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 <u>Renewal</u> Alcohol Beverage License Applications for a <u>Class "A" Beer/ "Class A" Liquor License</u> for: (background check recommendations provided by Chief Jones, unless otherwise noted)
 - 1) 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-200

Alcohol Beverage License Application

	0.
For Municipal Use On	ly
Municipality Evansuill	P
License Period - 26	

License(s) Requested: (up to two boxes may	be checked)	Fees	
☑ Class "A" Beer \$ <u>IOO</u>	Class "B" Beer \$_	License Fees	\$ 600.00
✓ "Class A" Liquor	Glass B" Liquor \$ _	Background Check Fee	\$ 14.00
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$_	Publication Fee	\$ 100.00
Class C" Liquor (wine only) \$		Total Fees	\$ 714.00
Part A: Premises/Business Information 1. Legal Business Name (individual name if sole prop			
00 -	art INC.		
2. Business Trade Name or DBA			
3. FEIN		Seller's Permit Number	
93-\567\28 5. Entity Type (check one)	45	16-1031439814-04	
Sole Proprietor Partnership	Limited Liability Company		fit Organization
6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registration	(T)
WI	05/24/2023	S148109	
9. Premises Address 350 Union St			
10. City		11. State 12. Zip Code	•
eransville 13. County	14. Governing Municipality: City	WI 53536	
Rock	of: Evansville	3	District
	17. Premises Email	18. Website	
608-882-1272	SDbusiness532@gm		
 Premises Description - Describe the building or bare kept. Describe all rooms within the building, in 	ncluding living quarters. Authorized	alcohol beverage activities and storage of	and related records frecords may occur
only on the premises described in this application	. Attach a map or diagram and addi	tional sheets if necessary.	
there are smaller bottl		Liquor Beer	
displayed and bottom of the Re	gisterand counter. floor	Shots	
20. Mailing Address (if different from premises address	es)		
21. City			
Z1. Gity		22. State 23. Zip Code	
Part B: Questions			У.
Has the business (sole proprietorship, partne violating federal or state laws or local ordinar	rship, limited liability company, nces? Exclude traffic offenses ur	or corporation) been convicted of nless related to alcohol beverages.	Yes X No
If yes, list the details of violation below. Attac			
Law/Ordinance Violated	Location	Trial Date	
Penalty Imposed		Was sentence completed?	☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date	
- S.	Location	mai Date	H
Penalty Imposed	-	Was sentence completed?	Yes No

Are charges for any offenses beverages.	pending against the busines	ss? Exclude traffic o	ffenses un	less related to al	cohol 🔲 `	Yes 🔀	No
If yes, describe the nature and	d status of pending charges	using the space bel	low. Attach	additional sheet	ts as needed.		
Is the applicant business or a individuals or entities a restriction of the second of the secon	cted investor with any interest	est in an alcohol be	verage pro	ducer or distribu	r related utor? \(\)	Yes 🔽	No
Is the applicant business own If yes, provide the name(s) an	ed by another business entired FEIN(s) of the business e	ty?ntity owners below.	Attach add	ditional sheets as	needed.	Yes 🔀	No
4a. Name of Business Entity		4b. Business	Entity FEIN				
5. Have the partners, agent, or sthis license period? Submit pr6. Is the applicant business inde7. Does the applicant business of	oof of completion bted to any wholesaler beyo	and 15 days for beer	r or 30 day	s for liquor/wine?	· · · · · · · · · · · · · · · · · · ·	res ☐ res ☒	
Part C: Individual Informati							
List the name, title, and phone numb Question 4: sole proprietor, all officer managers, and agent of a limited liab Include Form AB-100 for each person	s, directors, and agent of a corpolity company. Attach additional	oration or nonprofit or sheets if necessary.	rganization,	all partners of a pa	artnership, and a	isted in P all membe	art B
Last Name	First Name		Title	, ,	Phone		
Singh	Sarwan	\	Pres	ident	574-9	04-2	11
Singh	Manrie		Age	ent	1)		
Part D: Attestation							
One of the following must sign ar	nd attest to this application:						
sole proprietor one	e general partner of a partne	ership • one o	corporate o	officer • one	e member of a	an LLC	
READ CAREFULLY BEFORE SIGN I am acting solely on behalf of the aprights and responsibilities conferred according to the law, including but not any portion of a licensed premises revocation of this license. I understaunderstand that I may be prosecuted ingly provides materially false inform	oplicant business and not on be by the license(s), if granted, wi ot limited to, purchasing alcoho during inspection will be deen and that any license issued con for submitting false statements	chalf of any other individed in the state of the assigned to a solution beverages from state of a refusal to allow trary to Wis. Stat. Chas and affidavits in contract of the state of the	vidual or en- another indi- te authorize inspection. apter 125 s nection with	tity seeking the lice vidual or entity. I a ed wholesalers. I un Such refusal is a n hall be void under this application, ar	ense. Further, I agree to operate nderstand that nisdemeanor a penalty of state and that any pers	agree the this bus lack of act and ground gr	at the iness ccess ds for
Last Name Singh		First Name	A)(),()			M.I.	
President o	Email			C01-	Phone	u-22	21
TIVIVIVIT A	Sahi	C. 1104553710	(iama)		2 TN ~ (1)		
Signature	Sabu	sines532@	gmail Date		574-90	1 000	
11000011	Sabu	sine5532a	gmail Bate 6	.com 112/25	3+4-40		
Signature		SIN6555320	Wate 6		Date License		
Part E: For Clerk Use Only Date Application Was Filed With Clerk		Sine55532a	Wate 6	112/25	Date License	e Issued	

