

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

Special Meeting

Tuesday, August 12, 2025, 5:30 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. Citizen appearances other than agenda items listed.
5. Old Business.
6. New Business.

A. 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) **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.

7. Meeting Reminder: Wednesday, September 3, 2025, at 6:00 p.m.
8. Adjourn.

Erika Stuart, Chairperson

Form
AB-200Alcohol Beverage License
Application


For Municipal Use Only	
Municipality	Evansville
License Period	25 - 26

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

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

Fees	
License Fees	\$ <u>600.00</u>
Background Check Fee	\$ <u>14.00</u>
Publication Fee	\$ <u>100.00</u>
Total Fees	\$ <u>714.00</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>SD Evansville mini mart INC.</u>			
2. Business Trade Name or DBA			
3. FEIN <u>93-1567128</u>		4. Wisconsin Seller's Permit Number <u>456-1031439814-04</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>WI</u>		7. Date of Organization <u>05/24/2023</u>	
8. Wisconsin DFI Registration Number <u>S148109</u>			
9. Premises Address <u>350 Union St</u>			
10. City <u>Evansville</u>		11. State <u>WI</u>	12. Zip Code <u>53536</u>
13. County <u>Rock</u>	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <u>Evansville</u>		15. Aldermanic District <u>3</u>
16. Premises Phone <u>608-882-1272</u>	17. Premises Email <u>SDbusiness532@gmail.com</u>		18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>there are smaller bottles</u> <u>displayed at the bottom of the register and counter.</u> <div style="display: inline-block; vertical-align: middle; text-align: center;">  </div>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

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

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

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

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

Part C: Individual Information

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

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


Last Name	First Name	Title	Phone
Singh	Sarwan	President	574-904-2221
Singh	Manvir	Agent	11

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 Singh		First Name Sarwan		M.I.
Title President	Email Sabusiness532@gmail.com		Phone 574-904-2221	
Signature 		Date 6/12/25		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 7-1-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of Agent

Date 6/12/25

Agent Type (check one)

☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

SD Evanville mini mart INC.

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Limited Liability Company☒ Corporation☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☒ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Singh

2. First Name

manvir

3. M.I.

4. Email

SDbusiness532@gmail.com

5. Phone

6. Home Address

7. City

Brookhead

8. State

WI

9. Zip Code

53520

10. Date of Birth

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

IN


Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ 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 ☐ No3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

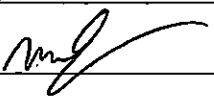
Part D: Business Attestation

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 Singh	First Name Sarwan	M.I.
Title President	Email SDbusiness532@gmail.com	Phone
Signature 		Date 6/12/25

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 Singh	First Name Manvir	M.I.
Signature 		Date 6/12/25

Alcohol Beverage Individual Questionnaire

Date 6/12/25

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

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

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

Part A: Business Information

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

SD Evansville minimart INC.

2. Business Trade Name or DBA

3. Entity Type (check one)

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

Part B: Individual Information

1. Last Name

Singh

2. First Name

Sarwan

3. M.I.

4. Relationship to Business (Title)

President

5. Email

SDbusiness532@gmail.com

6. Phone

7. Home Address

8. City

granger

9. State

IN

10. Zip Code

46530

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

IN

Part C: Address History

1. Do you currently 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
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

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

State	County	State	County	State	County	State	County
IN	St. Joseph						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

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

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

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

Part E: Attestation

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

Signature



Date

6/12/25

Alcohol Beverage
Individual Questionnaire

Date 6/12/25

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

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

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

Part A: Business Information

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

SD Evansville mini mart INC.

2. Business Trade Name or DBA

3. Entity Type (check one)

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

Part B: Individual Information

1. Last Name

Singh

2. First Name

Manvir

3. M.I.

4. Relationship to Business (Title)

agent

5. Email

SDbosinPSS532@gmail.com

6. Phone

7. Home Address

8. City

Brodhead

9. State

WI

10. Zip Code

53520

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

IN

Part C: Address History

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

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 7/4/23

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	Granger	IN	46530
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
IN	St. Joseph	WI	Green				

Continued →

Part D: Criminal History

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

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

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

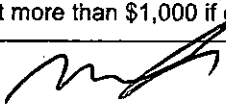
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

