signature _____		Date _____
Approved: <input checked="" type="checkbox"/>	Denied: _____	Receipt # _____
Signature: <u>Cl. J.</u> Police Chief's Signature		Receipt: 1.158965 MICHELLE RUCKS May 30, 2025 2:25 PM
Date: <u>06-02-25</u>		Receipt: 1.158965 MICHELLE RUCKS May 30, 2025 2:24 PM



City of Evansville

8D-1

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,

Jolene Klitzman
Deputy Clerk

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



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>SEAN</u> <u>Michael</u> <u>MANGOLD</u>	DATE OF BIRTH: [REDACTED]
First Middle Last	
ADDRESS: [REDACTED]	PHONE: [REDACTED]
CITY: <u>EVANSVILLE</u> STATE: <u>WI</u> ZIP: <u>53536</u>	GENDER: <input checked="" type="radio"/> Male <input type="radio"/> Female
Driver's License No.: [REDACTED]	Issuing State: <u>WI</u>
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>12 YEARS</u>	Former Name(s): <u>N/A</u>
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	

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

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

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

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>941.23</u>	<u>6/30/2000</u>	<u>Janesville</u>	<u>WI</u>
<u>941.20(1)(B)</u>	<u>6/30/2000</u>	<u>Janesville</u>	<u>WI</u>

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

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

Signature: Sean Mangold
Printed Name: SEAN MANGOLD

Email: [REDACTED]
Date: 3/20/2025

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

04-27-2000 - Charged w/ 941.30(2)
and 941.20(2)(A) - Both Felonies
Both dismissed - No Prosecution #2

Public Safety Committee:

Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature

Date

Approved: _____

Denied: X

Receipt #

Receipt: 1.130510 35.00
SEAN MANGOLD
Apr 23, 2025 9:46 AM

Police Chief's Signature

Date

04/30/2025



City of Evansville

8D-2

www.ci.evansville.wi.gov

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

April 23, 2025

Jed Kjornes

[REDACTED]
Evansville WI 53536

Dear Jed:

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

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

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

Sincerely,

Jolene Klitzman
Deputy Clerk

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



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,

Jolene Klitzman
Deputy Clerk

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



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>Jedediah</u> <u>Panel</u> <u>Kjornes</u>			DATE OF BIRTH: [REDACTED]	
First Middle Last			PHONE: [REDACTED]	
ADDRESS: [REDACTED]			CITY: <u>EVANSVILLE WI</u> STATE: <u>WI</u> ZIP: <u>53536</u>	
GENDER: Male Female			Driver's License No.: [REDACTED] Issuing State: <u>WISCONSIN</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>1 YEAR</u>			Former Name(s):	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To			City State Zip From To	
[REDACTED]			<u>EVANSVILLE WI 53536 2021-2024</u>	

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

☒ Successfully completed a Responsible Alcohol Servers Course

☐ An alcohol agent for a retail alcohol license

☒ Held an Operator's License issued in Wisconsin

☐ The sole proprietor of retail alcohol license

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

Signature: Jed Kjornes
Printed Name: JED KJORNES

Email: [REDACTED]
Date: 3-18-25

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

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

Public Safety Committee:

Approved: _____ Denied: _____ Paid To: _____ Date: _____

Clerk's Office Signature

Date

Approved: _____

Denied: X

Police Chief's Signature

Date

04-23-25

Receipt #

Receipt: 1.158467 35.00
FAMILY DOLLAR STORE OF
Apr 17, 2025 2:29 PM



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,

Jolene Klitzman
Deputy Clerk

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



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME:	First: Amy	Middle: M	Last: Schoonover	DATE OF BIRTH:	[REDACTED]
ADDRESS:	[REDACTED]			PHONE:	[REDACTED]
CITY:	Evansville	STATE:	WI	ZIP:	53536
Driver's License No.:	[REDACTED]			GENDER:	Male <input type="radio"/> Female <input checked="" type="radio"/>
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?	5 years			Issuing State:	WI
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip	From	To

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

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

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

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
Battery - 2019 - charge dismissed	JULY 2019	EVANSVILLE	WI
Disorderly - 2023	NOV 2023	EVANSVILLE	WI

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: [Signature]
Printed Name: Amy Schoonover
Email: [REDACTED]
Date: 5/9/2025

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: See citation # 69800N2MCR (Attached)	Public Safety Committee: Approved: _____ Denied: _____ Paid To: _____ Date: _____
Approved: [Signature] Police Chief's Signature	Clerk's Office Signature _____ Date _____
Denied: [X] 05/22/2025 Date	Receipt # _____ Receipt: 1.158744 35.00 AMY SCHOONOVER May 13, 2025 11:18 AM

You are Notified to Pay or Appear

Appearance Required:

NO**DEC-09-2023****09:00 AM**

EVANSVILLE CITY MUNICIPAL COURT
31 S MADISON ST/PO BOX 529
EVANSVILLE, WI 53536

Form No. and Version CT

CITATION NO.

