

A meeting of the City of Evansville Public Safety will be held at the location, on the date, and at the time stated below. Notice is further given that members of the Finance and Labor, Municipal Services, Plan Commission and Economic Development Committee may be in attendance. 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.

Public Safety Committee
Regular Meeting
Wednesday, October 1, 2025, 6:00 p.m.
City Hall, 31 S. Madison Street, Evansville, WI
AGENDA
AMENDED

1. Call to Order.
2. Roll Call.
3. Motion to approve the Agenda.
4. Motion to approve September 3, 2025, Public Safety regular meeting Minutes.
5. Citizen appearances other than agenda items listed.
6. Old Business.
 - A. Bryn Thompson approval for Operator's License from Provisional.
7. New Business.
 - A. **Discussion with possible motion to approve the Operator's License Application(s)** for: *(non-recommended by Evansville Police Department)*.
 - 1) Azure Mae Klein (Sent letter and left message)
 - B. **Motion to approve the Operator's License Application(s)** for: *(recommended by Evansville Police Department)*.
 - 1) Brady Jon Strangstalien
 - 2) Nicholas R. Gregerson
 - 3) Lane Robert Lederman
 - 4) Paul David Liesse
 - 5) Jessica Marie Bridges (Came in and fixed DOB)
 - 6) Kloie Jayce Huffman-Heins
 - C. Discussion with possible motion to approve the Temporary Class "B" Retailer License Application for the sale of Fermented Malt Beverage for:
 - 1) **Evansville Community Theater** – Emma's Table, 104 W. Main Street, Evansville, WI 53536, Agent Lyman Fuson, for the following dates.
 - a. Thursday, November 13, 2025 – 6:00 p.m. – 10:00 p.m.
 - b. Friday, November 14, 2025 – 6:00 p.m. – 10:00 p.m.
 - c. Saturday, November 15, 2025 – 6:00 p.m. – 10:00 p.m.

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

- D. Motion to recommend to Common Council the Temporary Class B Beer Application for: (background check recommendation provided by Chief Jones, unless otherwise noted)
- 1) **Monster Mash Market (Evansville Area Chamber of Commerce)**, 25 W Main St, Evansville, WI 53536, Agent Shawn Dunphy, for Saturday October 18, 2025, from 3:00 p.m. to 8:00 p.m. with the following premises:
- a. Shifting Gears Bike Shop, 13 W Main St, Evansville, WI 53536 – Paul Liesse
 - b. Exp Realty, 17 W Main St, Evansville, WI 53536 – Bridget Creighton
 - c. Evansville Craft Market, 26 W Main St, Evansville, WI 53536 – Theresa Petterson
 - d. Salon KB, 11 E Main St, Evansville, WI 53536 – Kacy Bott
- E. Discussion with possible motion to recommend to Common Council the Class “B”/Class B” Temporary Extension of Premises Application for: (background check recommendation provided by Chief Jones, unless otherwise noted)
- 1) **Evansville Chamber of Commerce**: 25 W. Main Street, Evansville, WI 53536 from 3:00 p.m. to 8:00 p.m. on October 18, 2025. From Madison Street to Maple Street.
- F. Discussion with possible motion to recommend to Common Council the Class “B”/Class B” Temporary Extension of Premises Application for: (background check recommendation provided by Chief Jones, unless otherwise noted)
- 1) **Slice Golf**: 1 E. Main Street, Evansville, WI 53536 from 3:00 p.m. to 8:00 p.m. on October 18, 2025. From Madison Street to Maple Street.
- G. Motion to Recommend to Common Council the 2026 Joint Powers Agreement
- H. Discussion and Motion to Recommend to Common Council the Intergovernmental Emergency Medical Services Contact with Towns of Union, Porter, Magnolia, and Brooklyn
8. Evansville Police Department Report.
9. Evansville Emergency Medical Services Report.
10. Meeting Reminder: Wednesday, November 5, 2025, at 6:00 p.m.
Future Meeting Dates: December 3, 2025
11. Adjourn.

Erika Stuart, Chairperson

Public Safety Committee
Regular Meeting
Wednesday, September 3, 2025, 6:00 p.m.
City Hall, 31 S. Madison Street, Evansville, WI

MINUTES

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

2. Roll Call

Members

Aldersperson Erika Stuart, Chair
Aldersperson Chuck Boyce
Aldersperson Joe Geoffrion

Present/Absent

P

P

P

Others Present

Chris Jones, Chief
Lt Ian Reilly
Carolyn Kleisch, EMS Chief
Chris Wells, DOT
Chris Hazard, DOT
Judge, Thomas Alisankus
Aaron Johnson, Detective
Trevor Tway, Sergeant
Shawn Dunphy, Chamber of Commerce
Karen Tway, Citizen
Slick & Shannon Plath, Citizen
Ry Thompson, Citizen

3. Motion to approve the Agenda *by Boyce, Seconded by Geoffrion, Motion Carried 3-0*

4. Motion to Approve August 6, 2025, Public Safety Regular Meeting Minutes and the August 12, 2025, Public Safety Special 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. **Swearing in of Police Detective Sergeant Aaron Johnson.** *Judge Thomas Alisankus sworn in Detective Aaron Johnson.*
- B. **Swearing in of Police Patrol Sergeant Trevor Tway.** *Judge Thomas Alisankus sworn in Patrol sergeant Trevor Tway.*
- C. **Discussion Regarding Water Street & Main Street Intersection with DOT** *Chris Wells from the Department of Transportation explained what the warrants would be to facilitate putting in a Stop Sign at Water Street & Main Street. Main Street would need 300 vehicles in both directions for 8 hours a day and Water Street would need 200 units (vehicles, pedestrians & bicycles) 8 hours a day or there would need to be 5 or more accidents within a 12-month period or site issue. If the City was interested in this*

they would need to do an engineering study and count vehicles and compare documentation. Chris stated as of right now with the information he has doesn't see a need for the study as of now.

- D. **Motion to approve the Long-Term Street Closure Application for:** (background check recommendations provided by Chief Jones, unless otherwise noted)

1) **Evansville Chamber of Commerce & Tourism**, Monster Mash Market, 25 W. Main Street, Evansville WI 53536.

- From First Street to Madison Street, Madison Street to Maple Street, on Saturday October 18, 2025, from 2:00 p.m. to 9:00 p.m.

