

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

AGENDA

1. Call to Order.
2. Roll Call.
3. Motion to approve the Agenda.
4. Motion to approve July 1, 2025, Public Safety regular meeting Minutes.
5. Citizen appearances other than agenda items listed.
6. Old Business.
7. New Business.
 - A. **Motion to approve the Operator's License Application(s)** for: *(recommended by Evansville Police Department)*.
 - 1) Ema Walasek
 - 2) Karl Conrad Lauterbach
 - 3) Oliva Belle Eithun
 - 4) Naomi Renee Crods-Vine
 - B. **Discussion with possible motion to approve the Operator's License Application(s)** for: *(non-recommended by Evansville Police Department)*.
 - 1) Bryn Thompson
 - C. **Discussion with possible motion to approve the Long-Term Street Closure License Application for:**
 - 1) Church Street Neighbors/Kris Evans, Church Street Gathering, The western half to Third Street of the 200 block of Church Street on Saturday, August 16th from 3:00pm - 10:00pm.
 - D. **Motion to approve the Class "B"/Class B" Retailer License Application for:** (background check recommendations provided by Evansville Police Departments, unless otherwise noted)
 - 1) **Future Farmers of America Alumni Association 3rd Annual Corvan Neuenschwander Community Corn Roast**, Brook Trustem, 17002 WI-59, Evansville, WI 53536, location Evansville Ford, 428 Union Street, Evansville, WI 53536
 1. Sunday, September 7, 2025, from 2:00 p.m. to 6:00 p.m.
 - E. **Discussion of Electric Scooters on City Streets**
8. Evansville Police Department Report.

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

9. Evansville Emergency Medical Services Report.

10. Meeting Reminder: Wednesday, September 3, 2025, at 6:00 p.m.

Future Meeting Dates: Special Meeting August 12, 2025, October 1, 2025, November 5, 2025 & December 3, 2025

11. Adjourn.

Erika Stuart, Chairperson

Public Safety Committee
Regular Meeting
Tuesday, July 1, 2025, 5:00 p.m.
City Hall, 31 S. Madison Street, Evansville, WI

MINUTES

1. Call to Order. Stuart called the meeting to order at 5:00 p.m.
2. Roll Call.

Members

Present/Absent

Others Present

Aldersperson Erika Stuart, Chair

P

Lt Ian Reilly

Aldersperson Chuck Boyce

P

Carolyn Kleisch, EMS Chief

Aldersperson Joe Geoffrion

P

Aydan Schwark, Officer

Aaron Johnson, Officer

3. **Motion to Approve the Agenda.** by Stuart, Seconded by Boyce, Motion Carried 3-0
4. **Motion to approve June 4, 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. **Motion to approve the Operator's License Application(s) for:** *(recommended by Evansville Police Department).*
 - 1) William Elliott Day
 - 2) Alexandria E. Blumer
 - 3) Elizabeth Rae Klitzman by, Stuart, Seconded by Geoffrion, Motion Carried 3-0
 - 4) Brooklyn V Schultz
 - 5) Bailey Myers Carter
 - 6) David Alan Kroll
 - B. **Discussion with possible motion to Approve the Long-Term Street Use License Application(s) for: Evansville Chamber of Commerce at 25 W. Main St, Evansville, WI 53536.**
 - Friday, August 1, 2025 – 8:00 a.m. to 4:00 p.m.
 - Saturday, August 2, 2025 – 8:00 a.m. to 4:00 p.m.by Stuart, Seconded by Boyce, Motion Carried 3-0
8. **Evansville Police Department Report.** *Chief Jone & Lt. Reilly attended an alcohol policy workshop. Officer Tway taught ALICE to the Evansville Manor. Officers Hanson & Schwark have moved on to the field training phase. Officers have made 46 traffic stops in the month of June. The contract was signed with the Rock County Sheriff's Office to provide police coverage on third shift blue days (2-3 days a week). The committee discussed having the owner of Pete's Inn come to the September meeting to discuss recent issues that are in this month's report. Discussion on electric scooters in town and the committee decided it will be on the agenda for the August Public Safety Meeting.*

9. Evansville Emergency Medical Services Report. *Chief Kleisch is working with Jason to obtain BIDs for the garage remodel. Karla Gay was nominated by her peers to be recognized for her First Responder efforts at the Beloit Sky Carps baseball game this week. EMS attended Dairy Breakfast in June. Both ambulances will be in service for the 4th of July festivities.*

10. Meeting Reminder: Wednesday, August 6, 2025, at 6:00 p.m.

Future Meeting Dates: September 3, 2025, October 1, 2025, November 5, 2025 & December 3, 2025

11. Adjourn. *Boyce adjured the meeting at 5:25 p.m.*

Erika Stuart, Chairperson

DRAFT



APPLICATION FOR OPERATOR'S LICENSE

7A-1

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>Emu Renae Wlasek</u>			DATE OF BIRTH: _____				
First	Middle	Last	PHONE: _____				
ADDRESS: _____			PHONE: _____				
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.: _____			Issuing State: <u>Wisconsin</u>				
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>10+ years</u>			Former Name(s): <u>Emma Renae Ark</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 charged and/or convicted of a felony?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Have you ever been charged and/or convicted of a misdemeanor?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:		
a) Any underage alcohol violation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b) Operating a motor vehicle while intoxicated?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
c) Selling or furnishing alcoholic beverages to underage person?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
d) Permitting underage person on licensed premises?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
e) Allowing persons on licensed premises after closing?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
f) Any alcohol related violation other than a, b, c, d, and e?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
h) Fighting, disorderly conduct, assault, or battery?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