MUNI

0405

69800NZMCR

Juvenile

DEPOSIT

Cash- Card

\$313.00

Y Y

Court Use: DA N

Defendant (Last Name, First, Middle), Street Address, P.O. Box, City, State, Zip

Birth Date

Sex

Race

HT

WT

Hair

Eyes

Driver License/Identification Card Number

State

Exp. Yr.

Name and Address of Parent/Guardian/Legal Custodian
(If minor defendant)

Other Identification Number

ID Type

License Plate Number

Plate Type

State

Exp. Yr.

Vehicle Identification Number

Telephone Number

Telephone Number of Parent/Guardian/Legal Custodian

Plaintiff

CITY OF EVANSVILLE

Ordinance Violated

82-3

Adopting State Statute

947.01(1)

Violation Description

DISORDERLY CONDUCT - COUNTY/MUNICIPALITY

Agency Space

EV2310938

Ordinance Description

DISORDERLY CONDUCT

Week Day

Date

Time

SATURDAY 11/04/2023**12:52 AM**

From/AT Hwy No. and/or Street Name

ON 59 EAST 157 FT N OF W MAIN ST

County

City/Village/Town

ROCK - 53**EVANSVILLE - 57 CITY**

Officer Name

OFFICER A. JOHNSON

Date Citation Served,

Method

11/11/2023**MAILED**

Residence Contact Name

Age

Officer ID

Department

5325**EVANSVILLE POLICE DEPARTMENT**

(If left with person at defendant's address)

Victim

Birth Date

Restitution Requested

\$0.00**INSTRUCTIONS - READ CAREFULLY**Police # **EV2310938**

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 [REDACTED], WHO REPORTED HE AND HIS WIFE, ALLYSA [REDACTED] 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 [REDACTED] 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 WHO ADMITTED TO JUMPING OVER THE BAR AND "PUTTING HER HANDS" ON ALLYSA AFTER SHE STARTED ATTACKING THE BARTENDER AND PULLING

WISCONSIN NON TRAFFIC CITATION

1 of 2

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

REDACTED



City of Evansville

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

April 15, 2025

Arcadia Krake

[REDACTED]
Beloit WI 53511

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,

Jolene Klitzman
Deputy Clerk

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



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>Arcadia</u> <u>Aniyah</u> <u>Krake</u>	DATE OF BIRTH: [REDACTED]
ADDRESS: [REDACTED]	PHONE: [REDACTED]
CITY: <u>Berlin</u> STATE: <u>WI</u> ZIP: <u>53511</u>	GENDER: Male <input type="radio"/> Female <input checked="" type="radio"/>
Driver's License No.: [REDACTED]	Issuing State: <u>WI</u>
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>1.5 years</u>	Former Name(s):
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City State Zip From To
[REDACTED]	<u>Evansville WI 53536 2021 2024</u>

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

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

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

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>underage drinking ticket</u>	<u>June 2022</u>	<u>Orfordville</u>	<u>WI</u>

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

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

Signature: <u>Arcadia Krakke</u>	Email: [REDACTED]
Printed Name: <u>Arcadia Krakke</u>	Date: <u>04/09/2025</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: <u>2022 - C-4 dismissed on prosecu</u> <u>tion</u>	Public Safety Committee: Approved: _____ Denied: <u>City of Evans</u> Date: _____
Approved: _____ Denied: <u>X</u>	Clerk's Office Signature _____ Date _____
Approved: <u>[Signature]</u> Police Chief's Signature	Receipt # _____ Receipt: 1,158740 35.00 ARCADIA KRAKE May 12, 2025 12:08 PM
Date: <u>05/22/2025</u>	



May 5, 2025

8E

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,

Clay Blohm
(EUM secretary)