Form AB-101

Alcohol Beverage Appointment of Agent

Date 6 12/25

Agent Type (check one)	•				
☑ Original (no fee)	☐ Successor (\$10 fee for mur	nicipal licens	sees only)		
					<u> </u>
			<u></u>	 	
Part A: Business Informa 1. Legal Business Name (individual)					
SD Evanville r	nini mart Inc				
2. Business Trade Name or DBA					
3. Entity Type (check one)	Limited Liability Company		Corporation	☐ Nonprofit Orga	nization
Alcohol Beverage Business Auth Municipal Retail Licen		. If successor	agent, provide Stat	e Permit or Municipal Reta	il License Number
<u></u>	ing a successor agent, if successor is	checked abo	ve.		
,					
			· .		
Part B: Agent Information				·	- 1
1. Last Name Singh		First Name			3. M.I.
4. Email SDbusiness532@g	amail. Com	·		5. Phone	
6. Home Address					•
7. City 0 A		8. State	9. Zip Code	140 Data of	Dieth
Godhead	•	ĽW	53510	10. Date of	
11. Drivers License/State ID Numb	er		~	nse/State ID State of Issua	nce
Q-1000000			IN		
Part C: Agent Questions					
	onsible beverage server training	requiremen	t?		Z Yes □ No
Submit proof of completion.		. 344011.011		· · · · · · · · · · · · · · · · · · ·	<u>~</u> 163 ☐ 140
2. Have you completed Form A Form AB-300, Alcohol Beve	AB-100, Alcohol Beverage Individ rage Personal Questionnaire (pe	dual Question			Z Yes ☐ No
Have you been a Wisconsin See instructions for exception	resident for at least 90 continuo	us days?			Yes No
 					

Part D: Business Attestation			
corporation, nonprofit organization, or beverage activities on such premises on behalf of the entity. If I am appoint I understand that I may be prosecuted	NG: I, the Undersigned, authorize the above- r limited liability company with full authority a . I certify that I am authorized by the above-n ing a successor agent, I rescind all previous a d for submitting false statements and affidavit laterially false information on this application m	and control of the pre amed entity to autho gent appointments for s in connection with	mises and of all alcohol rize this individual to act or this premises. Further, this application, and that
Last Name	First Name		M.I.
Singh	Sarwan		
President	SDbusiness32alamai	1.com	Phone
Signature	0	Date 6	2125
Part E: Agent Attestation			•
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
nonprofit organization, or limited liabili on the premises for the above-named	IG: I, the Agent , hereby accept this appointment ity company and assume full responsibility for d business. I further understand that I may be application, and that any person who knowingly more than \$1,000 if convicted.	the conduct of all ale e prosecuted for sub	cohol beverage activities mitting false statements
Last Name SIMN	First Name MNVIC		M.I.
Signature 0		Date 6/1	2/25
			· · · · · · · · · · · · · · · · · · ·