☒ 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: Emu Renae Wlasek

Email: _____

Printed Name: Emu Renae Wlasek

Date: 07/03/2025

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

Recommend: X

Non-Recommended: _____

Receipt #

Receipt: 1.159326

Date 50.00

WALASEK, EMA

Jul 7, 2025 3:19 PM

Police Chief's Signature

Date

07-07-2025



APPLICATION FOR OPERATOR'S LICENSE

7A-2

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

☐ New Operator's License: \$35.00

☒ Renewal Operator's License: \$35.00

☒ Provisional License: \$15.00

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

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

1. LEGAL NAME: <u>Karl Conrad Lauterbach</u>		DATE OF BIRTH: _____	
ADDRESS: _____		PHONE: _____	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53593</u>	GENDER: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Driver's License No.: _____		Issuing State: <u>Wisconsin</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>5 years(?)</u>		Former Name(s): _____	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		City	State
		<u>Madison</u>	<u>WI</u>
		Zip	From To
		<u>53704</u>	<u>2018 2020</u>

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

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

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

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>Paraphenellin / possession</u>	<u>01/20</u>	<u>Evansville</u>	<u>WI</u>
<u>"</u>	<u>06/20</u>	<u>Stoughton</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: Karl Lauterbach

Email: _____
Date: 7/19/25

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature

Date

Recommend X
Chad
Police Chief's Signature

Non-Recommended: _____
07/14/2025
Date

Receipt # Rec: 1.159345 \$50.00



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>Olivia</u> <u>Belle</u> <u>Eithun</u>		DATE OF BIRTH: <u>June 1, 2005</u>	
First Middle Last		PHONE: <u>712-412-0225</u>	
ADDRESS: <u>Evansville</u>		CITY: <u>Evansville</u>	
STATE: <u>Wisconsin</u>		ZIP: <u>53536</u>	
Driver's License No. <u> </u>		Issuing State: <u>Wisconsin</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>18 years</u>		Former Name(s): <u> </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 charged and/or convicted of a felony?	Yes	<u>No</u>
3. Have you ever been charged 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: Olivia Eithun

Printed Name: Olivia Eithun

Email:

Date: 7/24/2025

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Approved: Denied: Date:

Clerk's Office Signature

Date

Recommend: X

Non-Recommended:

Receipt #

Receipt: 1.159477

35.00

EITHUN, OLIVIA

Jul 24, 2025 12:33 PM

Police Chief's Signature

Date

08-01-2025



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>Naomi</u> <u>Renee</u> <u>Cord-Vine</u>		DATE OF BIRTH:	
First	Middle	Last	
ADDRESS:		PHONE:	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male Female <input checked="" type="checkbox"/>
Driver's License No.:		Issuing State: <u>Wisconsin</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>9 years</u>		Former Name(s): <u>Cords</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?	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>speeding</u>	<u>1999</u>	<u>Oregon (?)</u>	<u>WI</u>
<u>dwi</u>	<u>1993</u>	<u>Marshfield</u>	<u>WI</u>

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

<input checked="" type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course	<input type="checkbox"/> An alcohol agent for a retail alcohol license
<input 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>Naomi Cord-Vine</u>	Email: _____
Printed Name: <u>Naomi Cord-Vine</u>	Date: <u>6/27/2023</u>

Police Department Recommendation and Comments:		Public Safety Committee:	
		Approved: _____	Denied: _____
		Paid To: _____ Date: _____	
		City of Evansville	
		Clerk's Office Signature	Date
		Receipt # _____	
Approved: <u>[Signature]</u>	Denied: _____	Receipt: 1.159511 35.00	
Police Chief's Signature	Date: <u>08-01-2025</u>	FAMILY DOLLAR STORE OF Jul 29, 2025 8:53 AM	



7B-1
City of Evansville

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

June 2, 2025

Bryn Thompson

Evansville WI 53536

Dear Bryn:

This letter is a notification of the Police Department's non-recommendation for issuance of your Operator/Bartender 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, August 6, 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**

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1. LEGAL NAME: <u>Bryn</u> <u>Lillian</u> <u>Thompson</u> First Middle Last		DATE OF BIRTH	
ADDRESS:		PHONE:	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input type="radio"/> Female <input checked="" type="radio"/>
Driver's License No.:		Issuing State: <u>Wisconsin</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>12 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 charged and/or convicted of a felony?	Yes	<input checked="" type="radio"/> No
3. Have you ever been charged 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 Alcohol Violation</u>	<u>October 2024</u>	<u>La Crosse</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: Bryn Thompson

Email: [Signature]
Date: 5/21/25

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature

Date

Recommend:

Non-Recommended: X

Receipt #

Receipt: 1.159360 10.00
THOMPSON, BRYN
May 21, 2025 1:33 PM

Police Chief's Signature

Date



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 WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN

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

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

Name of Applicant/Organization: Church St. Neighbors / Kris Evans Phone: 608-658-8350

Applicant/Organization Address: 245 W. Church St, Evansville, WI 53536

Responsible Person: Kris W Evans
First Middle Last

Home Address: 245 W. Church St

City Evansville State: WI Zip: 53536

Phone No: 608 - 658 - 8350 Email Address: thecalmr.evans@gmail.com

Date(s) of Event(s): 8/16/2025 Anticipated Attendance Number: 50-80

Hours of Operation: 3pm - 10 pm

Other Permits Applied For:

Mobile Vendor

Temporary Class B License (beer or wine)

Other:

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

the western half to third of the 200 block of church st.