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

8. **Evansville Police Department Report** – *Officer Hanson has completed his field training and is currently assigned to 2nd shift. EVPD officers conducted the annual Taser Recertification. Chief Jones & Lt. Reilly met with the Administration team of the Evansville Community School District to discuss the upcoming school year. Vandalism throughout the city where property & vehicles were damaged, there has been an arrest. Officer Hanson handled an incident with a 13-year-old armed with a knife and taken to Juvenile Intake.*
9. **Evansville Emergency Medical Services Report** *EMS had a refresher with Mercy's MD-1. Chief Kleisch, was meeting with KSW about the garage door and getting final approvals. EMS has hired another Advanced EMT to join the service and Ashley has started A-EMT class this month, and Keri & Ben Start in September for Paramedic Class.*
10. **Meeting Reminder: Wednesday, October 1, 2025, at 6:00pm**
- Future Meeting Dates: November 5, 2025 & December 3, 2025**
11. **Adjourn** *Boyce adjourned the meeting at 6:58 p.m.*

Jolene Klitzman, Deputy Clerk



6-A
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**

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>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
<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>[Signature]</u>	Email: <u>[Signature]</u>
Printed Name: <u>Bryn Thompson</u>	Date: <u>5/21/25</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: <u>VAL - Less than 1yr - 6.44(c)(2)(a)</u>		Public Safety Committee: Approved: _____ Denied: _____ Date: _____	
		Clerk's Office Signature _____ Date _____	
Recommend: <u>[Signature]</u>	Non-Recommended: <u>X</u>	Receipt # _____	
Police Chief's Signature _____ <u>06/02/25</u> Date		Receipt: 1.159860 10.00 THOMPSON, BRYN May 21, 2025 1:33 PM	



City of Evansville

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

September

Azure Mae Klein

Evansville, WI 53536

Dear Azure:

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, October 1, 2025, at 6:00 p.m. This meeting is open to the public and I would encourage you to attend so that you can respond to questions regarding violations on your application before they make a final decision to grant or deny your license.

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

Sincerely,

Jolene Klitzman
Deputy Clerk

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



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>Azure</u> <u>Mae</u> <u>Klein</u>			DATE OF BIRTH: <u>11-11-1991</u>	
First Middle Last				
ADDRESS: <u>1111 1st St</u>			PHONE: <u>715-740-1441</u>	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: <u>Male</u> <input type="radio"/> Female <input type="radio"/>	
Driver's License No.: <u>11111111</u>			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				

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

☒ Successfully completed a Responsible Alcohol Servers Course

☐ An alcohol agent for a retail alcohol license

☒ Held an Operator's License issued in Wisconsin

☐ The sole proprietor of retail alcohol license

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

Signature: Azure Klein
Printed Name: Azure Klein

Email: azure.klein@evansvillewi.gov
Date: 09/21/2025

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee: Paid To:
Approved: City of Evansville Denied: City of Evansville Date: 09/21/2025

07/2025 - Charged with Felony
Child Abuse - D.C. - Dismissed

Clerk's Office Signature: _____ Date: _____

Approved: _____

Denied: X

Receipt #

Receipt: 1.159897 35.00
AZURE KLEIN
Sep 25, 2025 3:59 PM

Police Chief's Signature

Date



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7B-1

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

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

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

1. LEGAL NAME: <u>Brady</u> <u>Jon</u> <u>Strangstalien</u> First Middle Last		DATE OF BIRTH: _____				
ADDRESS: _____		PHONE: _____				
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>			
Driver's License No.: _____		Issuing State: <u>WI</u>				
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>6 months</u>		Former Name(s): _____				
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		City	State	Zip	From	To
_____		<u>Evansville</u>	<u>WI</u>	<u>53536</u>	<u>2023</u>	<u>2025</u>

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: [Signature]
Printed Name: Brady Strangstalien

Email: _____
Date: 8-29-25

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

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

Clerk's Office Signature

Date

Approved: [Signature]

Denied: _____

Receipt #

Receipt: 1.159745
STRANGSTALIEN, BRADY
Aug 29, 2025 11:44 AM

Police Chief's Signature

Date

09/04/2025



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.

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

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

2. Have you ever been 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?	<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>Reckless Driving</u>	<u>08/2010?</u>	<u>Evansville</u>	<u>WI</u>

Within the last two (2) years, did you have and/or complete one of the following:	Attach certificate of completion for Responsible Alcohol Servers Course
<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>Nicholas Gregerson</u>	Email: _____
Printed Name: <u>Nicholas Gregerson</u>	Date: <u>9/4/2025</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee: <u>Paid to:</u>	
		Approved: _____ Denied: <u>City of Evansville</u> Date: _____	
		Clerk's Office Signature _____ Date _____	
Recommend: <u>[Signature]</u>	Non-Recommended: _____	Receipt #	Receipt: 1.159792 50.00 GREGERSON, NICHOLAS Sep 5, 2025 2:54 PM
Police Chief's Signature <u>[Signature]</u>	Date <u>09/05/2024</u>		



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>Lane</u> <u>Robert</u> <u>Lederman</u>		DATE OF BIRTH: <u>0</u>	
First Middle Last			
ADDRESS: <u>57 Cortland Dr.</u>		PHONE: <u></u>	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: <input checked="" type="radio"/> Male <input type="radio"/> Female
Driver's License No.: <u></u>		Issuing State: <u>WI</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>1 yr</u>		Former Name(s): <u></u>	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip
<u></u>	<u>Evansville</u>	<u>WI</u>	<u>53536</u>
<u></u>	<u></u>	<u></u>	<u>Sept 23 Sept 24</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 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?	Yes	<input checked="" type="radio"/> No
b) Operating a motor vehicle while intoxicated?	Yes	<input checked="" type="radio"/> No
c) Selling or furnishing alcoholic beverages to underage person?	Yes	<input checked="" type="radio"/> No
d) Permitting underage person on licensed premises?	Yes	<input checked="" type="radio"/> No
e) Allowing persons on licensed premises after closing?	Yes	<input checked="" type="radio"/> No
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	<input checked="" type="radio"/> No
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes	<input checked="" type="radio"/> No
h) Fighting, disorderly conduct, assault, or battery?	Yes	<input checked="" type="radio"/> No
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes	<input checked="" type="radio"/> No
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	<input checked="" type="radio"/> No

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

☒ Successfully completed a Responsible Alcohol Servers Course

☐ An alcohol agent for a retail alcohol license

☒ Held an Operator's License issued in Wisconsin

☐ The sole proprietor of retail alcohol license

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

Signature: Lane Lederman
Printed Name: Lane Lederman

Email:
Date: 9-16-25

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:

Non-Recommended:

Receipt #

Receipt: 1.159939 35.00
LANE LEDERMAN
Sep 16, 2025 2:30 PM

Police Chief's Signature

Date

09/19/2025



APPLICATION FOR OPERATOR'S LICENSE

7B-4

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: Paul David Liesse			DATE OF BIRTH:	
First Middle Last				
ADDRESS: 119 Garfield Ave			PHONE:	
CITY: Evansville	STATE: WI	ZIP: 53536	GENDER: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
Driver's License No.:			Issuing State: WI	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 11 years			Former Name(s): n/a	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To				