APPLICATION FOR Street Closure License

(Section 106 Municipal Code)

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



Application Fee:
\$25.00 per Event

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN



Short Term (4 hours or less) Street Closure



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

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

Name of Organization: Evansville Underground Music Phone: 608-558-6537
Organization address: 104 Garfield St Evansville, WI 53536

Responsible Person: Ry L. Thompson
First Middle Last

Home Address: [REDACTED]

City Evansville State: WI Zip: 53536

Phone No: [REDACTED] Email Address: [REDACTED]

Date(s) of Event(s): 6/13, 6/27, 7/16, 8/8 and 8/23 2025

Hours of Operation: 4:00 PM - 10:00 PM

Location of Event: 23 N. First St Evansville, WI 53536

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

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

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

For Long Term Street Closures Only

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

Signature of Applicant

Clayton Blohm Eum Secretary

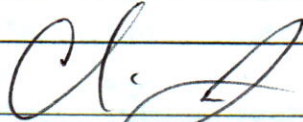
5/5/2025

Date

• FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Chief Recommendation and Comments:

Recommend X Non-Recommend _____ Recommend with conditions _____



Police Chief's Signature

05/08/2025
Date

Municipal Services Recommendation and Comments:

Recommend X Non-Recommend _____ Recommend with conditions _____

See Email

Municipal Services Signature

5-13-25
Date

City Clerk's Office:

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

Date License Issued: _____

Clerks Notes and Receipt Information:

Jolene Klitzman

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

Upcoming Elections:

*April 7, 2026 – Spring Elections

*August 11, 2026 – Partisan Primary

*November 3, 2026 – General Election

www.myvote.wi.gov – Register to Vote, Request an absentee ballot, and more.



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

CITY OF EVANSVILLE CLERK'S OFFICE

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

Application Fee: \$10.00 per Licensed Premises

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN

Number of Licensed Premises: 5 x \$10.00 = \$ 50.00 Total Due

License Type: (Check one)



Beer Only

Wine Only

Beer & Wine

Event Name: Evansville Underground Music

Event Date: 6/13, 6/27, 7/16, 8/8, 8/23 2025 Event Time: 6pm - 10pm

Name of Person in Charge of Event: Clayton Blohm operator lic # 23/25-147

Organization



Bona fide Club 501 c3

Church

Lodge/Society

Chamber of Commerce/ similar

Civic or Trade Organization

Fair Assoc/Agricultural Society

Veteran's Organization

Organization Name: Evansville Underground Music

Address: 104 Garfield Ave Evansville, WI 53536

Date Organized: 3/11/2022 If Corporation, Date of Incorporation: 3/11/2022

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

Names and addresses of all Organization Officers:

President/Primary Officer: Kari Haser

Name

Evansville WI 53536

City/State/Zip

Vice President: Einar Floan

Name

Evansville WI 53536

City/State/Zip

Secretary: Clayton Blohm

Name

Road Evansville WI 53536

City/State/Zip

Treasurer: Ry Thompson

Name

Evansville WI 53536

City/State/Zip

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

Address/Location Description: 23 N 1st St. (street closure) stored @ 185 main (hop garden)

Do premises occupy all or part of building?

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

roped off area of street for this event.

Paid To:

City of Evansville

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

[Signature]
(Officer Signature/Date)

Evansville Underground Music
(Name of Organization)

Receipt # 1-17047

EVANSVILLE UNDERGROUND MUSIC

May 3, 2025 11:36 AM

\$0.00



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

AFFIRMATION OF UNDERSTANDING FOR EVENT MANAGER

CITY OF EVANSVILLE CLERK'S OFFICE

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

EVENT DATE:	6/13, 6/27, 7/16, 8/8, 8/23 2025	EVENT TIME:	6pm - 10pm
NAME:	Clayton Blohm D	DATE OF BIRTH:	[REDACTED]
ADDRESS:	[REDACTED]	Evansville, WI 53536	
EMAIL:	[REDACTED]	PHONE:	[REDACTED]

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

ATTESTATION AND ACKNOWLEDGEMENT OF RESPONSIBLE PARTY

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

- Successfully completed a responsible Alcohol Servers course
- Held a Wisconsin Operator's License ± 23/25 - 197
- An Alcohol Agent for a Retail Alcohol License
- The Sole Proprietor of Retail Alcohol License.