Applications must be submitted 35 days in advance

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

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

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

Signature of Applicant

Date

7/29/2025

For Long Term Street Closures Only

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

Signature of Applicant

Date

• **FOR MUNICIPALITY USE ONLY BELOW THIS LINE**

City Clerk's Office:

Public Works Manager: Recommend ☒
Non-recommend _____
Recommend with conditions _____

Reason for Non-Recommend/conditions _____

Chief of Police: Recommend ☒
Non-recommend _____
Recommend with conditions _____

Reason for Non-recommend/conditions _____

Community Development: Recommend ☒
Non-recommend _____
Recommend with conditions _____

Reason for Non-recommend/conditions _____

City Clerk: Recommend ☒
Non-recommend _____
Recommend with conditions _____

Reason for Non-recommend/conditions _____

Public Safety Meeting required? ☒ Yes ☐ No

If Yes, Meeting Date:

8-6-25

Date License Issued:

Clerks Notes and Receipt Information:

Paid To:
City of Evansville

Receipt: 1.159533 25.00

KRISTOPHER EVANSV

Jul 31, 2025 10:26 AM

Jolene Klitzman

From: Dale Roberts
Sent: Monday, August 4, 2025 8:13 AM
To: Jolene Klitzman
Subject: Re: Long-Term Street Closure - Street Gathering

Yes, sorry. Looks good to me.

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

From: Jolene Klitzman <j.klitzman@evansvillewi.gov>
Sent: Monday, August 4, 2025 8:01 AM
To: Dale Roberts <d.roberts@evansvillewi.gov>
Subject: RE: Long-Term Street Closure - Street Gathering

Hi Dale,

Did you get a chance to look at this Street Closure? I need to put it on my Public Safety agenda for this Wednesday if it passes.

Jolene Klitzman
Deputy Clerk, City of Evansville

From: Jolene Klitzman
Sent: Thursday, July 31, 2025 10:40 AM
To: Dale Roberts <d.roberts@evansvillewi.gov>; Christopher Jones <c.jones@evansvillewi.gov>; Colette Spranger <c.spranger@evansvillewi.gov>; Leah Hurtley <l.hurtley@evansvillewi.gov>
Subject: Long-Term Street Closure - Street Gathering

Please see the attached application for a Long-Term Street Closure for Saturday August 16, 2025, from 3 p.m. to 10 p.m. for the Church Street Neighbors.

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.

Jolene Klitzman

From: Christopher Jones
Sent: Friday, August 1, 2025 11:16 AM
To: Jolene Klitzman; Dale Roberts; Colette Spranger; Leah Hurtley
Subject: RE: Long-Term Street Closure - Street Gathering

I am ok with this.

Professionally,

Christopher Jones

Chief of Police

10 W. Church St Evansville WI 53536

www.evansvillewi.gov 608-882-2292

c.jones@evansvillewi.gov

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From: Jolene Klitzman <j.klitzman@evansvillewi.gov>
Sent: Thursday, July 31, 2025 10:40 AM
To: Dale Roberts <d.roberts@evansvillewi.gov>; Christopher Jones <c.jones@evansvillewi.gov>; Colette Spranger <c.spranger@evansvillewi.gov>; Leah Hurtley <l.hurtley@evansvillewi.gov>
Subject: Long-Term Street Closure - Street Gathering

Please see the attached application for a Long-Term Street Closure for Saturday August 16, 2025, from 3 p.m. to 10 p.m. for the Church Street Neighbors.

Jolene Klitzman

Deputy Clerk, City of Evansville
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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.

Alert to City of Evansville Elected Officials and Members of City Committees, Boards, Commissions: In order to comply with the Open Meetings Act requirements, please limit any reply to only the sender of this electronic communication.

Jolene Klitzman

From: Leah Hurtley
Sent: Friday, August 1, 2025 3:00 PM
To: Christopher Jones; Jolene Klitzman; Dale Roberts; Colette Spranger
Subject: Re: Long-Term Street Closure - Street Gathering

Good to me.

Thank you,

Leah Hurtley, WCMC
City of Evansville | Clerk

✉ 31 S Madison St | PO Box 529 ♦ Evansville, WI ♦ 53536

☎ 608.882.2266 ext. 2

(Population 5,833)

www.evansvillewi.gov



2026 Election Schedule:

Spring Primary (If needed) – February 17, 2026

Spring Election - April 7, 2026

Partisan Primary - August 11, 2026

General Election (Gubernatorial) - November 3, 2026

From: Christopher Jones <c.jones@evansvillewi.gov>

Sent: Friday, August 1, 2025 11:15 AM

To: Jolene Klitzman <j.klitzman@evansvillewi.gov>; Dale Roberts <d.roberts@evansvillewi.gov>; Colette Spranger <c.spranger@evansvillewi.gov>; Leah Hurtley <l.hurtley@evansvillewi.gov>

Subject: RE: Long-Term Street Closure - Street Gathering

I am ok with this.