Form

AB-100

Alcohol Beverage Individual Questionnaire



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

· sole proprietor

- · all officers, directors, and agent of a corporation or nonprofit organization
- · 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		Port III			
1. Legal Business Name (individual name if sole pr	roprietor)				
2. Business Trade Name or DBA	iant INC.				
2. Business trade Name of Bus					
3. Entity Type (check one)					
Sole Proprietor Partnership	Limited Liabilit	y Compar	ny Corporation		Nonprofit Organization
Part B: Individual Information 1. Last Name	12 5	rst Name			3. M.I.
Sinah		Sarwa	110		3. M.I.
4. Relationship to Business (Title)	5. Email	_			6. Phone
President	Sohusiness	5326	amail. com		
7. Home Address	,		0		
8. City		9. State	10. Zip Code		44 Date of Dieth
9 Canper		TN	46530		11. Date of Birth
12. Drivers License/State ID Number			13. Drivers License/Star	te ID State	e of Issuance
· · · · · · · · · · · · · · · · · · ·			IN		
Part C: Address History	and the second				
1. Do you currently live in Wisconsin?					Yes No
If yes, provide the month and year when yo	ou permanently move	d to Wisc	onsin		(MM/YYYY)
List in chronological order all of your addre		years. At	tach additional sheets if	necessa	
Previous Address 1	City			State	Zip Code
Previous Address 2	City	***************************************		State	Zip Code
1101000710010002	Oity			State	Zip Code
Previous Address 3	City			State	Zip Code
Previous Address 4	City			State	Zip Code
Previous Address 5	City			Ctata	Zip Code
r revious Address 5	City			State	Zip Code
3. Liet all states and counties you have lived i	n as an adult Attach	additional	shoots if possess		
List all states and counties you have lived i State County	n as an adult. Attach	State	County	Ctoto	County
State County State Co	, and the second	State	County	State	County
	ounty	State	County	State	County

Continued →

Part D: Criminal History			
			
 Have you ever been convicted of any of for violation of any federal, Wisconsin, 			
If yes to question 1, please list details of	of each conviction below. Attach add	litional sheets as needed.	
Law/Ordinance Violated	Location	•	Conviction Date
·			
Penalty Imposed			
		Was sentence completed?	🗌 Yes 📗 No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Mac contago completed?	Tyes No
		Was sentence completed?	tes into
Law/Ordinance Violated	Location	· · · · · · · · · · · · · · · · · · ·	Conviction Date
Penalty Imposed	<u>l</u>	Was sentence completed?	
2. Are charges for any offenses currently			nol ,
beverages) for violation of any federal,			·
ordinances?		• • • • • • • • • • • • • • • • • • • •	🗌 Yes 友 No
If yes to question 2, describe nature as	nd status of pending charges using	the snace helow. Attach addition	al
sheets as needed.	no outdo of portaing ortal goo doing	The Space Below, Attach addition	:CI
	•		
			· · · · · ·
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING	G: Under penalty of law I have an	sewered each of the above gues	tions completely and
truthfully. I certify that I am not prohibite	d from participating in this business	s due to any involvement in anoth	ner tier of the alcohol
beverage industry as a restricted invest-	or. I understand that any license is	sued contrary to Wis, Stat. Chan	ter 125 shall be void
under penalty of state law. I further under	rstand that I may be prosecuted for s	submitting false statements and af	fidavits in connection
with this application, and that any person to forfeit not more than \$1,000 if convicte	n who knowingly, provides materially ed.	y raise information on this applica	aion may be required
Signature	<u> </u>	Date	
		6112/3	り
,			

Form **AB-100**

Alcohol Beverage Individual Questionnaire

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

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

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

Part A: Business Information				
				 -
1. Legal Business Name (individual name if sole pr	opnetor)			
2. Business Trade Name or DBA	MAIN LAC			
2. Dusiness frace Name of DBA				
2 Fath Top (sheet and)				
3. Entity Type (check one) Sole Proprietor Partnership	T Limited Liebility Common		. —	
	Limited Liability Compar	ny 🔀 Corporation	י 📙	Nonprofit Organization
				
Part B: Individual Information				
1. Last Name	2. First Name	,		3. M.I.
Singh	Many	`		
4. Relationship to Business (Title)	5. Email		- (6. Phone
agent	<u> SObosiness532@a</u>	mail.com		
7. Home Address	7		_	
8. City Conditions	9. State	10. Zip Code	1	1. Date of Birth
151 0011180101	WI	53520	1	
12. Drivers License/State ID Number		13. Drivers License/St	ate ID State	of Issuance
TN				
Part C: Address History			- ·	
				