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

2. Have you ever been 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 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
Cited for underage drinking	May 1984		IL

Within the last two (2) years, did you have and/or complete one of the following:	Attach certificate of completion for Responsible Alcohol Servers Course
<input 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:	Email: _____
Printed Name: Paul Liesse	Date: 9-16-25

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:	Non-Recommended: _____	Receipt # _____	
Date: 09/19/2025		Receipt: 1.157850 35.00 PAUL LIESSE Sep 17, 2025 11:12 AM	



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>Jessica Marie Bridges</u>		DATE OF BIRTH: _____	
First	Middle	Last	
ADDRESS: _____		PHONE: _____	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input type="radio"/> Female <input checked="" type="radio"/>
Driver's License No.: _____		Issuing State: <u>WI</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>2.5 years</u>		Former Name(s): _____	
Prior Street Address if Above Address is Less Than 5 Years	State	Zip	From
_____	<u>WI</u>	<u>53536</u>	<u>2019</u>
_____	_____	_____	<u>2023</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	No <input checked="" type="radio"/>
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?	Yes	No <input checked="" type="radio"/>
b) Operating a motor vehicle while intoxicated?	Yes	No <input checked="" type="radio"/>
c) Selling or furnishing alcoholic beverages to underage person?	Yes	No <input checked="" type="radio"/>
d) Permitting underage person on licensed premises?	Yes	No <input checked="" type="radio"/>
e) Allowing persons on licensed premises after closing?	Yes	No <input checked="" type="radio"/>
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	No <input checked="" type="radio"/>
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes	No <input checked="" type="radio"/>
h) Fighting, disorderly conduct, assault, or battery?	Yes <input checked="" type="radio"/>	No
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes	No <input checked="" type="radio"/>
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	No <input checked="" type="radio"/>

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

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>Disorderly Conduct</u>	<u>July 2021</u>	<u>Evansville</u>	<u>WI</u>

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: Jessica Bridges
 Printed Name: Jessica Bridges

Email: _____
 Date: 09/19/2025

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Recommend contingent on correct DOB on application - 01/02/93

Public Safety Committee: Paid 101
 Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature

Date

Recommend: ☒

Non-Recommended: ☐

Receipt #

Receipts: 1.159971

35.30

JESSICA BRIDGES

Sep 19, 2025 2:19 PM

Police Chief's Signature

09/24/2025
 Date



APPLICATION FOR OPERATOR'S LICENSE

7B-6

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>Kloie</u> <u>Joyce Huffman-Heins</u>		DATE OF BIRTH: <u>11-11-1989</u>
Middle Last		
ADDRESS: <u>1125 Turner St</u>		PHONE: <u>715-831-0022</u>
CITY: <u>Aldany</u>	STATE: <u>WI</u>	ZIP: <u>53502</u>
Driver's License No.: <u>1125 Turner St</u>		GENDER: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Issuing State: <u>WI</u>		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>18 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 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 checked="" type="checkbox"/>	No <input 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
<u>underage drinking</u>	<u>06/2022</u>	<u>Rock County</u>	<u>WI</u>
		<u>off of road - not sure</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
<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>Kloie Huffman-Heins</u>	Email: <u>klhie@evansvillewi.gov</u>
Printed Name: <u>Kloie Huffman-Heins</u>	Date: <u>9/22/2025</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee:
		Approved: _____ Denied: _____ Date: _____
		Clerk's Office Signature _____ Date _____
Recommend: <u>X</u>	Non-Recommended: _____	Receipt # _____
<u>Cl. J.</u>	<u>09/25/2025</u>	Receipt: 1.159878 35.00
Police Chief's Signature	Date	CREIGHTON REALTY LLC
		Sep 23, 2025 7:43 AM



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

7C-1

CITY OF EVANSVILLE CLERK'S OFFICE
31 S. Madison St, PO Box 529, Evansville, WI 53536

Application Fee: \$10.00 per Licensed Premise

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN

Number of Licensed Premise(s): 1 x \$10.00 = \$ Total Due

License Type: (Check one)

☒

Beer Only

☒

Wine Only

Event Name: It's a Wonderful Life, Evansville Community Theatre production

Event Date: 11/13-15

Event Time: 6:00-10:00 pm

Name of Person in Charge of Event: Lynn Giltzer

Organization

☐ Bona fide Club

☐ Church

☒

Lodge/Society

☐ Chamber of Commerce/ similar
Civic or Trade Organization

☐ Fair Assoc/Agricultural Society

☐ Veteran's Organization

Organization Name: Evansville Community Theatre

Address: 102 W. Main, Evansville

Date Organized: 1/5/2002

If Corporation, Date of Incorporation:

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

Names and addresses of all Organization Officers:

President/Primary Officer: Lyman Fuson

Evansville WI 53536

Vice President:
Lynn Giltzer

Evansville, WI
53536

Name

Address

City/State/Zip

Secretary:
Maureen Wiloh

Name

Address

City/State/Zip

Evansville, WI

Treasurer: Clare Nerby

Name

Address

City/State/Zip

Evansville, WI

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

Address/Location Description: Emma's Table, 102 West Main, Evansville

Do premises occupy all or part of building? Part of the building

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

The sale of beer and wine will be prior to the start of the production and during intermission. The alcohol will be allowed in Emma's Table and areas adjacent.

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

Lyman Fuson (Lyman Fuson)

9/25/25



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

AFFIRMATION OF UNDERSTANDING FOR EVENT MANAGER

CITY OF EVANSVILLE CLERK'S OFFICE

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

EVENT DATE: 11/13/2025, 11/14/2025, 11/15/2025

EVENT TIME: 7pm

6-10pm

NAME: Lynn Gillitzer

DATE OF BIRTH: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

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

ATTESTATION AND ACKNOWLEDGEMENT OF RESPONSIBLE PARTY

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

- Successfully completed a responsible Alcohol Servers course
- Held a Wisconsin Operator's License for the City of Evansville
- 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.