Professionally,

Christopher Jones

Chief of Police

10 W. Church St Evansville WI 53536

www.evansvillewi.gov



608-882-2292

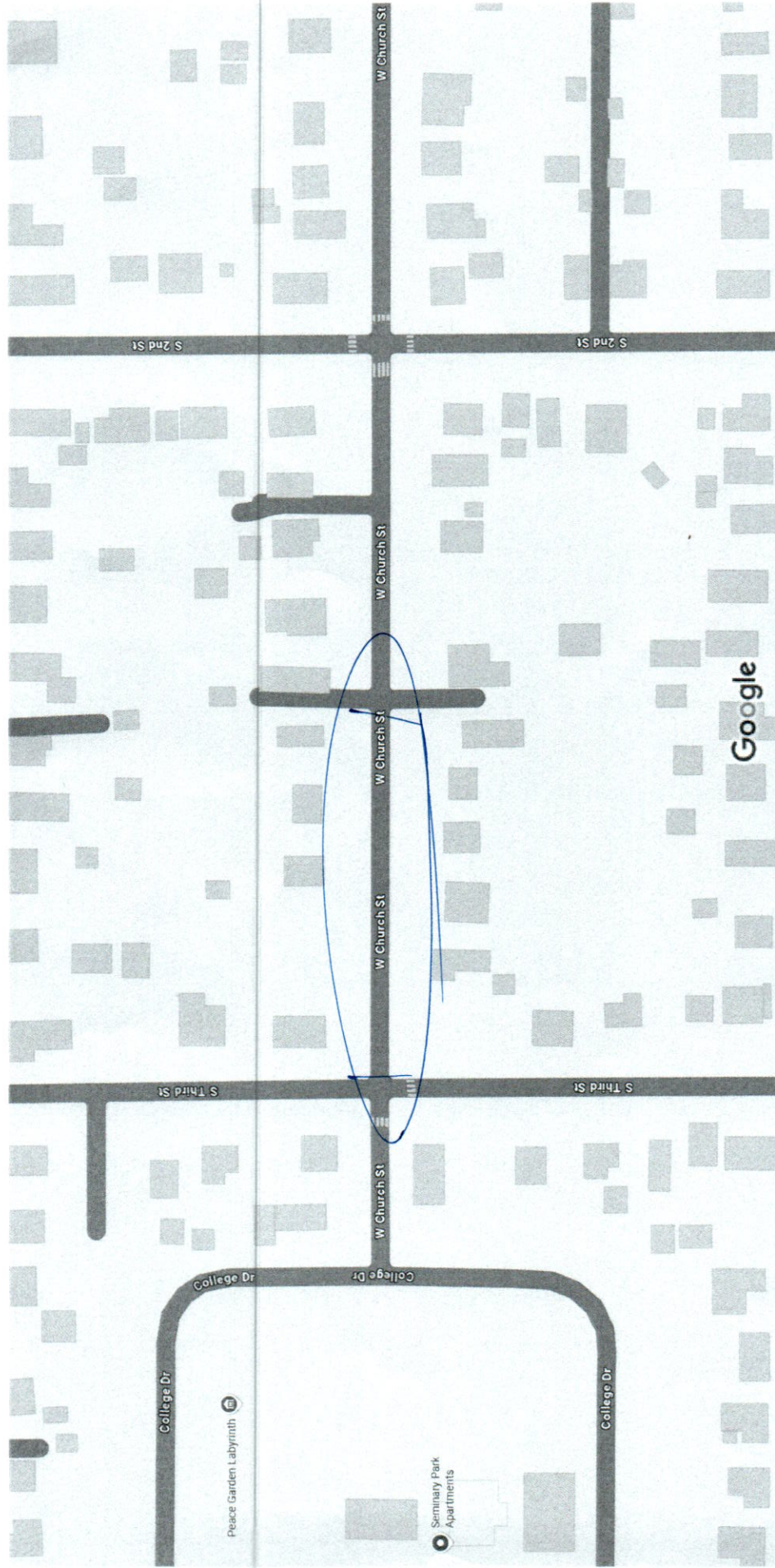


c.jones@evansvillewi.gov



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Google Maps



Map data ©2025 Google

50 ft

	Attached Petition
--	--------------------------

This petition contains the signatures of two thirds (2/3) of at least one resident or business owner of the addresses on the portion of the street to be used as allowed under 106-163(f). No additional fees are required for publication for public hearing and mailing notices if petition is completed correctly.

I petition the City of Evansville to approve this Long Term Street Use Permit for the following:

Event Location: 200 Block Church St

Event Date(s): 8/16/2025

[illegible]

Form

AB-220

Temporary Alcohol Beverage License

Municipality

Evansville

****Application fee will not be refunded if denied or withdrawn****

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine OR <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00 <small>Per Ordinance</small>
	Background Check	\$ 7.00 per AB-100
	Total Fees	\$ 10.00 + 21.00 = \$31.00

Part A: Organization Information

1. Organization Name Evansville FFA Alumni		
2. Organization Permanent Address P.O. Box 674		
3. City Evansville	4. State WI	5. Zip Code 53536
6. Mailing Address (if different from permanent address)		
7. FEIN 39-1686844	8. Date of Organization/Incorporation 01-01-1945	9. State of Organization/Incorporation Wisconsin
10. Phone (608) 440-0172	11. Email evansvillewi ffaalumni@gmail.com	
12. Organization type (check one)		
<input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input checked="" type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information

List the name, title, and phone number for all officers, directors, and agent of the organization. **Include an Individual Questionnaire for each person listed below.** Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Trusten	Brooke	President	
Schmelzer	Austin	Treasurer	
Buttchen	Ron	Member ^{BOARD}	

Continued →

Part C: Event Information


1. Name of Event (if applicable) 2nd Annual 'Covean Neuenchwander Community Corn Roast'		3. Hours of Operation 2pm - 6pm	
2. Dates of Operation SEPTEMBER 7, 2025			
4. Premises Address 428 UNION STREET			
5. City EVANSVILLE		6. State WI	7. Zip Code 53534
8. County Rock	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of EVANSVILLE		10. Aldermanic District
11. Organizer of Event (if not the named applicant) EVANSVILLE FOOD		12. Email and/or Phone Number for Organizer of Event PAT.CARR@EVANSVILLEFOODLLC.COM (608) 882-477	
13. Organizer Website EVANSVILLEFOODWORKS.COM		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are 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. Parking Lot South of the Dealership Showroom and Service facility. The Beer Truck will be Along the South Wall of the SERVICE DEPARTMENT			

Part D: Attestation

Who must sign this application?