Do you currently live in Wisconsin?		••••••	• • • • • • • • • • • • • • • • • • • •	🛮 Yes 🗌 No
If yes, provide the month and year when yo	u permanently moved to Wisc	onsin		(MM/YYYY)
				7/4/23
2. List in chronological order all of your address	ses within the last 5 years. Att	ach additional sheets i	necessar	
Previous Address 1	City		State	Zip Code
	amae	<u>ار</u>	TN	N/530
Previous Address 2	City		State	Zip Code
	2,		Otate	Zip Code
Previous Address 3	City	<u> </u>	State	Zip Code
	J,		State	Zip Code
Previous Address 4	City	<u> </u>	- C44	7: 0
11011000110010004	. Oity		State	Zip Code
Previous Address 5	City			
Trevious Address 5	City		State	Zip Code
				
3. List all states and counties you have lived in	as an adult. Attach additional	sheets if necessary.		
	inty State	County	State	County
IN St. Joesph WI	areen 1			
State County State Cou		County	State	County
				'
				<u>t </u>

Part D: Criminal History			
Have you ever been convicted of any offer for violation of any federal, Wisconsin, or			
If yes to question 1, please list details of e	each conviction below. Attach add	ditional sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	<u> </u>	Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
2. Are charges for any offenses currently pe beverages) for violation of any federal, W ordinances?	fisconsin, or another state's laws	or any county or municipal	🗌 Yes 🔀 No
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: truthfully. I certify that I am not prohibited f beverage industry as a restricted investor, under penalty of state law. I further understawith this application, and that any person we to forfeit not more than \$1,000 if convicted	from participating in this busines I understand that any license is and that I may be prosecuted for who knowingly provides material	is due to any involvement in anoth ssued contrary to Wis. Stat. Chapt submitting false statements and aff ly false information on this applicat	er tier of the alcoholer 125 shall be void idavits in connection
Signature M		Date 6/12	125
		•	

Form CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY	_
Municipality Evansuile	
License Period 25 - 26	

					and the second second	
Part A: Premises/Busine	ss Information					
1. Legal Business Name (individu	al name if sole propi	rietor) TNC.				
2. Business Trade Name or DBA	<u>EFNERIFFRAN N</u>	<u>/// C.</u>				
					•	
3. FEIN			4. Wisconsin Se			
93-1567128			456-103	514 59	314-04	
5. Entity Type (check one) Sole Proprietor	☐ Partn	ership	☐ Lim	ited Liability	/ Company	
6. State of Organization	7.	Date of Organiza			8. Wisconsin DFI R	egistration Number
WI		5/24/23)		SINSIO	૧
9. Premises Address (do not use I	PO Box)					
350 union st				144 04-1-	140 75 0-4	
Evansville				11. State	12. Zip Code	
13. County	14. Governing Mu	nicinality: Cit	y 🗌 Town	│	15. Aldermanic Dist	riot .
Rock	of:	Evansvil		∠ v⊪age	15. Aluenname Dist	
16. Mailing Address (if different fro					<u> </u>	
i						
17. City		·		18. State	19, Zip Code	
20. Premises Phone /	200 17 21.	Premises Email		<u> </u>	22. Website	
6087	882-12 6	Obusiness	532@rama	il.com		
 Premises Description - Describ Describe all rooms including li records. Cigarettes, tobacco p Attach a floor plan if possible. 	ving quarters, if use	d, for the sales a onic vaping device	nd/or storage of o ces may be sold a	cigarettes, tol and stored O	bacco products, and	electronic vaping devices and
			Imain door		CIGUICI	a mak behind
		, vape –	<u></u>		will be u	Lac
		Cigarett	eT 1		the col	Intrev-
		and tobacco		<u> </u>	, .	;
Part B: Questions						
What products will be sold a	t this business les	otion? /shoet-	all that enals?	· -	 	_
Cigarettes	r mis pasiness for	Tobacco			✓ Electro	onic Vaping Devices
2. How will cigarettes, tobacco	and/or electronic	vaping device	s be sold? (che	ck all that a	with the state of	
Over the counter	· -·	☐ Vending				
3. Is the applicant business ow	ned by another bu	usiness entity?				☐ Yes 🗹 No
If yes, provide the name and CTV-101 for all of the parent	i FEIN of the pare t company's memi	nt company be bers, partners,	low, identify pa or officers.	rent compa	ny members in Par	t C, and attach Form
3a. Name of Parent Compar	ıy:		<u> </u>			
3b. FEIN of Parent Company						
						ı

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	Manuic	Agent	574-904-2221
V		•	

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.