Lynn Gillitzer
Signature of Manager/Person in Charge of event

9/25/2025
Date

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Chief Recommendation and Comments:

Recommend ☒

Non-Recommend ☐

Recommend with conditions ☐

[Signature]
Police Chief's Signature

09/26/2025
Date

Date Filed with Clerk:

9-25-25

Date License Issued:

Public Safety:

10-1-25

Clerk's Signature:

Paid In:

City of Evansville

Notes & Receipt Information:

Receipt: 1.159898

10.00

LYMAN FUSON - ECTP

Sep 25, 2025 10:20 AM



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

CITY OF EVANSVILLE CLERK'S OFFICE
31 S. Madison St, PO Box 529, Evansville, WI 53536

Application Fee: \$10.00 per Licensed Premise

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN

Number of Licensed Premise(s): 5 x \$10.00 = \$ 50.00 Total Due

License Type: (Check one)

Beer Only

Wine Only

☒

Event Name:

Fall Fest & Monster Mash Market

Event Date:

10/18/25

Event Time:

3pm - 8pm

Name of Person in Charge of Event:

Shawn Murphy

Organization

Bona fide Club

Church

Lodge/Society

☒ Chamber of Commerce/ similar
Civic or Trade Organization

Fair Assoc/Agricultural Society

Veteran's Organization

Organization Name:

Evansville Chamber of Commerce

Address:

25 W Main St Evansville

Date Organized:

1971

If Corporation, Date of Incorporation:

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

Names and addresses of all Organization Officers:

President/Primary Officer:

Abbey Barnes

14 W Main

Evansville

Vice President:

Paul Wiese

13 W Main

City/State/Zip

Secretary:

Lera Ramirez

539 Eliza St

City/State/Zip

Treasurer:

Denise Johnson

25 W Main

City/State/Zip

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

Address/Location Description:

25 W Main

Do premises occupy all or part of building?

Part

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

part - lower level

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

ABarnes

9/18/25

(Officer Signature/Date)

Evansville Chamber

(Name of Organization)



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

AFFIRMATION OF UNDERSTANDING FOR EVENT MANAGER

CITY OF EVANSVILLE CLERK'S OFFICE

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

EVENT DATE:

10/18/25

EVENT TIME:

3:00-8:00 P.M.

NAME:

Shawn Dunphy

DATE OF BIRTH:

1/1/71

ADDRESS:

2211 Murphy Ave, Evansville WI 53536

EMAIL:

dunphyshawn@gmail.com

PHONE:

761 521 7

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

ATTESTATION AND ACKNOWLEDGEMENT OF RESPONSIBLE PARTY

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

- Successfully completed a responsible Alcohol Servers course
- Held a Wisconsin Operator's License for the City of Evansville
- 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/Person in Charge of event

Date

Shawn Dunphy

9/19/25

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Chief Recommendation and Comments:

Recommend

X

Non-Recommend

Recommend with conditions

E mail

Police Chief's Signature

Date

Date Filed with Clerk:

9-19-2025

Date License Issued:

Public Safety:


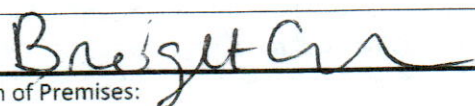
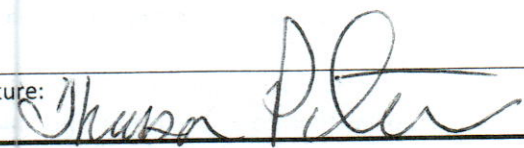
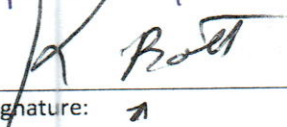
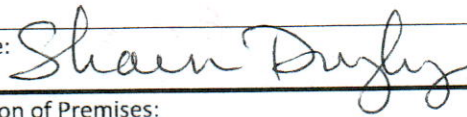
10-1-2025

Clerk's Signature:

Notes & Receipt Information:

Additional Licensee Information

If additional room is needed for more businesses please attach additional pages.

<p>Business Name: <u>Shifting Gears Bike Shop</u></p>	<p>Description of Premises: <u>Retail Shop</u></p>
<p>Business Address: <u>13 W. Main St.</u></p>	<p>Signature: </p>
<p>Business Owner: <u>Paul Lisse</u></p>	
<p>Business Name: <u>EXP Realty</u></p>	<p>Description of Premises: <u>Realty Office</u></p>
<p>Business Address: <u>17 W. Main St.</u></p>	<p>Signature: </p>
<p>Business Owner: <u>Bridget Creighton</u></p>	
<p>Business Name: <u>Evansville Craft Market</u></p>	<p>Description of Premises: <u>Retail Shop</u></p>
<p>Business Address: <u>26 W. Main St.</u></p>	<p>Signature: </p>
<p>Business Owner: <u>Theresa Peterson</u></p>	
<p>Business Name: <u>Salon KB</u></p>	<p>Description of Premises: <u>Retail / Salon</u></p>
<p>Business Address: <u>11 E. Main St</u></p>	<p>Signature: </p>
<p>Business Owner: <u>Kacy Bott</u></p>	
<p>Business Name: <u>Evansville Chamber of Commerce</u></p>	<p>Description of Premises: <u>Office</u></p>
<p>Business Address: <u>25 W. Main St</u></p>	<p>Signature: </p>
<p>Business Owner: <u>Shawn Dunphy</u></p>	
<p>Business Name:</p>	<p>Description of Premises:</p>
<p>Business Address:</p>	<p>Signature:</p>
<p>Business Owner:</p>	
<p>Business Name:</p>	<p>Description of Premises:</p>
<p>Business Address:</p>	<p>Signature:</p>
<p>Business Owner:</p>	

FW: Class B & Extension of Premise Applications

9/29/25 10:22 AM

From: "Jolene Klitzman" <j.klitzman@evansvillewi.gov>

To: Jolene Klitzman <klitzman4@litewire.net>

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

Sent: Monday, September 29, 2025 10:19 AM

To: Jolene Klitzman <j.klitzman@evansvillewi.gov>; Quinn Bennett <q.bennett@evansvillewi.gov>

Subject: Re: Class B & Extension of Premise Applications

This looks ok to me.

Professionally,

Christopher Jones

Chief of Police

10 W. Church St Evansville WI 53536

www.evansvillewi.gov

608-882-2262

c.jones@evansvillewi.gov



CONFIDENTIALITY NOTICE: This electronic mail transmission and any accompanying documents contain information belonging to the sender which may be confidential and legally privileged. This information is only for the use of the individual or entity to whom this electronic mail transmission was intended. If you are not the intended recipient, any disclosure, copying, distribution, or action taken in reliance on the contents of the information contained in this transmission is strictly prohibited. If you have received this communication in error, please immediately contact the sender and delete the message. Thank you.

From: Jolene Klitzman

Sent: Monday, September 22, 2025 2:16 PM

To: Christopher Jones <c.jones@evansvillewi.gov>; Dale Roberts <d.roberts@evansvillewi.gov>; Scott Kriebs <s.kriebs@evansvillewi.gov>

Cc: Leah Hurtle <l.hurtle@evansvillewi.gov>

Subject: Class B & Extension of Premise Applications

Hi All,

Please see the attached application for:

Evansville Chamber of Commerce Temporary Class "B"/"Class B" Retailer's License Application.