- one officer or director of the nonprofit organization

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 organization 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 according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted 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 Schmelzer		First Name Austin		M.I. D
Title Treasurer		Email		Phone
Signature 		Date 7-15-2025		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 7-15-2025	Paid To: City of Evansville	License Number	Paid To: City of Evansville
Date License Granted		Date License Issued	
Signature of Clerk/Director/Clerk			
Receipt: 1.159436 21.00 EVANSVILLE FFA ALUMNI Jul 21, 2025 7:46 AM		Receipt: 1.159436 10.00 EVANSVILLE FFA ALUMNI Jul 21, 2025 7:46 AM	

Alcohol Beverage Individual Questionnaire

Date

7-15-25

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) Evansville FFA Alumni				
2. Business Trade Name or DBA				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Nonprofit Organization

Part B: Individual Information

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

Part C: Address History

1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			
Years	Months		
26	4		
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1		City Evansville	State WI
		Zip Code 53536	
Previous Address 2		City	State
		Zip Code	
Previous Address 3		City	State
		Zip Code	
Previous Address 4		City	State
		Zip Code	
Previous Address 5		City	State
		Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State WI	County Rock	State	County
State	County	State	County
State	County	State	County

Continued →

Part D: Criminal History

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

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

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

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

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

Part E: Attestation

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

Signature <i>Brooke Bush</i>	Date 7-15-2025
---------------------------------	-------------------

Alcohol Beverage
Individual Questionnaire

Date 7-15-25

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) Evansville FFA Alumni	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
<input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information

1. Last Name Schmelzer		2. First Name Austin		3. M.I. D.	
4. Relationship to Business (Title) Treasurer		5. Email		6. Phone	
7. Home Address					
8. City Evansville		9. State WI		10. Zip Code 53536	
11. Date of Birth		12. Drivers License/State ID Number			
13. Drivers License/State ID State of Issuance Wisconsin					

Part C: Address History

1. Do you currently reside in Wisconsin?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?		Years 24	Months 10
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1		City Evansville	State WI
Previous Address 2		City	State
Previous Address 3		City	State
Previous Address 4		City	State
Previous Address 5		City	State
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State WI	County Rock	State	County
State	County	State	County

Continued →

Part D: Criminal History

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

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

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

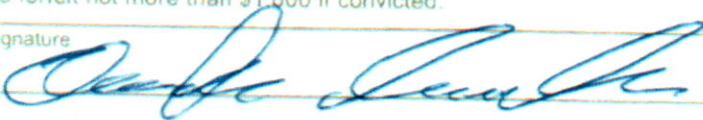
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

Part E: Attestation

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

Signature



Date

7-15-2025

Alcohol Beverage
Individual Questionnaire

Date 7-15-2025

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)

EVANSVILLE FFA ALUMNI

2. Business Trade Name or DBA

3. Entity Type (check one)

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

Part B: Individual Information

1. Last Name

BUTCHER

2. First Name

RONALD

3. M.I.

T

4. Relationship to Business (Title)

BOARD MEMBER

5. Email

6. Phone

7. Home Address

T

8. City

EVANSVILLE

9. State

WI

10. Zip Code

53536

11. Date of Birth

12. Drivers License/State ID Number

i

13. Drivers License/State ID State of Issuance

WI

Part C: Address History

1. Do you currently reside in Wisconsin?

☒ Yes ☐ No

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

Years

77

Months

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

Previous Address 1

City

State

Zip Code

NONE

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

ROCK

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 <i>Ronald T. Butcher</i>	Date <i>7-15-2025</i>
---------------------------------------	--------------------------

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

AFFIRMATION OF UNDERSTANDING FOR EVENT LICENSEE

CITY OF EVANSVILLE CLERK'S OFFICE

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

EVENT DATE: Sept. 7th 2025		EVENT TIME:	
NAME: Jamie fisk		DATE OF BIRTH:	
ADDRESS:			
EMAIL:		PHONE: 6082901856	

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
- Holds a City of Evansville Operator's License
- An Alcohol Agent for a Retail Alcohol License
- The Sole Proprietor of Retail Alcohol License.

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

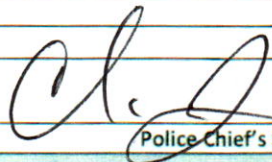
Signature of Manager/Operator License in Charge of event

Date

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Chief Recommendation and Comments:

Recommend X Non-Recommend _____ Recommend with conditions _____


Police Chief's Signature

07-30-2025
Date

Date Filed with Clerk: 7-21-25	Date License Issued:
Public Safety: 8-6-25	Clerk's Signature:
Notes & Receipt Information:	

Electric Scooter Recommendations:

- No operation in business districts as defined in chapter 130 or where otherwise posted
- No operation on streets with speed limits above 25 mph
- May not operate at a speed over 20 mph
- Must have warning device
- Front light and rear red reflector when operating during hours of darkness
- Operators must yield right of way to pedestrians and slow to a safe speed
- Must follow all rules of the road as defined in 346.02(12)
- Operators must not engage in reckless, aggressive, or careless riding, including but not limited to riding at excessive speeds, performing stunts, or operating the scooter under the influence of alcohol or drugs
- Only one operator is allowed per scooter. Riding with more than one person on a scooter is prohibited
- Scooters must be licensed with the police department
- Scooters must be equipped with functional brakes

WI Law permits:

- May be operated on street, sidewalk, or bike lane
- City may restrict use on any sidewalk / street by posting

Current Statute Regulations:

- **346.02(12)** Applicability to electric scooters and electric personal assistive mobility devices. An electric scooter and an electric personal assistive mobility device shall be considered a vehicle for purposes of ss. [346.04](#) to [346.10](#), [346.12](#), [346.13](#), [346.15](#), [346.16](#), [346.18](#), [346.19](#), [346.20](#), [346.215](#) (3), [346.23](#) to [346.28](#), [346.31](#) to [346.35](#), [346.37](#) to [346.40](#), [346.44](#), [346.46](#), [346.47](#), [346.48](#), [346.50](#) to [346.55](#), [346.57](#), [346.59](#), [346.62](#), [346.65](#) (5m), [346.67](#) to [346.70](#), [346.78](#), [346.80](#), [346.87](#), [346.88](#), [346.90](#), [346.91](#), and [346.94](#) (4), (5), (9), and (10), except those provisions which by their express terms apply only to motor vehicles or which by their very nature would have no application to electric scooters or electric personal assistive mobility devices.