and application of the state of	sa to follow flow flore than \$1,000.	
Signature	Date 6/12/25	
Name (Last, First, M.I.) Singh, Sarwan		
Title President	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	21
License fees	Signature of Clerk/Deputy Cle	erk		

Form CTV-102

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

6112125	Date	112/25	
---------	------	--------	--

					
Agent Type (check one):		☐ Change			
Part A: Agent Informa	ation				-
1. Last Name			2. First Name		3. M.I.
Singil			<u> </u>	1:	
4. Email	52@gmail.o	20100		5. Phone	-
6. Home Address	be wyriain c	2011	·		
7	•				
7. City	, ı - · · ·			8. State	9. Zip Code
Brodhead				WI	53520
10. Date of Birth	11. Drivers License/Sta	ate ID Number			e/State ID State of Issuance
01/23/01		<u> </u>		I <i>N</i>	<u> </u>
Part B: Questions		· · · · · · · · · · · · · · · · · · ·			
Have you completed Fe	orm CTV-101 Cigare	tte Tobacco and	Flectronic Vaning Device	a Licansa - India	idual
			orm		
2. If this is a change of ag		_			
	•				
				,	
ļ	·				
Part C: Business Info				·	
1. Legal Business Name (indi		•			
SD Evansville		INC.	<u>.</u>		
2. Business Trade Name or D	BA				•
3. Entity Type (check one)		· · · · · · · · · · · · · · · · · · ·			
or Entry Type (encoredity)	☐ Limited Liability C	Company		tion	
4. Premises Address	<u> </u>	<u> </u>			<u> </u>
350 Union S	}				
5. City				6. State	7. Zip Code
Evansville				WI	53536
Part D: Attestations					
					
READ CAREFULLY BEFOR liability company with full aut	RE SIGNING: I, the Lice thority and control of the	nsee, authorize the a premises and of all b	above-named individual to a ousiness relative to cigarette	act for the above-r es, tobacco produ	named corporation or limited
devices conducted therein.	I certify that I am author	ized by the entity to:	authorize this individual to a	act on behalf of th	e entity, if I am appointing a
successor agent, I rescind a statements and affidavits in	connection with this a	pplication, and that :	nises. Further, I understand any person who knowingly	that I may be pro provides materia	secuted for submitting false Ilv 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)	92	Date	1010
				6	17170
Name of Person Signing for Li Sarいか	icensee 3: wak			Title Ω_{C}	oo:donL
= 713_7_0.011	JING!			<u> </u>	COLUBIT
READ CAREFULLY BEFOR company and assume full re	esponsibility for the cond	duct of all business r	elative to sales of cigarette	s, tobacco produc	cts, and/or electronic vaping
devices conducted on the pr and affidavits in connection	remises for the above-na	amed business. I furt	ther understand that I may I	be prosecuted for	submitting false statements
to forfeit not more than \$1,0	00 if convicted.	any person who kno	wingly provides materially i	aise iiiiviinalivii 0	n uns ionn may be required
Signature of Agent		0009		Date C	12/26

Date 6/26/25

Form CTV-101

Part A: Business Information

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

SD Empsvill	name ii so Dinii	man In	7.				•
2. Business Trade Name or DBA	<u> </u>	<i>yr</i> 0 (<i> </i>	<u></u>			·	
<u> </u>							
3. Entity Type (check one)		Destruction			بطالما المالك	C	. Sh.Cornoration
Sole Proprietor	Proprietor Partnership				imited Liability	Company —-	Corporation
Part B: Individual Inform	nation						
1. Name (Last)	iation		2 Na	me (First)		_	3. Name (M.I.)
Sinah			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			1 Ognail.com	
4. Relationship to Business (Title	·) }		5. Eq	nail	A C D A	<u> </u>	6. Phone
Preside	M		SC	busin	PSS532	Ughail. COm	
7. Home Address	1	*	·	•		- 9	
	V1			10.01-4-	10. Zin Code		
8. City ander				9. State		2.ሰ	11. Date of Birth
12. Drivers License/State ID Nun	nber			الأوسقم ا		icense/State ID Stat	e of Issuance
WUU- 0	m . 1				-	ΓN	
		<u> </u>				,	· · ·
						,	
Part C: Individual's Add	ress Histo	ry			•		
List in chronological order all	of your addr	esses within the	last 5 ye	ars. Attac	h additional sh	neets if necessary.	
Previous Address 1			City			State	Zip Code
Previous Address 2			City			State	Zip Code
_							
Previous Address 3			City			State	Zip Code
Descious Address 4		n-	City		 -	Ct-t-	7:- 0-1-
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	d counties y	ou have lived in a	as an adı	ult. Attach	additional she	ets if necessary.	<u></u>
State County	State	County		State	County	State	County
IN St. Joesph		<u> </u>	_			_	
State County	State	County	-	State	County	State	County
				<u> </u>	<u> </u>		