Evansville Chamber of Commerce Extension of Premise Application.

Slice Golf Extension of Premise Application.

These are for the Monster Mash Market on October 18, 2025, from 3 p.m. to 8 p.m. The street closure has already been approved by Public Safety on September 3, 2025.

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.

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Temporary Extension of Premise & Sidewalk Café Application

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

(Application must be submitted at least 15 days prior to event)

7E

Application Fee: \$50.00

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN

This license can only be issued to a current licensed establishments.
Requested area(s) must be adjacent with the current licensed premise.

Business Name:

(Must be the same as existing license)

Evansville Area Chamber of Commerce

Organized Occasion Name:

(if applicable)

Fall Fest (Formerly Ladies Night Out)

Requested Date(s):

10/18/25

Time(s) of Operation:

3:00pm - 8:00pm

Business Address:

25 W. Main St. Evansville WI

Name of Agent:

Shawn Dunphy

(Must be the same as existing license, otherwise a new appointment of agent form must be completed)

Phone Number:

608-882-5131

Email Address:

evansvillechamber@gmail.com

Name of Person in Charge of Occasion:

Shawn Dunphy

Phone Number:

608-882-5131

Email Address:

evansvillechamber@gmail.com

Premise Details

Specific description of the site for which the temporary extension is sought, including the dimension of the area and where beer/liquor/wine is to be served and consumed:

Fall Fest Event and Monster Mash Market will be held on the Street (1st St. - Madison St. - West Main St. in front of Chamber office. Requesting attendees be able to drink beverages in street

How will the licensed premise area be restricted and screened from underage persons:

Street barricaded off - attendees will have a bracelet to identify 21+ age. Under 21 will have different color wristbands. ID checks done at check-in of event @ Creekside.

Will the event encroach upon any public property or public right-of way?

X

Yes

No

(If you answered Yes above, a street closure permit may be needed)

Street Closure permit approved for event at Public Safety Sept. meeting.

Names and Addresses of all Organization Officers:

President:

Abbey Barnes Vintage Roost

14 W. Main St Evansville WI

Vice President:

Paul Weisse Shifting Gears

13 W. Main St Evansville WI

Secretary:

Nexi Ramirez W. Chod. Awakening

539 Elijah Ct Evansville WI

Treasurer:

Denise Johnson Lake Ridge Bank

2 E. Main St Evansville WI

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

Address/Location Description: 25 W. Main St

Do premise occupy all or part of building? part

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

7 1st St. to Madison St.
front of Grange Bldg.

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

Ubaruf 9/18/25
(Officer Signature/Date)

Evansville Chamber of Commerce
(Name of Organization)

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Public Works Manager:	Recommend _____ Non-recommend _____ Recommend with conditions _____	Reason for Non-Recommend/conditions _____ _____
Chief of Police:	Recommend <u>X</u> _____ Non-recommend _____ Recommend with conditions _____	Reason for Non-recommend/conditions _____ <u>Email</u>
Community Development:	Recommend _____ Non-recommend _____ Recommend with conditions _____	Reason for Non-recommend/conditions _____ _____
City Clerk:	Recommend _____ Non-recommend _____ Recommend with conditions <u>✓</u>	Reason for Non-recommend/conditions _____ <u>See Clerk's Memo</u>

Date Filed with Clerk: 10-9-19-25

Public Safety: Approved/Denied Date: 10-1-2025

Date License Issued:

Council: Approved/Denied Date:

Type of license currently held:

N/A Temporary

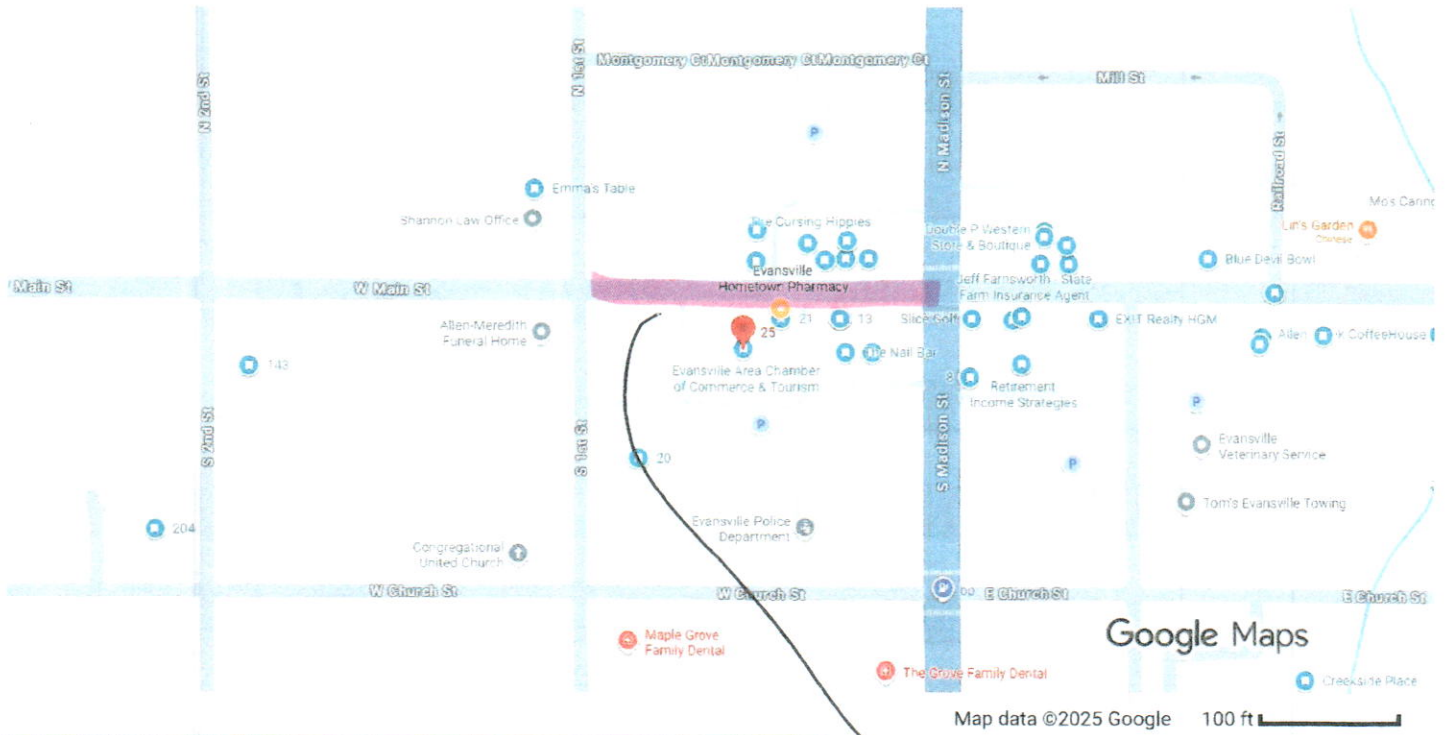
Class A Beer/Liquor

✓ Class B Beer/Liquor

Class C Wine

Brewery

Notes & Receipt Information:



Closure &
Extension of
Premise

25 W Main St



Directions



Saved



Nearby



Send to
phone



Share

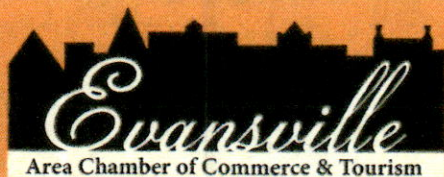


Saved in Favorites



25 W Main St, Evansville, WI 53536

Photos



Evansville Fall Fest

Saturday, October 18th
3:00 p.m. - 8:00 p.m.



SCAN ME!

Tickets On Sale NOW



Start at
Creeside Place
102 Maple St.



Plus! The return of the
5 Ladies Mural
Reception 1:30 pm at
Grange Store Building

SHOPPING-MAKERS MARKET FEAT. 40+ VENDORS-FOOD-MUSIC
CARRIAGE RIDES
WINE STOPS-TOTE BAG-PUNCH CARD

Event Sponsored by:

18 OCT
2025
3PM-8PM



FW: Class B & Extension of Premise Applications

9/29/25 10:22 AM

From: "Jolene Klitzman" <j.klitzman@evansvillewi.gov>

To: Jolene Klitzman <klitzman4@litewire.net>

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

Sent: Monday, September 29, 2025 10:19 AM

To: Jolene Klitzman <j.klitzman@evansvillewi.gov>; Quinn Bennett <q.bennett@evansvillewi.gov>

Subject: Re: Class B & Extension of Premise Applications

This looks ok to me.

Professionally,



From: Jolene Klitzman

Sent: Monday, September 22, 2025 2:16 PM

To: Christopher Jones <c.jones@evansvillewi.gov>; Dale Roberts <d.roberts@evansvillewi.gov>; Scott Kriebs <s.kriebs@evansvillewi.gov>

Cc: Leah Hurtley <l.hurtley@evansvillewi.gov>

Subject: Class B & Extension of Premise Applications

Hi All,

Please see the attached application for:

Evansville Chamber of Commerce Temporary Class "B"/"Class B" Retailer's License Application.

Evansville Chamber of Commerce Extension of Premise Application.

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These are for the Monster Mash Market on October 18, 2025, from 3 p.m. to 8 p.m. The street closure has already been approved by Public Safety on September 3, 2025.

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

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

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Temporary Extension of Premise & Sidewalk Café Application

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

(Application must be submitted at least 15 days prior to event)

7F

Application Fee: \$50.00

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN

This license can only be issued to a current licensed establishments.
Requested area(s) must be adjacent with the current licensed premise.

Business Name:

(Must be the same as existing license) *Spice Golf*

Organized Occasion Name:

(if applicable) *Monster Mash Market*

Requested Date(s):

10-18-25

Time(s) of Operation:

2-9

Business Address:

1 E Main St Evansville WI 53536

Name of Agent:

Sarah Kilps

(Must be the same as existing license, otherwise a new appointment of agent form must be completed)

Phone Number:

Email Address:

Name of Person in Charge of Occasion:

Sarah Kilps

Phone Number:

Email Address:

Premise Details

Specific description of the site for which the temporary extension is sought, including the dimension of the area and where beer/liquor/wine is to be served and consumed:

*Taking up ~~the parking space in front of site~~ for people to ~~take~~ from
alcohol during the fall fest. Will have barricades up. Madison St to
Maple St.*

How will the licensed premise area be restricted and screened from underage persons:

Barricades will be up in front of site. Wristbands for people 21 and up.

Will the event encroach upon any public property or public right-of way?

☒ Yes

☐ No

(If you answered Yes above, a street closure permit may be needed)

Chamber is applying for street closure.

Names and Addresses of all Organization Officers:

President:

Sarah Kilps

Name

1 E Main St

Address

Evansville WI 53536

City/State/Zip

Vice President:

Andy Donlan

Name

11

Address

PO

City/State/Zip

Secretary:

Name

Address

City/State/Zip

Treasurer:

Name

Address

City/State/Zip

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

Address/Location Description: 1 E Main St closed Madison to Maple St

Do premise occupy all or part of building? part

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

exterior of store & parking spaces

From Madison St. to Maple St.

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

Bob 9-17-25

(Officer Signature/Date)

SLICE GOLF

(Name of Organization)

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Public Works Manager:	Recommend _____ Non-recommend _____ Recommend with conditions _____	Reason for Non-Recommend/conditions _____ _____
Chief of Police:	Recommend <u>X</u> _____ Non-recommend _____ Recommend with conditions _____	Reason for Non-recommend/conditions <u>Email</u> _____ _____
Community Development:	Recommend _____ Non-recommend _____ Recommend with conditions _____	Reason for Non-recommend/conditions _____ _____
City Clerk:	Recommend _____ Non-recommend _____ Recommend with conditions <u>✓</u>	Reason for Non-recommend/conditions <u>See Clerk's Memo</u> _____ _____

Date Filed with Clerk: 9-17-25

Public Safety: Approved/Denied Date:

Date License Issued:

Council: Approved/Denied Date:

Type of license currently held:

Class A Beer/Liquor

✓ Class B Beer/Liquor

Class C Wine

Brewery

Notes & Receipt Information:

Paid To:
City of Evansville

Receipt: 1.159849 50.00
SLICE GOLF
Sep 17, 2025 11:04 AM

FW: Class B & Extension of Premise Applications

9/29/25 10:22 AM

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To: Jolene Klitzman <klitzman4@litewire.net>

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

Sent: Monday, September 29, 2025 10:19 AM

To: Jolene Klitzman <j.klitzman@evansvillewi.gov>; Quinn Bennett <q.bennett@evansvillewi.gov>

Subject: Re: Class B & Extension of Premise Applications

This looks ok to me.

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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Cc: Leah Hurtley <l.hurtley@evansvillewi.gov>

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Jolene Klitzman

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Phone: 608-882-2266 Option 2

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**JOINT POWERS AGREEMENT
256.35(9) Wis. Stats**

ROCK COUNTY AND CITY OF EVANSVILLE

Rock County (County) and City of Evansville (Municipality) have combined with other municipalities to establish a sophisticated telecommunications system which automatically connects a person dialing the first "911" to a public safety answering point (PSAP) provides the PSAP with the caller's location and number identification.