Part E: Attestation

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

Signature

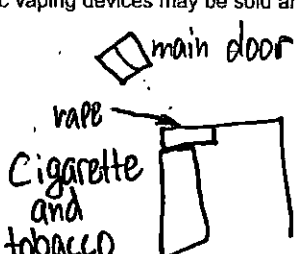


Date

6/12/25

**Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application**

FOR CLERKS ONLY	
Municipality	Evansville
License Period	25-26

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietor) SD Evansville minimart INC.			
2. Business Trade Name or DBA			
3. FEIN 93-1567128		4. Wisconsin Seller's Permit Number 456-1031439814-04	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation			
6. State of Organization WI	7. Date of Organization 5/24/23	8. Wisconsin DFI Registration Number S148109	
9. Premises Address (do not use PO Box) 350 Union St			
10. City Evansville	11. State WI	12. Zip Code 53536	
13. County Rock	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: Evansville	15. Aldermanic District 3	
16. Mailing Address (if different from premises address)			
17. City	18. State	19. Zip Code	
20. Premises Phone 608-882-1272	21. Premises Email SDbusiness532@gmail.com	22. Website	
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. <div style="text-align: center;">  <p>main door vape Cigarette and tobacco</p> </div> <p style="text-align: right;">Cigarettes and tobacco will be on a rack behind the counter.</p>			

Part B: Questions	
1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices	
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine	
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers.	
3a. Name of Parent Company: _____	
3b. FEIN of Parent Company: _____	

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Singh	Sarwan	President	574-904-2221
Singh	Namvir	Agent	574-904-2221

Part D: Attestation

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

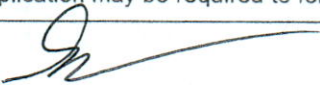
- sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Signature		Date	6/12/25
Name (Last, First, M.I.) Singh, Sarwan			
Title	President	Email	SObusiness532@gmail.com
		Phone	574-904-2221

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
7-1-25			
License fees	Signature of Clerk/Deputy Clerk		

Form
CTV-102

Cigarette, Tobacco, and Electronic Vaping Device
Appointment of Agent

Date
6/12/25

Agent Type (check one): ☒ Original ☐ Change

Part A: Agent Information

1. Last Name Singh	2. First Name Manvir	3. M.I.
4. Email SDbusiness532@gmail.com		5. Phone
6. Home Address		
7. City Brodhead	8. State WI	9. Zip Code 53520
10. Date of Birth 01/23/01	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance IN

Part B: Questions


1. Have you completed Form CTV-101, Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire? Submit a completed Form CTV-101 with this form. ☒ Yes ☐ No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information

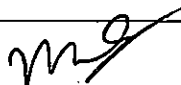
1. Legal Business Name (individual name if sole proprietor) SD Evansville minimart INC.		
2. Business Trade Name or DBA		
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation		
4. Premises Address 350 Union St		
5. City Evansville	6. State WI	7. Zip Code 53536

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the 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.

Signature of Licensee (officer, member, or authorized signatory) 	Date 6/12/25
Name of Person Signing for Licensee Sarwan Singh	Title President

READ CAREFULLY BEFORE SIGNING: I, the Agent, herby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted 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 form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.

Signature of Agent 	Date 6/12/25
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**Cigarette, Tobacco, and Electronic
Vaping Device - Individual Questionnaire**

Date 6/26/25

Part A: Business Information

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

SD Evansville minimart INC.

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☐ Limited Liability Company

☒ Corporation

Part B: Individual Information

1. Name (Last)

Singh

2. Name (First)

Sarwan

3. Name (M.I.)

4. Relationship to Business (Title)

President

5. Email

Sdbusiness532@gmail.com

6. Phone

7. Home Address

8. City

Granger

9. State

IN

10. Zip Code

46530

11. Date of Birth

12. Drivers License/State ID Number

000-00-0000

13. Drivers License/State ID State of Issuance

IN

Part C: Individual's Address History

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

Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code

If applicable, 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
<u>IN</u>	<u>St. Joseph</u>						
State	County	State	County	State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) 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:

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

2. Are charges for any offenses currently pending against you (other than traffic offenses) 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 by Individual

READ CAREFULLY BEFORE SIGNING: 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature 	Date 6/26/25
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Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official	Title
Signature of Local Official	Date

Date 6/12/25

Form
CTV-101

Cigarette, Tobacco, and Electronic
Vaping Device License - Individual Questionnaire

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) SD Evansville mini mart INC.			
2. Business Trade Name or DBA			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation

Part B: Individual Information

1. Name (Last) Singh		2. Name (First) Manvir		3. Name (M.I.)	
4. Relationship to Business (Title) Agent		5. Email SDbusiness532@gmail.com		6. Phone	
7. Home Address					
8. City Brodhead		9. State WI	10. Zip Code 53520	11. Date of Birth	
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance IN		

Part C: Individual's Address History

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

Previous Address 1	City granger	State IN	Zip Code 46530
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code

If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State IN	County St Joseph	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) 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:

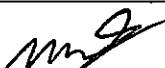
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated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

2. Are charges for any offenses currently pending against you (other than traffic offenses) 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 by Individual

READ CAREFULLY BEFORE SIGNING: 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature 	Date 6/12/25
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Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title	
Signature of Local Official		Date



CITY OF EVANSVILLE

Alcohol License Premises Inspection Report

Business Name: SD Evansville Minimart Inc
Business Address: 350 Union St, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Manvir Singh
Type of License: Class "A" Beer/ "Class A" Liquor License

POLICE OFFICER NAME:**DATE:**

- | | | |
|---|-----------|----------|
| 1. Is the current alcohol license properly posted? | _____ Yes | _____ No |
| 2. Is Agent listed on the license on premise? | _____ Yes | _____ No |
| 3. Does the operator have a valid license? | _____ Yes | _____ No |
| 4. Are Cigarettes/Tobacco/Vape products being sold? | _____ Yes | _____ No |
| 5. Number of game machines _____ | | |
| 6. Is a current Wisconsin Sellers' Permit posted? | _____ Yes | _____ No |

BUILDING INSPECTOR:**DATE:**

In accordance with Chapter 18, 46 and 130 of the Municipal Code, were Building and Zoning Codes maintained? ☒ Yes ___ No

Remarks lighting is now compliant. Canopy lighting exceeds maximum footcandles on north property line but existed pre-lighting standards and is grandfathered in.

FIRE INSPECTOR:**DATE:**

In accordance with Chapter 50 of the Municipal Code, were Fire Codes maintained? ___ Yes ___ No

Remarks _____

CITY CLERK:**DATE:**

In accordance with Chapter 6 of the Municipal Code, were regulations met pertaining to licensed premise?

The (please circle one) Fire / Police / **Building Inspector** / City Clerk has inspected the premises and recommends ☒ Approval _____ Denial of the license application.

If applicable, this license is recommended subject to the following conditions: _____

Chito Singh
Inspector Signature

8/5/25
Date of Inspection



CITY OF EVANSVILLE

Alcohol License Premises Inspection Report

Business Name: SD Evansville Minimart Inc
Business Address: 350 Union St, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Manvir Singh
Type of License: Class "A" Beer/ "Class A" Liquor License

POLICE OFFICER NAME:**DATE:**

- | | | |
|---|-----------|----------|
| 1. Is the current alcohol license properly posted? | _____ Yes | _____ No |
| 2. Is Agent listed on the license on premise? | _____ Yes | _____ No |
| 3. Does the operator have a valid license? | _____ Yes | _____ No |
| 4. Are Cigarettes/Tobacco/Vape products being sold? | _____ Yes | _____ No |
| 5. Number of game machines _____ | | |
| 6. Is a current Wisconsin Sellers' Permit posted? | | |

Note: Building inspector with state certified
credentials not available for inspection.
Cannot confirm violations of Chapter 18

BUILDING INSPECTOR:**DATE:**

In accordance with Chapter 18, 46 and 130 of the Municipal Code, were Building and Zoning Codes maintained? _____ Yes ☒ No

Remarks Building damage left unfinished. NEEDS REPAIR ASAP.
Debris on property.
Ongoing issues/lack of communication with lighting.

FIRE INSPECTOR:**DATE:**

In accordance with Chapter 50 of the Municipal Code, were Fire Codes maintained? _____ Yes _____ No

Remarks _____

CITY CLERK:**DATE:**

In accordance with Chapter 6 of the Municipal Code, were regulations met pertaining to licensed premise? _____

The (please circle one) Fire / Police / Building Inspector / City Clerk has inspected the premises and recommends Approval ☒ Denial of the license application.