Part D: Individual's Criminal His	story,	tu e	* - *	,
Have you ever been convicted of a Wisconsin, or another state's laws,				Yes 📈 No
If yes to question 1, please list detai	Is of each conviction below:			
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed		Was senten	ce completed?	Yes No
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed		Was senten	ce completed?	Yes No
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed		Was senten	ce completed?	Yes No
Are charges for any offenses curren federal, Wisconsin, or another state				Yes No
If yes to question 2, describe nature	e and status of pending charges i	using the space belo	w. Attach additional sheel	ts as needed.
:				
	94- 			*
	<i>h</i> _	• •		
;	-			
ş .		•		
13	·			
Part E: Attestation by Individua	<u>k</u>		,	
READ CAREFULLY BEFORE SIGN connection with this application, and t rette, electronic vaping devices, and I declare under penalties of the law the complete to the best of my knowledge	that any person who knowingly pro tobacco products retail license n hat I have examined this informat	ovides materially fals nay be required to fo	e information on an applic rfeit not more than \$1,00	cation for ciga- 0 if convicted.
Signature			Date 6/26/25	
			,	
Part F: Licensing Authority App	roval			
I hereby certify that I have checked muthis individual does not have a criminal electronic vaping device retailer licens	al record that would disqualify the	em from having an int	owledge, with the availab erest in a cigarette, tobac	le information, co product, or
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	: Busin	ess Informat	ion							
1. Legal	Business	Name (individual	1	1	110					
	OU E	<u>vansville</u>	min	mart I	NC.					
2. Busine	ess Trade	Name or DBA								
3. Entity	Type (che	eck one)								
	Sole Pro	prietor		Partnership		Li	mited Liability Co	ompany	≥ C	orporation
Part B	: Indivi	dual Informa	tion							
1. Name	(Last)		-		2. Na	ame (First)				3. Name (M.I.)
Six	nah					Manu	ďΓ			
4. Relation	onship to	Business (Title)			5. Er	nail	^	,	6. Phone	_
F	gent	•			ISC	busin	ess 5326	gmail.com		10 1 000
7. Home	Address							0		
		10, 71								
8. City	0- 1	11 - 1				9. State	10. Zip Code		11. Date of E	Birth
	Bra	i neaci				WI	5352	0		-1-1
12. Drive	ers Licens	e/State ID Numbe	er				The second secon	ense/State ID State	of Issuance	
	~~~~						IN			
Part C	: Indivi	dual's Addres	ss Histo	ry						
List in c	hronolog	ical order all of	vour addr	esses within the I	ast 5 ve	ars. Attac	h additional shee	ets if necessary.		
	Address				City			State	Zip Code	
3 "			•	<b>A</b> 1	City	arny	200	TN	U/CE	20
Previous	Address	2 DI YM	וטינו		City	gruni	gui	State	Zip Code	50
	7 1001 000				John			Otate	Zip Code	
Previous	Address	3			City			State	Zip Code	
Previous	Address	4			City			State	Zip Code	
								- Claro	Zip codo	
Previous	Address	5			City			State	Zip Code	
Previous	Address	6			City			State	Zip Code	
If applie	able list	all states and o	ounties w	ou have lived in as	s an adı	ult Attach	additional shoot	s if pacaccan		
State	_			AND THE RESERVE TO SELECT THE PROPERTY OF THE	o all aut				Court	
T	County	The colo	State	County		State	County	State	County	
State	County	SOBERN	State	County		Ctat-	County	01-1-		
State	County		State	County		State	County	State	County	

Continued  $\rightarrow$ 

Part D: Individual's Criminal History			
Have you ever been convicted of any offenses     Wisconsin, or another state's laws, or of any c	(other than traffic offenses ounty or municipal ordinan	s) for violation of an ces?	y federal, ☐ Yes 🔀 No
If yes to question 1, please list details of each of	conviction below:		
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed	1	Was sentence of	completed? Yes No
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentence of	completed? Yes No
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed	<u></u>	Was sentence o	completed? Yes No
Are charges for any offenses currently pending federal, Wisconsin, or another state's laws or another state.			
If yes to question 2, describe nature and status	s of pending charges using	the space below. A	uttach additional sheets as needed.