Wis. Stats. 256.35(9) requires that County and Municipality annually enter into this Joint Powers Agreement as follows:

- 1) This agreement is applicable on a daily basis.
- 2) If an emergency service vehicle is dispatched in response to a request through the Rock County System, which the Municipality is a part of, such vehicle shall render its services to the persons needing the services regardless of whether the vehicle is operating outside the vehicle's normal jurisdictional boundaries. The intent of this paragraph is to meet the legal requirements of the Wisconsin State Statutes. It is not to assign calls to emergency service departments outside of their defined service areas on a regular basis. Only unusual circumstances will require such assignment.
- 3) Municipality directs the Rock County PSAP Center receiving a call for service in the Municipality's jurisdiction to dispatch the call in the following manner.

Primary:	Police:	County Main Repeater 155.985 (TX), 159.090 (RX)
	Fire:	RF Main 153.950 (RX), 155.715 (TX)
		RF Paging 154.310 (RX), PL Tone 79.7
	EMS:	Same as Fire

Secondary: Police: County TAC Repeater 154.950 (TX), 158.730 (RX)

Fire: RF Central 150.815 (TX), 155.430 (RX)

EMS: Same as Above

- 4) All calls of an administrative nature shall be referred to Municipality's published telephone number as follows:

Administrative: Police: 882-2292

Fire: 882-9934

EMS: 882-2269

- 5) The Rock County PSAP will maintain a record of the receipt of all 911 calls, emergency and non-emergency, and a record of the dispatch. Municipality must keep records of the receipt of the dispatch and disposition.
- 6) Rock County will file a copy of this Agreement with the Wisconsin Department of Justice as required by sec. 256.35(9), Wis. Stats.

The respective Board/Council has authorized this Joint Powers Agreement and the undersigned have been authorized to execute this Agreement effective January 1, 2026.

X_____ Date_____
Rock County Administrator

X_____ Date_____
City of Evansville, Mayor

X_____ Date_____
City of Evansville, City Clerk

EVANSVILLE EMERGENCY MEDICAL SERVICES

INTERGOVERNMENTAL EMERGENCY MEDICAL SERVICES CONTRACT

SERVICE PROVIDER: City of Evansville, through its Emergency Medical Service
(Referred to as “Provider”)

SERVICE RECIPIENTS: Listed Sections of Towns of Union, Porter, Magnolia and
Brooklyn
(Referred to as “Recipients”)

TERM OF CONTRACT: January 1, 2026 through December 31, 2026.

WHEREAS, the City of Evansville, through its Emergency Medical Service, owns and maintains an ambulance and related equipment and supplies; and recruits, trains, and staffs emergency medical personnel; and

WHEREAS, towns adjoining the City of Evansville have a need for emergency medical services that the City of Evansville can provide; and

WHEREAS, pursuant to Sec. 66.0301(2), Wis. Stats., municipalities may contract with each other for the furnishing of services; and

WHEREAS, the City of Evansville as Provider and the towns as Recipients desire to provide and receive services under the terms and conditions set forth in this contract.

NOW, THEREFORE, the City of Evansville and the Towns agree as follows:

1. PROVISION OF EMERGENCY MEDICAL SERVICES

Provider shall provide emergency medical services on a 24 hour per day/ 365 day per year basis in those sections or portions of sections of each town as follows:

- A) Town of Union, Rock County, Wisconsin – All Sections except Sections 4 through 7, inclusive, and the north one-half of Section 8;
- B) Town of Porter, Rock County, Wisconsin - Sections 4 through 9, 16 through 21, 28 through 33 and the west one-half of Section 34, all inclusive;
- C) Town of Magnolia, Rock County, Wisconsin - Sections 1 through 12, 14 through 18, and 20 through 22, all inclusive; and
- D) Town of Brooklyn, Green County, Wisconsin - The south one-half of Sections 25 and 26, the southeast quarter of Section 27, the east one-half of Section 34 and all of Sections 35 and 36.

2. RENDERING OF SERVICES

The Provider shall endeavor to provide emergency medical services, to the best of its ability given the particular circumstances, to all persons in need of such service within the listed sections of the recipients, whether or not the person is a resident of the Town. It shall be within the discretion of the Provider, its agents and employees, to determine on a case by case basis whether or not a situation constitutes an emergency, whether or not such emergency medical services shall be administered and the extent to which emergency medical services shall be rendered. The Provider shall also have the right to determine the destination and manner or transport of a person serviced, if transport is deemed necessary.

3. RESPONSE

Within reason and exercising proper and appropriate discretion, Provider agrees to respond to requests for emergency medical services within the listed sections of the Recipients whether such request comes from Recipient employees, officers or agents, by any law enforcement agency or any other person.

4. COST OF SERVICES

The cost for emergency medical services payable by Recipients to Provider shall be twenty-eight dollars and seventy-three cents (\$28.73) per resident in the listed sections of each town, billed annually. Resident population will be the most current Department of Administration population estimate, typically reported in October, or other current estimate the Provider deems more accurate by door-to-door survey, utility bills, 911 services, and/or building permits (Attachment A).

5. BILLING OF SERVICES

A) A person receiving "basic life support" (BLS) emergency medical services will be charged a base rate of \$1,300.00, plus mileage and oxygen/spinal immobilization if rendered, if a Recipient resident covered under Section 1. A person receiving "advanced life support" (ALS) emergency medical services will be charged a base rate of \$1,400.00, plus mileage and oxygen/spinal immobilization if rendered, if a Recipient resident covered under Section 1.

B) A person receiving BLS emergency medical services will be charged a base rate of \$1,300.00, plus mileage and oxygen/spinal immobilization if rendered, if a City of Evansville resident. A person receiving ALS emergency medical services will be charged a base rate of \$1,400.00, plus mileage and oxygen/spinal immobilization if rendered, if a City of Evansville resident.

C) A person receiving BLS emergency medical services will be charged a base rate of \$1,300, plus mileage and oxygen/spinal immobilization if rendered, if not a city of Evansville or Recipient resident covered under Section 1 of this contract. A person receiving ALS emergency medical services will be charged a base rate of \$1,400, plus mileage and oxygen/spinal immobilization if rendered, if not a city of Evansville or Recipient resident covered under Section 1 of this contract.

D) A call fee of \$500 will be charged to the person responded to for emergency medical services if services of Provider are not rendered, required or refused upon arrival. A standby fee of \$500 will be charged for all responses for which standby assistance is requested.

E) The Provider will bill for services promptly with the information obtained at the time of service, which will contain information as to the date, the name and address of the person serviced, responsible party, and insurance, if any and if known.