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

[Signature] 5/5/2025
Signature of Manager/Person in Charge of event Date

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Chief Recommendation and Comments:

Recommend X Non-Recommend _____ Recommend with conditions _____

[Signature] 05/08/2025
Police Chief's Signature Date

Date Filed with Clerk: <u>5-5-2029</u>	Date License Issued:
Public Safety: <u>6-4-25</u>	Clerk's Signature:

Notes & Receipt Information:

Paid To:
City of Evansville

Receipt: 1.158647 25.00
EVANSVILLE UNDERGROUND
May 5, 2025 11:36 AM

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: (check appropriate box(es).)

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

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

1. Organization (check appropriate box) →

- ☐ Bona fide Club ☐ Church ☐ Lodge/Society
☐ Chamber of Commerce or similar Civic or Trade Organization
☐ Veteran's Organization ☐ Fair Association

(a) Name Evansville Underground Music (501c3)

(b) Address 104 Garfield Ave, Evansville, WI 53536
(Street) ☐ Town ☐ Village ☒ City

(c) Date organized March 11, 2022

(d) If corporation, give date of incorporation March 11, 2022

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

(f) Names and addresses of all officers:

President Kari Haser

Vice President Einar Floan

Secretary Clayton Blohm

Treasurer Ry L. Thompson

(g) Name and address of manager or person in charge of affair: Albert (Joe) Kaether, event coordinator 23 N main st
Clayton Blohm, licensed operator, 8638 W Whitmore Road # 23/25-197

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 23 N 1st Street, Evansville (served). 18E Main st, Evansville (stored)

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? Served outdoors in roped off area

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

3. Name of Event

(a) List name of the event EUM shows #100, 101, 103, 105, 106

(b) Dates of event 6/13, 6/27, 7/16, 8/8 and 8/23 2025

DECLARATION

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

Officer [Signature] 5/5/2025
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk _____

Date Granted by Council _____

Evansville Underground Music
(Name of Organization)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Date Reported to Council or Board _____

License No. _____

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Evansville
License Period	2025-2026

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

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

Fees	
License Fees	\$ <u>600</u> -
Background Check Fee	\$ <u>56</u> -
Publication Fee	\$ <u>100</u> - 15
Total Fees	\$ <u>756</u> - 614

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) FAMILY DOLLAR STORES OF WISCONSIN, LLC			
2. Business Trade Name or DBA FAMILY DOLLAR STORE #24446			
3. FEIN 561356720		4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization VA		7. Date of Organization 07/31/2017	
8. Wisconsin DFI Registration Number F057028			
9. Premises Address 28 County Highway M			
10. City Evansville		11. State WI	12. Zip Code 53536
13. County Rock	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Evansville</u>		15. Aldermanic District
16. Premises Phone (608) 736-5002	17. Premises Email AB-LICENSING@DOLLARTREE.COM		18. Website WWW.FAMILYDOLLAR.COM
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. THE RETAIL GROCERY STORE PROVIDES A SECURE BACK STOCK LOCATION AND IS TO PROVIDE DESIGNATED BEER AND WINE SALES AREAS WHICH WILL BE MANAGED, STOCKED, AND SOLD IN ACCORDANCE WITH ALL GOVERNMENT ORDINANCE EXPECTATIONS.			
20. Mailing Address (if different from premises address) 500 VOLVO PARKWAY			
21. City CHESAPEAKE		22. State VA	23. Zip Code 23320

Part B: Questions

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

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

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

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

If yes, provide the name of the restricted investor and describe the nature of the interest.
N/A

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No

If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity N/A	4b. Business Entity FEIN N/A
------------------------------------	---------------------------------

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

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

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

Part C: Individual Information

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

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

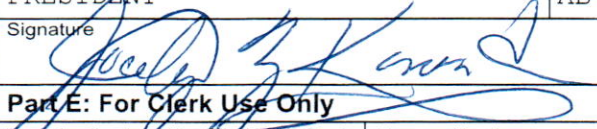
Last Name	First Name	Title	Phone
PLEASE SEE ATTACHED LIST			

Part D: Attestation

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

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

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

Last Name KONRAD	First Name JOCELYN	M.I. Z
Title PRESIDENT	Email AB-LICENSING@DOLLARTREE.COM	Phone (757) 321-5000
Signature 		Date 4/21/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/30/2025	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



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

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

000119

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

Letter ID L1777653808



Wisconsin Business Tax Registration Certificate

Expiration date: December 31, 2025

Legal/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.