Other Discussion Points

- Impoundment for violations

- Required helmet use (under 16?)
- Parking Rules?
- Electric Bikes?

City of Evansville

Electric Scooter Use Policy – Proposed Ordinance Summary

Prepared for Public Safety Committee Review | Draft v1.0

SECTION 1 – Purpose

The purpose of this ordinance is to regulate the use of electric scooters in a manner that protects public safety, ensures pedestrian accessibility, and maintains order on city streets, sidewalks, and shared-use paths.

SECTION 2 – Local Operating Requirements

2.1 Prohibited Operating Areas

- Scooters may **not be operated**:
 - In **business districts** as defined under Chapter 130 of the municipal code.
 - Where **prohibited by signage**.
 - On streets with a **posted speed limit greater than 25 mph**.

2.2 Speed & Behavior

- Maximum operating speed is **20 mph**.
- Riders must operate in a **safe, responsible manner** at all times.
- The following conduct is **strictly prohibited**:
 - Reckless or aggressive riding
 - Stunt riding or excessive speed
 - Riding under the influence of **alcohol or controlled substances**

2.3 Equipment Requirements

- Scooters must be equipped with:
 - A **white front light** and a **rear red reflector or light** if operating after hours of darkness. Must be visible from a distance of 500 ft.

- A **functional audible warning device** (e.g., bell or horn)
- **Working brakes** capable of bringing the scooter to a controlled stop

2.4 Operational Conduct

- Operators must **yield to pedestrians** and slow to a safe speed in mixed-use areas.
 - Only **one rider per scooter** is permitted. **Passengers are prohibited.**
 - Scooters must be **registered with the Police Department.**
-

SECTION 3 – Wisconsin Statutes and Authority

3.1 Applicable State Law

Pursuant to Wis. Stat. § 346.02(12), electric scooters are subject to state traffic regulations applicable to vehicles, including but not limited to:

- Obeying traffic signals and stop signs
- Yielding the right-of-way
- Riding on the correct side of the road or path
- Notifying pedestrians when overtaking on sidewalks or trails

Scooters are exempt from provisions that apply solely to motor vehicles or are clearly inapplicable due to scooter design.

3.2 Local Regulation Authority

Under Wis. Stat. § 349.237:

- Municipalities may **restrict scooter use** on streets or sidewalks via posted signage.
 - Additional operating rules may be imposed to protect public safety.
-

SECTION 4 – Additional Policy Considerations

The following options are recommended for further discussion:

- **Impoundment procedures** for illegally operated or abandoned scooters
- **Helmet requirement** for riders under the age of 16
- **Designated scooter parking areas** and ADA-compliant restrictions

- Consistency and integration with **bicycle regulations**
-

SECTION 5 – Enforcement

Violations of this ordinance may result in:

- Fines or citations in accordance with the municipal code
- Impoundment of the scooter
- Referral for additional legal action if operating while intoxicated or causing injury

Applicable Statutes for Electric Scooters

340.10(15ps) – Electric Scooter Definition

346.02(12) – Defines restrictions via statute

[346.04](#) Obedience to traffic officers, signs and signals; fleeing from officer.

[346.10](#) When passing at a railroad crossing, intersection, bridge, viaduct or tunnel prohibited.

[346.12](#) Driving through safety zones prohibited.

[346.13](#) Driving on roadways laned for traffic.

[346.15](#) Driving on divided highway.

[346.16](#) Use of controlled-access highways, expressways and freeways.

[346.18](#) General rules of right-of-way.

[346.19](#) What to do on approach of emergency vehicle.

[346.20](#) Right-of-way of funeral processions and military convoys.

[346.215](#) Emergency vehicles operated as escorts and rights-of-way related to escorted vehicles.

[346.23](#) Crossing controlled intersection or crosswalk.

[346.24](#) Crossing at uncontrolled intersection or crosswalk.

[346.25](#) Crossing at place other than crosswalk.

[346.26](#) Blind pedestrian on highway.

[346.27](#) Persons working on highway.

[346.28](#) Pedestrians to walk on left side of highway; drivers to yield on sidewalks.

[346.31](#) Required position and method of turning at intersections.

[346.32](#) Required position for turning into private road or driveway.

[346.33](#) U-turns.

[346.34](#) Turning movements and required signals on turning and stopping.

[346.35](#) Method of giving signals on turning and stopping.

[346.37](#) Traffic-control signal legend.

[346.38](#) Pedestrian control signals.

[346.39](#) Flashing signals.

[346.40](#) Whistle signals.

[346.44](#) All vehicles to stop at signal indicating approach of train.

[346.46](#) Vehicles to stop at stop signs and school crossings.

[346.47](#) When vehicles using alley or nonhighway access to stop.