If applicable, this license is recommended subject to the following conditions: _____

C. W. S. S.
Inspector Signature

5/1/25
Date of Inspection



** Amended **
CITY OF EVANSVILLE
Alcohol License Premises Inspection Report

Business Name: SD Evansville Minimart Inc
Business Address: 350 Union St, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Manvir Singh
Type of License: Class "A" Beer/ "Class A" Liquor License

POLICE OFFICER NAME:

DATE:

- | | | |
|---|-----------|----------|
| 1. Is the current alcohol license properly posted? | _____ Yes | _____ No |
| 2. Is Agent listed on the license on premise? | _____ Yes | _____ No |
| 3. Does the operator have a valid license? | _____ Yes | _____ No |
| 4. Are Cigarettes/Tobacco/Vape products being sold? | _____ Yes | _____ No |
| 5. Number of game machines _____ | | |
| 6. Is a current Wisconsin Sellers' Permit posted? | _____ Yes | _____ No |

BUILDING INSPECTOR:

DATE:

In accordance with Chapter 18, 46 and 130 of the Municipal Code, were Building and Zoning Codes maintained? ____ Yes ____ No

Remarks _____

FIRE INSPECTOR:

Zach Burger

DATE: 4-22-25

In accordance with Chapter 50 of the Municipal Code, were Fire Codes maintained? ____ Yes X No

Remarks all violation were corrected as of 5-27-25

EvFD Inspector Zach Burger

CITY CLERK:

DATE:

In accordance with Chapter 6 of the Municipal Code, were regulations met pertaining to licensed premise?

The (please circle one) **Fire** / Police / Building Inspector / City Clerk has inspected the premises and recommends X Approval _____ Denial of the license application.

If applicable, this license is recommended subject to the following conditions:

3 Exit Signs
Not repaired after Initial Inspection. Re-Inspection Done on 4-22-25 Signs
Not Fixed, Owner Contacted and was given an Additional 30 days to fix to Avoid

5th
Fire
Dept
Fees

Zach Burger
Inspector Signature

4-22-25
Date of Inspection



Original
CITY OF EVANSVILLE

Alcohol License Premises Inspection Report

Business Name: SD Evansville Minimart Inc
Business Address: 350 Union St, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Manvir Singh
Type of License: Class "A" Beer/ "Class A" Liquor License

POLICE OFFICER NAME:**DATE:**

- | | | |
|---|-----------|----------|
| 1. Is the current alcohol license properly posted? | _____ Yes | _____ No |
| 2. Is Agent listed on the license on premise? | _____ Yes | _____ No |
| 3. Does the operator have a valid license? | _____ Yes | _____ No |
| 4. Are Cigarettes/Tobacco/Vape products being sold? | _____ Yes | _____ No |
| 5. Number of game machines _____ | | |
| 6. Is a current Wisconsin Sellers' Permit posted? | _____ Yes | _____ No |

BUILDING INSPECTOR:**DATE:**

In accordance with Chapter 18, 46 and 130 of the Municipal Code, were Building and Zoning Codes maintained? ____ Yes ____ No

Remarks _____

FIRE INSPECTOR:Zach Burger**DATE:**4-22-25

In accordance with Chapter 50 of the Municipal Code, were Fire Codes maintained? ____ Yes X No

Remarks _____

CITY CLERK:**DATE:**

In accordance with Chapter 6 of the Municipal Code, were regulations met pertaining to licensed premise?

The (please circle one) Fire / Police / Building Inspector / City Clerk has inspected the premises and recommends X Approval _____ Denial of the license application.

If applicable, this license is recommended subject to the following conditions:

3 Exit Signs
Not repaired after Initial Inspection. Re-Inspection Done on 4-22-25 Signs
Not Fixed, owner contacted and was given an Additional 30 days to fix to Avail

Zach Burger
Inspector Signature

4-22-25

Date of Inspection

5/14
Fire
Dept
Fees

**WI Inspection Report - Correction Order****Inspection Report/ Correction Order****Date** 04/22/2025**Completed:****Inspector:** Burger, Zach**Occupant/Business Owner Info****Occupant:** Gas N Go**Number:** 350**Street:** Union**Type:** Street**City:** City of
Evansville**ZipCode:** 53536**Mailing Address****Building Owner Info****Building
Owner
Name:** Gas N Go**First Name** Manvir**Last Name** Singh**Cell Phone** 269-267-
8035**Mailing Address****Number:** 350**Street:** Union**Street
Type:** Street**City:** City of
Evansville**State:** WI**ZipCode:** 53536**Inspection Information****Inspection Type:** Re-Inspection**Reason:** Inspector Initiated

On the inspection date shown shown above, I conducted a fire safety inspection of the facility listed.