Tax Type	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



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

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.
- 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 Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-0000344943-05



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

Establishment	Name			Police Department Review		
	Last	First	DOB	Date	Approve/Den w/Initials	Notes
Family Dollar Stores of Wisconsin, LLC	Schmit	Corey		05/06/25	A - A	
	Konrad	Jocelyn Z.				
	Newman	Michael B.				
	Littler	Todd B.				
	Poston	Jonathan M.				
	Mitchell	John S.				
	Collar	Michael S.				
	Wesselhoft	Sharon N.				

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, LLC
2. Business Trade Name or DBA
FAMILY DOLLAR STORE # 24446
3. Entity Type (check one) ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one)
☒ Municipal Retail License ☐ State Permit
5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.
N/A

Part B: Agent Information

1. Last Name
SCHMIT
2. First Name
COREY
3. M.I.
4. Email
ab-licensing@dollartree.com
5. Phone
[REDACTED]
6. Home Address
[REDACTED]
7. City
BROOKFIELD
8. State
WI
9. Zip Code
53045
10. Date of Birth
[REDACTED]
11. Drivers License/State ID Number
[REDACTED]
12. Drivers License/State ID State of Issuance
WI

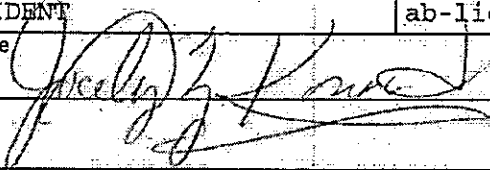
Part C: Agent Questions

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

Continued →

Part D: Business Attestation

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

Last Name KONRAD		First Name JOCELYN		M.I. Z
Title PRESIDENT	Email ab-licensing@dollartree.com		Phone [REDACTED]	
Signature 			Date 05/05/25	

Part E: Agent Attestation

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

Last Name SCHMIT		First Name COREY		M.I.
Signature 			Date 4-5-25	

Alcohol Beverage
Individual QuestionnaireDate
4-5-25

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

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

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

Part A: Business Information

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

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 Company☐ Corporation☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

SCHMIT

2. First Name

COREY

3. M.I.

4. Relationship to Business (Title)

DISTRICT MANAGER

5. Email

ab-licensing@dollartree.com

6. Phone

7. Home Address

8. City

BROOKFIELD

9. State

WI

10. Zip Code

53045

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

Part C: Address History1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 04-2025

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

Previous Address 1	City	State	Zip Code
	BROOKFIELD	WI	53045
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

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

State	County	State	County	State	County	State	County
WI	WAUKESHA						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

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

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

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

Part E: Attestation

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

Signature 	Date 4-5-25
--	----------------

Alcohol Beverage
Individual QuestionnaireDate
03/25/2025

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

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

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

Part A: Business Information

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

FAMILY DOLLAR STORES OF WISCONSIN, LLC

2. Business Trade Name or DBA

FAMILY DOLLAR # 2444U

3. Entity Type (check one)

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

Part B: Individual Information

1. Last Name

KONRAD

2. First Name

JOCELYN

3. M.I.

Z

4. Relationship to Business (Title)

PRESIDENT

5. Email

ab-licensing@dollartree.com

6. Phone

7. Home Address

8. City

AUDUBON

9. State

PA

10. Zip Code

19403

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of issuance

PA

Part C: Address History

1. Do you currently live in Wisconsin? ☐ Yes ☒ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

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

Previous Address	City	State	Zip Code
1	AUDUBON	PA	19403
2			
3			
4			
5			

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

State	County	State	County	State	County	State	County
PA	OSPREY						

Continued →

Part D: Criminal History

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

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

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

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

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

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

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

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

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

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

Part E: Attestation

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

Signature 	Date 4/21/2025
--	-------------------

Alcohol Beverage
Individual QuestionnaireDate
03/25/2025

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

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

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

Part A: Business Information

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

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 Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