<i>;</i>			
i.			
		,	
• ;			
·			
Part E: Attestation by Individual			
READ CAREFULLY BEFORE SIGNING: I under connection with this application, and that any per- rette, electronic vaping devices, and tobacco pro- I declare under penalties of the law that I have e complete to the best of my knowledge and belief.	son who knowingly provide oducts retail license may b examined this information a	s materially false in e required to forfeit	formation on an application for ciga- not more than \$1,000 if convicted.
Signature		Dat	6/12/25
Part F: Licensing Authority Approval			
I hereby certify that I have checked municipal and this individual qualifies to serve in the reported ro			edge, with the available information,
Name of Local Official	Tit	le	
Signature of Local Official		Dat	e



Business Name: SD Evansville Minimart Inc

Business Address: <u>350 Union St, Evansville, WI, 53536</u> Authorized Agent/Manager/Owner: <u>Manvir Singh</u>

POLICE OFFICER NAME:	DATE:	
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 Cod		and Zoning Codes
maintained? Yes No	e, were building	and Zonnig Codes
Remarks Lighting is now compliant.	Canopy	lightma
exceeds whimum footandes or	north	property line
but existed pre-lighting standar	ids and is	grandfathered in
FIRE INSPECTOR:	DATE:	
In accordance with Chapter 50 of the Municipal Code, were Fire	Codes maintaine	ed?Yes No
Remarks	1	
CITY CLERK:	DATE:	
In accordance with Chapter 6 of the Municipal Code, were regular premise?	ations met perta	ining to licensed
The (please circle one) Fire / Police / Building Inspector / City recommends ApprovalDenial of the license application of the license application of the license is recommended subject to the following the policy of the	ation.	
Cuto Son	8/5/2	s
Inspector Signature	Date of Inspe	ction



Business Name: SD Evansville Minimart Inc

Business Address: <u>350 Union St, Evansville, WI, 53536</u> Authorized Agent/Manager/Owner: <u>Manvir Singh</u>

POLICE OFFICER NAME:	DATE:
Is the current alcohol license properly posted?	YesNo
2. Is Agent listed on the license on premise?	YesNo
3. Does the operator have a valid license?	Yes No
4. Are Cigarettes/Tobacco/Vape products being sold?	YesNo
<ul><li>5. Number of game machines</li><li>6. Is a current Wisconsin Sellers' Permit posted?</li></ul>	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 maintained?Yes <a href="#">Yes <a href="#">X</a> No</a> Remarks	shed. NEEDS REPAIR ASAP
organiza issues I lade of commi	vication 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 repremise?	
The (please circle one) Fire / Police / Building Inspector / recommends _Approval Denial of the license ap If applicable, this license is recommended subject to the following the property of the policy of	pplication.
Inspector Signature	S 1 25 Date of Inspection



# * Amended * CITY OF EVANSVILLE

### **Alcohol License Premises Inspection Report**

Business Name: SD Evansville Minimart Inc

Business Address: <u>350 Union St, Evansville, WI, 53536</u> Authorized Agent/Manager/Owner: <u>Manvir Singh</u>

DOLLOT OFFICED MANAGE	
POLICE OFFICER NAME:	DATE:
<ol> <li>Is the current alcohol license properly posted?</li> </ol>	YesNo
2. Is Agent listed on the license on premise?	YesNo
3. Does the operator have a valid license?	YesNo
4. Are Cigarettes/Tobacco/Vape products being sold?	YesNo
5. Number of game machines	
6. Is a current Wisconsin Sellers' Permit posted?	YesNo
BUILDING INSPECTOR:	DATE:
In accordance with Chapter 18, 46 and 130 of the Municipal	Code were Building and Zoning Codes
maintained?Yes No	n code, were building and Zoning Codes
Remarks	
7 . 2	
FIRE INSPECTOR: Loch Burger	DATE: 4-22-25
In accordance with Chapter 50 of the Municipal Code, were	Fire Codes maintained? Yes TNo
Remarks all Violation were Corrected as a	Enspeter Backy Berson
CITY CLERK:	DATE
In accordance with Chapter 6 of the Municipal Code, were r	DATE:
premise?	egulations met pertaining to licensed
The (please circle one) Fire / Police / Building Inspector /	City Clark has inspected the annual