- [346.48](#) Vehicles to stop for school buses displaying flashing lights.
- [346.50](#) Exceptions to stopping and parking restrictions.
- [346.503](#) Parking spaces for vehicles displaying special registration plates or special identification cards.
- [346.505](#) Stopping, standing or parking prohibited in parking spaces reserved for vehicles displaying special registration plates or special identification cards.
- [346.51](#) Stopping, standing or parking outside of business or residence districts.
- [346.52](#) Stopping prohibited in certain specified places.
- [346.53](#) Parking prohibited in certain specified places.
- [346.54](#) How to park and stop on streets.
- [346.55](#) Other restrictions on parking and stopping.
- [346.57](#) Speed restrictions.
- [346.59](#) Minimum speed regulation.
- [346.62](#) Reckless driving.
- [346.65](#) Penalty for violating sections 346.62 to 346.64.
- [346.67](#) Duty upon striking person or attended or occupied vehicle.
- [346.675](#) Vehicle owner's liability for failing to stop at the scene of an accident.
- [346.68](#) Duty upon striking unattended vehicle.
- [346.69](#) Duty upon striking property on or adjacent to highway.
- [346.70](#) Duty to report accident; assistance following accident.
- [346.78](#) Play vehicles not to be used on roadway.
- [346.80](#) Riding bicycle, electric scooter, or electric personal assistive mobility device on roadway.
- [346.87](#) Limitations on backing.
- [346.88](#) Obstruction of operator's view or driving mechanism.
- [346.90](#) Following emergency vehicle.
- [346.91](#) Crossing fire hose.
- [346.94](#) (4) ,(5), (9) and (10) Miscellaneous prohibited or restricted acts.

SAFETY TIPS

- 1 Operators should wear a helmet and eye protection.
- 2 Wear high-visibility clothing at night.
- 3 Be cautious at intersections and yield the right of way to pedestrians and vehicles
- 4 Operate at a safe speed. This is dependant on your capability and traffic conditions.
- 5 Avoid riding in heavily populated areas. It's best to walk.



ELECTRIC SCOOTER SAFETY

CONTACT US



 608-882-2292



www.evansvillewi.gov

Call 911 for emergencies

WHAT IS AN ELECTRIC SCOOTER?

Under Wis. Stat. § 340.01(15ps), an electric scooter is:

- 1 A device weighing < 100 lbs
- 2 Has handlebars & an electric motor
- 3 Powered solely by its motor
- 4 Max speed ≤ 20 mph on a level paved surface

LAWS CONT'D

- 4 Operators can operate on the sidewalk or roadway. They must yield right of way to pedestrians and vehicles.
- 5 Must be equipped with a front white light and a red rear reflector if operating during hours of darkness.
- 6 Must give audible signal when passing other pedestrians

ELECTRIC SCOOTER LAWS

Electric Scooters are governed under Wis. Stat. § 346.

- 1 Scooters must follow all vehicle traffic laws, signs and signals.
- 2 Ride as far to the right as safely possible.
- 3 You must yield right-of-way to motor vehicles and pedestrians.



August 6th, 2025

Evansville Police Department

Public Safety Report

➤ **Training:**

- Officers Hanson and Schwark are progressing through field training. They are on track to be finished with training and on their own by the end of the month.

➤ **Community Outreach:**

- The 3rd-5th Grade Summer School class visited the PD.
- 4th of July festivities were uneventful and everything went smoothly.
- EPD along with ROSO & WI DNR held Cops & Bobbers in Lake Leota Park. Thanks to BASE and Mama Rita's Pizza for supplying the pizza. The kids had a blast.
- Lt Reilly attended a meeting for the 3rd Annual Evansville Ford Corn Roast. The event is scheduled for September 7, 2025.

➤ **Calls for service:** As of 08/01/25 – July 2024: **1149** July 2025: **991**➤ **Police Commission/Staffing:**

- The Police Commission meet in June and conditional offers were presented to the two candidates. Unfortunately, one of the candidates did not meet the requirements of the police commission and the offer was rescinded.
- Christopher Ritter completed the conditions of his offer and will meet with Melanie on August 8th as his official start day. He will attend the police academy at Blackhawk Tech from August 11th until December 15th.
- Chief Jones and Lt. Reilly are wrapping up the promotional process for the 2 Sgt.'s positions.

➤ **Accreditation:**

- Lt. Reilly and Quinn have been reviewing accreditation files.

➤ **Notable calls:**

- Officer Schwark had 2 OWI arrests while in training.
- Officer Hanson arrested an individual for fighting outside of Pete's Inn. 4 people were involved in the fight.
- Officer Hanson arrested an individual for domestic violence against a roommate. They were charged with 2nd Degree Reckless Endangerment Domestic Violence and Intentional Physical Abuse to Elder Domestic Violence.
- EPD has made several referrals to Juvenile Intake regarding a habitual juvenile runaway.

➤ **Admin update:**

- Chief Jones attended a meeting with Emergency Management regarding updating the severe weather sirens in the city.
- Chief Jones and Lt. Reilly attended the Rock County Traffic Safety Commission meeting at the Sheriff's Office.
- The Rock County Sheriff's Office is covering 3rd shift 10 days a month through the end of August to help alleviate the tight schedule and officer overtime.

CAD Incidents By Type

Agency: EVPD

Printed:8/1/2025 12:46:21 PM

Covering Incidents From: 07/01/2025 00:00:01 To: 07/31/2025 23:59:59

Incident Type Description	# of Incidents	Incident Type Code
911 ABANDONED OR HANGUP OR OPEN LINE	27	911
ALARM	2	ALARM
ALCOHOL VIOLATION	2	ALC
ANIMAL COMPLAINT	11	ANM
ASSIST CITIZEN	25	ACIT
ASSIST FIRE OR EMS	21	FAST
ASSIST OTHER JURISDICTION	33	OJUR
BUSINESS CHECK	74	BCK
CHILD OFFENSE	1	CHILD
CIVIL DISPUTE	2	CD
CODE ENFORCEMENT	1	CODE
DEATH INVESTIGATION	1	DOA
DISORDERLY CONDUCT	1	DC
DISTURBANCE	5	DIST
ESCORT/TRANSPORT	2	ESCORT
FAMILY PROBLEM	6	FAM
FIREWORKS COMPLAINT	6	BOOM
FOLLOWUP	60	FOL
FOOT PATROL	53	FOOT
FRAUD/FORGERY	4	FRD
HARASSMENT	2	HAR
HAZARDOUS CONDITION	4	HAZC
HIT & RUN	3	HR
KID PROBLEM	2	KID
OPERATING WHILE INTOXICATED	2	OWI
ORDINANCE VIOLATION	4	ORD
OUT WITH SUBJECT	34	OWS
PARKING COMPLAINT	7	PARK
PHONE MESSAGE FOR OFFICER	5	PHONE
PROPERTY	7	PROPERTY
RUNAWAY	5	RUN
SECURITY CHECK	409	SECK
SPECIAL ASSIGNMENT	33	SPAS