NEWMAN

2. First Name

MICHAEL

3. M.I.

B

4. Relationship to Business (Title)

VICE PRESIDENT

5. Email

ab-licensing@dollartree.com

6. Phone

7. Home Address

8. City

Virginia Beach

9. State

VA

10. Zip Code

23451

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

VA

Part C: Address History

1. Do you currently live in Wisconsin? ☐ Yes ☒ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

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

Previous Address 1

City

Virginia Beach

State

VA

Zip Code

23451

City

Norfolk

State

VA

Zip Code

23510

City

Charlotte

State

NC

Zip Code

28226

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

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

State

County

State

County

State

County

State

County

VA

VIRGINIA

VA

NORFOLK

NC

MECKLENBURG

State

County

State

County

State

County

State

County

Continued →

Part D: Criminal History

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

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

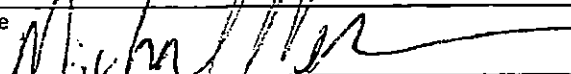
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance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

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

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

Part E: Attestation

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

Signature 

Date 4/3/2025

Alcohol Beverage
Individual QuestionnaireDate
03/25/2025

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

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

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

Part A: Business Information

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

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 Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

LITTLER

2. First Name

TODD

3. M.I.

B

4. Relationship to Business (Title)

SR. VICE PRESIDENT

5. Email

ab-licensing@dollartree.com

6. Phone

7. Home Address

8. City

VIRGINIA

9. State

VA

10. Zip Code

23452

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

VA

Part C: Address History

1. Do you currently live in Wisconsin? ☐ Yes ☒ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

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

Previous Address	City	State	Zip Code
1	Virginia Beach	VA	23452
2			
3			
4			
5			

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

State	County	State	County	State	County	State	County
VA	VIRGINIA						

Continued →

Part D: Criminal History

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

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

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

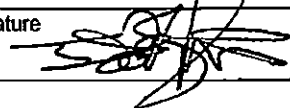
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

Part E: Attestation

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

Signature



Date

4/8/25

Alcohol Beverage
Individual QuestionnaireDate
03/25/2025

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

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

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

Part A: Business Information

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

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 Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

POSTON

2. First Name

JONATHAN

3. M.I.

M

4. Relationship to Business (Title)

VP AND TREASURER

5. Email

ab-licensing@dollartree.com

6. Phone

7. Home Address

8. City

MARINERS WAY

9. State

NC

10. Zip Code

27958

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

NC

Part C: Address History

1. Do you currently live in Wisconsin? ☐ Yes ☒ No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

04/2017

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

Previous Address	City	State	Zip Code
Previous Address 1	MOYOCK	NC	27958
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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

State	County	State	County	State	County	State	County
NC	CURRITUCK						

Continued →

Part D: Criminal History

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

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

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

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

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

Part E: Attestation

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

Signature 	Date 4-1-2025
--	------------------

Alcohol Beverage
Individual QuestionnaireDate
03/25/2025

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

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

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

Part A: Business Information

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

FAMILY DOLLAR STORES OF WISCONSIN, LLC

2. Business Trade Name or DBA

FAMILY DOLLAR #24440

3. Entity Type (check one)

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

Part B: Individual Information

1. Last Name

MITCHELL

2. First Name

JOHN

3. M.I.

S

4. Relationship to Business (Title)

VP AND SECRETARY

5. Email

ab-licensing@dollartree.com

6. Phone

7. Home Address

8. City

VIRGINIA BEACH

9. State

VA

10. Zip Code

23451

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

VA

Part C: Address History

1. Do you currently live in Wisconsin? ☐ Yes ☒ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

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

Previous Address 1	City	State	Zip Code
	WASHINGTON	DC	20002
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

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

State	County	State	County	State	County	State	County
DC	WASHINGTON						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

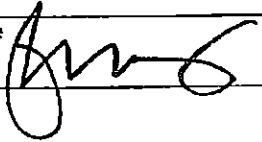
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance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

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

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

Part E: Attestation

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

Signature 	Date 4/21/25
---	--------------

Alcohol Beverage
Individual QuestionnaireDate
03/25/2025

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

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

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

Part A: Business Information				
1. Legal Business Name (individual name if sole proprietor) FAMILY DOLLAR STORES OF WISCONSIN, LLC				
2. Business Trade Name or DBA FAMILY DOLLAR #24446				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name COLLAR		2. First Name MICHAEL		3. M.I. S
4. Relationship to Business (Title) ASSISANT TREASURER		5. Email ab-licensing@dollartree.com		6. Phone [REDACTED]
7. Home Address [REDACTED]				
8. City CHESAPEAKE		9. State VA	10. Zip Code 23322	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance VA	