recommends ApprovalDenial of the license ap	onlication
	phication.
f applicable, this license is recommended subject to the foll	owing conditions: 3 FX'L SV 1
f applicable, this license is recommended subject to the foll	lowing conditions: 3 FX: 4 5:53'5
f applicable, this license is recommended subject to the foll Not school after Instal Instaction. Re-T.	-slection Dane on 4-12-25 5:505 51
f applicable, this license is recommended subject to the foll	-slection Dane on 4-12-25 Sisns St Additional Bodays to fix to Aveil F
f applicable, this license is recommended subject to the foll lot school after Instal Instaction, Re-T.	reflection Dane on 4-12-15 Sign St.



Business Name: SD Evansville Minimart Inc

Business Address: <u>350 Union St, Evansville, WI, 53536</u> Authorized Agent/Manager/Owner: <u>Manvir Singh</u>

POLICE OFFICER NAME:	DATE:
Is the current alcohol license properly posted?	YesNo
2. Is Agent listed on the license on premise?	YesNo
3. Does the operator have a valid license?	YesNo
4. Are Cigarettes/Tobacco/Vape products being sold?	YesNo
5. Number of game machines	
6. Is a current Wisconsin Sellers' Permit posted?	YesNo
BUILDING INSPECTOR:	DATE:
In accordance with Chapter 18, 46 and 130 of the Municipal C	Code, were Building and Zoning Codes
maintained?Yes No	
Demants	
Remarks	- 18
FIRE INSPECTOR: Loch Burger	DATE: 4-22-25
In accordance with Chapter 50 of the Municipal Code, were F	
Remarks	
CITY CLERK:	DATE:
In accordance with Chapter 6 of the Municipal Code, were reg	gulations met pertaining to licensed
premise?	
The (please circle one) Fire / Police / Building Inspector / C	ity Clerk has inspected the premises and
recommends ApprovalDenial of the license app	
benial of the license app	2
If applicable, this license is recommended subject to the following	wing conditions: 3 FX: L 5:54'5
Not Schalred after Instal Inspection. Re-In	
lot Filed, owner Contacted and was given an	
66 , 100	
Jack 15 Not	4-22-25
Inspector Signature	Date of Inspection



#### 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

**ZipCode:** 53536

Evansville

Mailing Address

**Building Owner Info** 

**Building** Gas N Go

First Name Manvir

Last Name Singh

Owner Name:

Cell Phone 269-267-

8035

Mailing Address

Number: 350

Street: Union

Street Street

Type:

City: City of

State: WI

**ZipCode:** 53536

Evansville

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: Pursusant 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 Wisconson 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

Signature Graphic	<u>Signatures</u> First Name	Last Name	Signature Date	Туре
HAM	Zach	Burger	04/22/2025	Inspector
Suphpeel	Sukhpal	Singh	04/22/2025	Owner/R ep.



Business Name: SD Evansville Minimart Inc

Business Address: <u>350 Union St, Evansville, WI, 53536</u> Authorized Agent/Manager/Owner: <u>Manvir Singh</u>

POLICE OFFICER NAME:	DATE:				
1. Is the current alcohol license properly posted?	YesNo				
2. Is Agent listed on the license on premise?	YesNo				
3. Does the operator have a valid license?	YesNo				
4. Are Cigarettes/Tobacco/Vape products being sold?	YesNo				
5. Number of game machines					
6. Is a current Wisconsin Sellers' Permit posted?	YesNo				
BUILDING INSPECTOR:	DATE:				
In accordance with Chapter 18, 46 and 130 of the Municipal Coo	de, were Building and Zoning Codes				
maintained?Yes No					
Remarks					
FIRE INSPECTOR:	DATE:				
In accordance with Chapter 50 of the Municipal Code, were Fire					
in decordance with enapter 50 of the Municipal code, were the	codes maintained:res No				
Remarks					
CITY CLERK: Leas Hwither	DATE: 882025				
In accordance with Chapter 6 of the Municipal Code, were regul					
premise?					
* Paid for Special	mta \$3000				
X. Publicotion	0 #				
The (please circle one) Fire / Police / Building Inspector / City	y Clerk has inspected the premises and				
recommends _ApprovalDenial of the license applic					
If applicable, this license is recommended subject to the following conditions:					
	-1-1				
Alli Title A	2/2/200				
Inspector Signature	Date of Inspection				
inspector signature	Date of inspection				