Compliance 05/22/2025**Date::**

Correction Order: Pursuant to Chapter 101.14 Wis Stats., you are hereby ordered to correct the violations listed, by the compliance date.

Right to Appeal: An appeal of any orders must be submitted in writing to the AHJ according to Administrative Rules and Wisconsin Statutes.

Violations

The following fire code violations were found:

Violation Code	Description	Comments
1013.5	Electrically powered, self-luminous and photoluminescent exit signs shall be listed and labeled in accordance with UL 924 and shall be installed in accordance with the manufacturer's instructions and Section 604. Exit signs shall be illuminated at all times.	battery back up bad in all 3 exit signs

Violation Count: 1

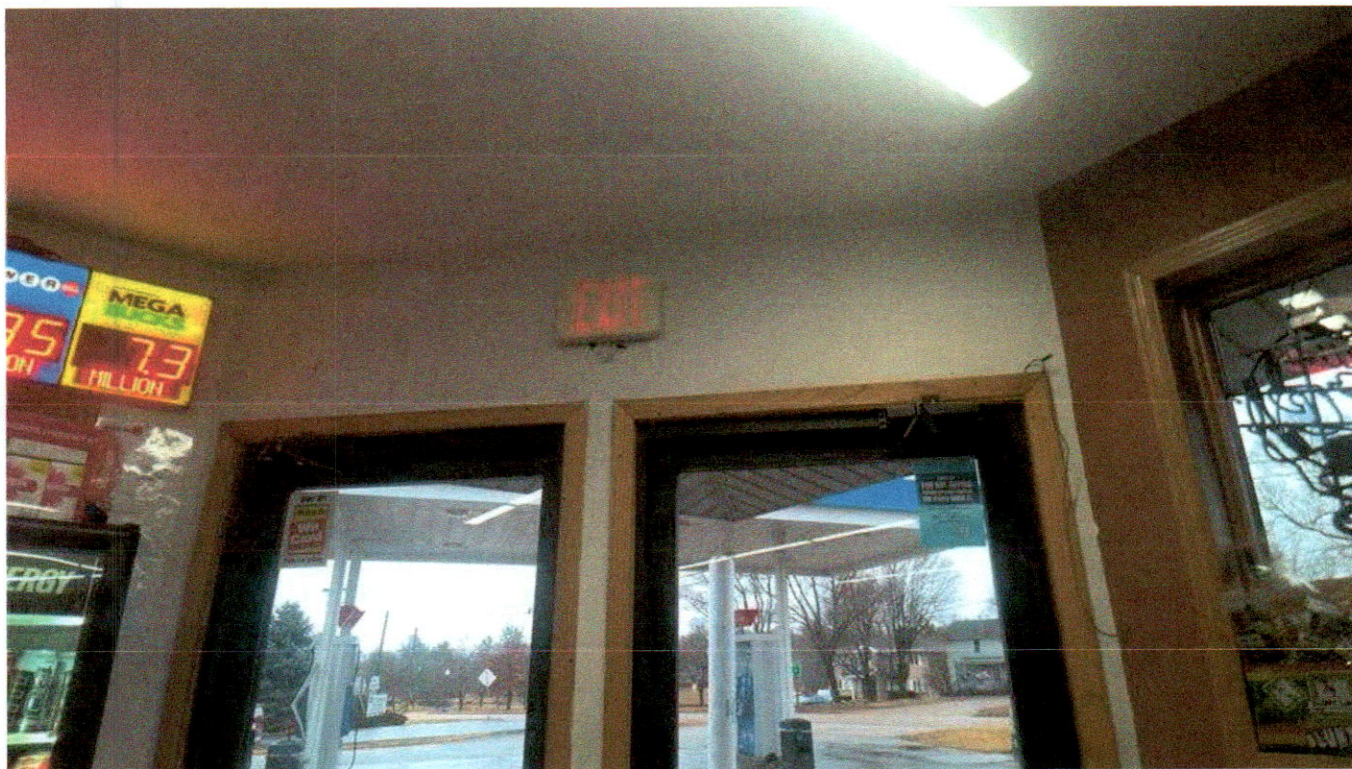
Violation Documents

Violation Documents

File Name: capturedPhoto

Violation Code: 1013.5

Inspected Date: 2025-03-05 09:24:09



File Name: capturedPhoto

Violation Code: 1013.5

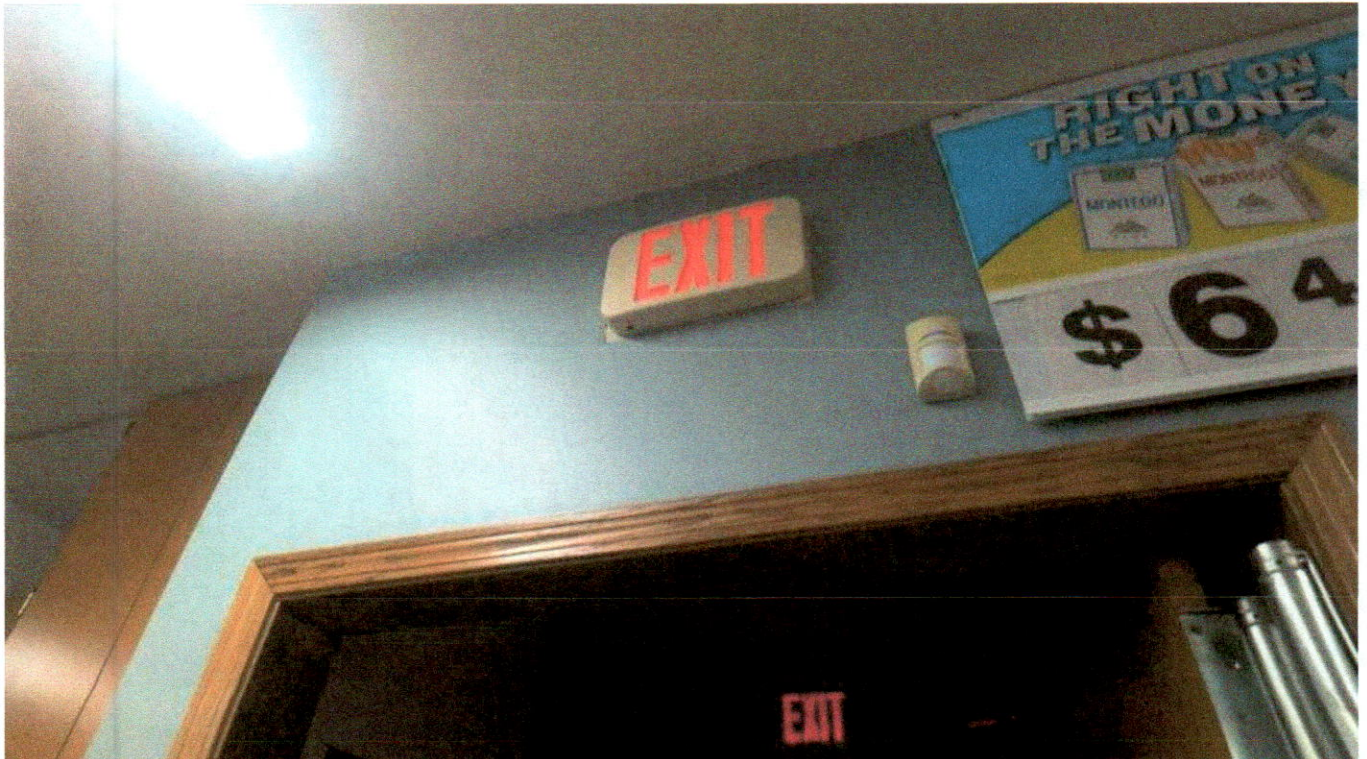
Inspected Date: 2025-03-05 09:24:09



File Name: capturedPhoto

Violation Code: 1013.5

Inspected Date: 2025-03-05 09:24:09



Inspection Documents

Inspection Documents

Owner Responsibility

This inspection is intended for your safety and the safety of the public. Your cooperation is greatly appreciated.

This is an official notice of code violations requiring correction within the specified time.

this inspection or future inspections by this or any other agency.



If you have questions concerning this inspection, call the named inspector or his/her supervisor.

Failure to comply with these requirements may lead to a citation being issued that may require an appearance by you in court.

This inspection does not release owner/occupant of the responsibility of correcting any code violations not found at this time, originating after

Signatures

Signatures

Signature Graphic	First Name	Last Name	Signature Date	Type
	Zach	Burger	04/22/2025	Inspector
	Sukhpal	Singh	04/22/2025	Owner/Rep.