Part C: Address History							
1. Do you currently live in Wisconsin?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, provide the month and year when you permanently moved to Wisconsin				(MM/YYYY)			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1		City	State	Zip Code			
[REDACTED]		CHEAPEAKE	VA	23322			
Previous Address 2		City	State	Zip Code			
Previous Address 3		City	State	Zip Code			
Previous Address 4		City	State	Zip Code			
Previous Address 5		City	State	Zip Code			
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
VA	CHESAPEAKE						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

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

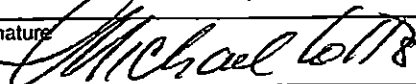
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Signature



Date

4/1/2025

Alcohol Beverage
Individual Questionnaire

Date 4/21/25

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

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

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

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Family Dollar Stores of Wisconsin, LLC	
2. Business Trade Name or DBA Family Dollar # 24446	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information		
1. Last Name Wesselhoft	2. First Name Sharon	3. M.I. N.
4. Relationship to Business (Title) Assistant Secretary	5. Email ab-licensing@dollartree.com	6. Phone [REDACTED]
7. Home Address [REDACTED]		
8. City Virginia Beach	9. State VA	10. Zip Code 23454
11. Date of Birth [REDACTED]		12. Drivers License/State ID Number [REDACTED]
13. Drivers License/State ID State of Issuance VA		

Part C: Address History			
1. Do you currently reside in Wisconsin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			Years Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City Virginia Beach	State VA	Zip Code 23454
[REDACTED]	City Virginia Beach	State VA	Zip Code 23451
	City Alpharetta	State GA	Zip Code 30004
Previous Address 4 N/A	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State VA	County Virginia Beac	State GA	County Fulton
State	County	State	County

Continued →

Part D: Criminal History

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

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

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

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

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

Part E: Attestation

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Signature



Date

4-21-25

June 4th, 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 24th.
- 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 24th.
- 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 4th, 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 3rd 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 Incidents	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

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	TA
TRAFFIC COMPLAINT	11	TC
TRAFFIC STOP	31	T
TRESPASSING	1	TRES
TRUANCY	3	TRU
UNWANTED PERSON	1	NOWN
VANDALISM	4	VAND
VEHICLE UNLOCK	4	UNLK
WELFARE CHECK	11	WELF
<u>Number of CAD Complaints During Period</u>	917	

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

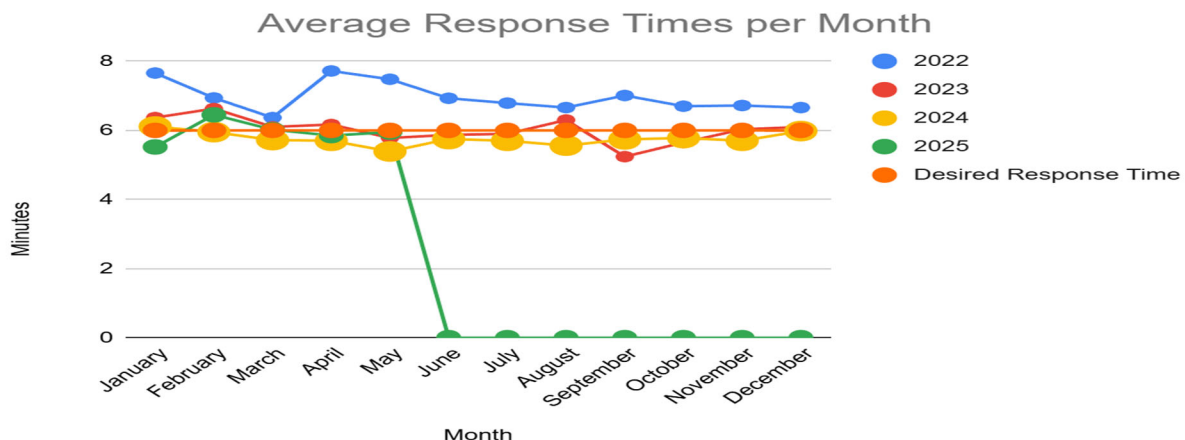
1. Calls for Service:

- 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

Workshop

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.



**COMPREHENSIVE
LEARNING**

**EXPERT
INSTRUCTION**

**NETWORKING
OPPORTUNITIES**



Scan the QR Code
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