STALLED VEHICLE	1	STALLD
SUICIDE	1	SUICIDE
SUSPICIOUS	11	SUSP
THEFT	7	THFT
TRAFFIC ACCIDENT	4	TA
TRAFFIC COMPLAINT	8	TC
TRAFFIC STOP	79	T
TRESPASSING	1	TRES
TRUANCY	4	TRU
UNKNOWN PROBLEM	1	UNK
UNWANTED PERSON	1	NOWN
VANDALISM	2	VAND
VEHICLE UNLOCK	3	UNLK
WELFARE CHECK	14	WELF
<u>Number of CAD Complaints During Period</u>	991	

City of Evansville EMS
 11 W. Church St.
 Evansville, WI 53536
 (608) 882-2269
 Chief Carolyn Kleisch
 Public Safety Meeting
 Aug 6th, 2025

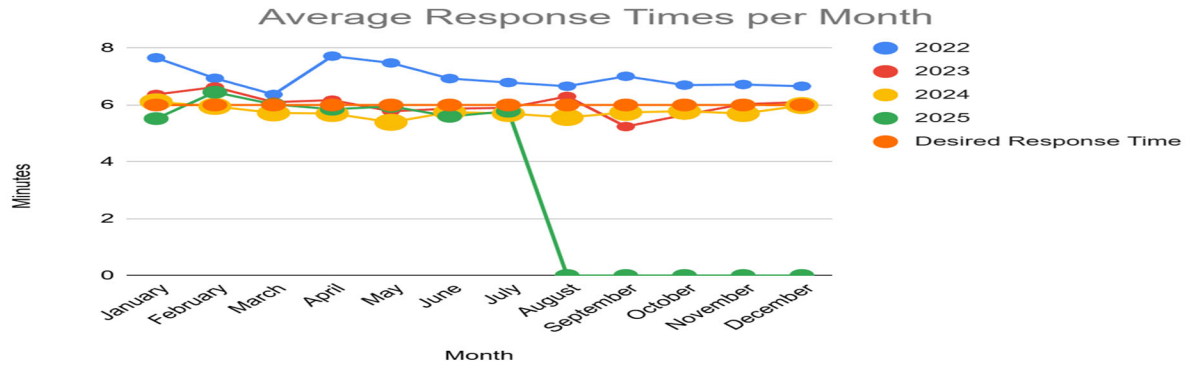
1. Calls for Service:

- a. 56 Calls during the month of July 2025 (641-55/642-1)
- b. 60 Calls during the month of July 2024. (641-52/642-8)
- c. To date call volume 2025- 411
- d. To date call volume 2024- 406

Updates:

- 1- EMS team participated in all things 4th of July, Fun Run, Parade, being present in the park throughout the weekend, Fireworks- both in the park and at the light off area.
- 2- Both ambulances were fully staffed from 6pm July 3rd through 6pm July 6th.
- 3- Keri, Karla, Morgan and Carolyn hosted the Tris summer school students for a snack and a tour of office and garage/ambulance. Lots of questions asked.
- 4- Morgan, Carolyn and Ashley along with staff from FD attended the Rock Co. Fair to staff the First aid trailer
- 5- Refresher was with Dr Barney, worked on Team Dynamics and run review
- 6- We loaned out our back up ambulance to Ordfordville while their ambulance was being repaired. They were very thankful for the relationship we continue to have.
- 7- We had a basement sewer drain backup in July; Roto Rooter had to come and clean it out.
- 8- Holly Nida resigned effective 7/31 for a better work/life balance.
- 9- Keri and Ben have both been accepted into Paramedic programs, Ashley will be going into the AEMT class, all start at the end of this month.
- 10- We have been able to staff the backup ambulance pretty regularly
- 11- Some staff attended Brooklyn's active threat drill in Brooklyn, with several other departments.

Avg Unit Notified to Enroute in Minutes: 5.78
Avg Unit Enroute to Arrived at Scene in Minutes: 3.82
Avg Unit Arrived on Scene to Left Scene in Minutes: 21.30
Avg Unit Left Scene to Arrived at Destination in Minutes: 31.38
Avg Unit Arrived at Destination to Unit Back In Service in Minutes: 40.59



Falls	14	25.00%
Sick Person	6	10.71%
Convulsions/Seizure	6	10.71%
Breathing Problem	4	7.14%
Chronic Illness/Medical Condition	4	7.14%
Motor Vehicle Crash	4	7.14%
Unconscious/Fainting/Near-Fainting	2	3.57%
Bleeding	2	3.57%
Unknown Problem/Person Down	2	3.57%
Abdominal Pain/Problems	1	1.79%
Alcohol intoxication	1	1.79%
Stroke/CVA	1	1.79%
Traumatic Injury	1	1.79%
Altered Mental Status	1	1.79%
Fire	1	1.79%
Cardiac Arrest/Death	1	1.79%
Chest Pain (Non-Traumatic)	1	1.79%
Diabetic Problem	1	1.79%
Headache	1	1.79%
Back Pain (Non-Traumatic)	1	1.79%
Invalid Assist/Lifting Assist	1	1.79%
Total: 56		Total: 100.00%