F) Provider will assume responsibility for collection of patient bills and will absorb potential adjustments and write-offs.

6. RECORDS MAINTENANCE

Provider shall keep reasonable itemized and detailed work records covering name and address of the person receiving service, other parties involved, date, time and location of service rendered, and the cost of the service performed under this contract.

7. EMPLOYEE STATUS

All persons employed by or volunteering services to the Provider in the performance of the services and functions pursuant to the contract shall be the officer, employee or volunteer of the Provider only and shall have no claim to any employment benefits, including but not limited to, pensions, civil service or other rights from the Recipients.

8. LIABILITY

Provider shall carry insurance protecting against claims of malpractice or negligence for the acts and omissions of the officers, agents, employees or volunteers of Provider under the contract. Each Recipient shall indemnify and hold harmless the provider, and shall carry insurance protecting against claims for malpractice or negligence for the acts or omissions of any of its officers, agents, employees or volunteers under the contract. Each shall provide any other party to the contract with a certificate of insurance upon request.

9. TERM OF CONTRACT

The term shall be for one year as noted in the caption of this contract.

10. TERMINATION AMENDMENT AND RENEWAL.

Any party to this contract may terminate its participation in the contract upon 60 days written notice to all other parties. If any Recipient terminates the contract they are obligated to pay the entire annual contract amount. If the City terminates the contract pursuant to this paragraph, the City would refund payments made by the Recipients on a pro-rata basis. The contract does not automatically renew by inaction of Provider or any Recipient. Written agreement of Provider and any Recipient is required on the terms of any amendment or renewal.

11. NON-EXCLUSIVE CONTRACT

This contract is not exclusive and Provider may provide emergency medical services to others than parties to this contract; and each Recipient may use any other emergency medical services supplier in addition to Provider.

Dated this _____ day of October, 2025.

Mayor, City of Evansville

Clerk, City of Evansville

Chair, Town of Union

Chair, Town of Porter

Chair, Town of Brooklyn

Chair, Town of Magnolia

October 1st, 2025

Evansville Police Department

Public Safety Report

➤ **Training:**

- Officer Ritter has completed Phase I of the academy and is on to Phase II. Chief Jones and Lt. Reilly attended his exposure to OC and Taser at Blackhawk Tech.
- EVPD Officers conducted the annual Firearms Recertification.
- Lt. Reilly worked with Sgts. Tway and Johnson getting them set up for their new roles.
- Officer Z attended Peer Support Training hosted by the Iowa County Sheriff's Office.

➤ **Community Outreach:**

- Chief Jones, Lt. Reilly and officers attended the 3rd Annual Corwan Neuenschwander Community Corn Roast on Sunday September 7th.
- Detective Sergeant Johnson has been assigned to be the PD representative at the monthly Safety Committee meetings with the School District.

➤ **Calls for service:** As of 8am 09/26/25 – September 2024: **1077** September 2025: **777**

➤ **Police Commission/Staffing:**

- The Police Commission did not meet in September.

➤ **Accreditation:**

- Chief Jones, Lt. Reilly and Quinn have been reviewing accreditation files.

➤ **Notable calls:**

- Officer Schmidt made an arrest for first offense Operating While Intoxicated. Suspect was also cited for Open intoxicants.
- Officer Hanson and Det. Sgt. Johnson were dispatched to W. Holt Rd. to assist with a reported Gunshot Wound. Upon arrival, the Officers located the male who was beyond lifesaving measures. Both assisted Rock County with the investigation as needed.
- Officers Nankee and Schwark investigated a threat made by a student about "shooting up" the school. Officers met the individual outside of the building, confirmed he did not have any weapons and insured the safety of all students still in the building. School staff and the officers worked together to then perform a threat assessment and later found that criteria were not met for terroristic threats. The school then handled the matter further.
- Officer Delgado was dispatched to the Evansville Manor for a death investigation. Officer Delgado ultimately determined through her investigation that an elderly male resident had committed suicide by means of hanging himself from one of the gazebos outside.
- Officers Nankee and Schmidt were dispatched to a domestic disturbance in progress. Upon arrival, Officers were able to stabilize the scene. Through their investigation, they were able to build probable cause to arrest the female half for Disorderly Conduct/DV and Battery/DV.
- Det. Sgt. Johnson was dispatched to McDonalds for a report of an unwanted subject who was possibly intoxicated. Det. Sgt. Johnson arrived on scene and met with the suspect outside by his vehicle. During his initial investigation, Det. Sgt. Johnson had



October 1st, 2025

Evansville Police Department

Public Safety Report

probable cause to arrest the suspect for OWI. Det. Sgt. Johnson gave multiple commands and the male began to walk away from him. Det. Sgt. Johnson initiated physical contact with the male and the male began to physically resist. Det. Sgt. Johnson was eventually able to get him into custody with the help of a citizen bystander. The male was later charged with 4th Offense OWI, Resist/Obstruct, and a probation violation. It should be noted that the male was on probation for armed robbery and flee/elude officer.

- Officer Hanson was dispatched to a Vehicle vs. House traffic crash on Hwy 104. The driver failed to stop at 104/Cty Tk C. The driver was extracted from the vehicle and airlifted to a local hospital. The investigation was then turned over to Green County.

➤ **Admin update:**

- Coverall Cleaning did their initial clean at the PD and did an amazing job.
- The conference room has been redesigned to better serve as a dual-purpose training and conference area.
- EPD won a Preliminary Breath Testing (PBT) device through a Highway Safety Grant from the Wisconsin Department of Transportation Chemical Test section.

CAD Incidents By Type

Agency: EVPD

Printed:9/26/2025 8:24:20 AM

Covering Incidents From: 09/01/2025 00:00:01 To: 09/30/2025 23:59:59

Incident Type Description	# of Incidents	Incident Type Code
911 ABANDONED OR HANGUP OR OPEN LINE	16	911
ABANDONED VEHICLE	1	AVR
ACCIDENT WITH INJURY	1	TAPI
ALARM	4	ALARM
ALCOHOL VIOLATION	1	ALC
ANIMAL COMPLAINT	12	ANM
ASSIST CITIZEN	16	ACIT
ASSIST FIRE OR EMS	11	FAST
ASSIST OTHER JURISDICTION	24	OJUR
BATTERY	1	BAT
BUSINESS CHECK	42	BCK
CHILD OFFENSE	2	CHILD
CIVIL DISPUTE	3	CD
DISORDERLY CONDUCT	3	DC
DISTURBANCE	2	DIST
DRUG OFFENSE	1	DRUG
FAMILY PROBLEM	7	FAM
FOLLOWUP	39	FOL
FOOT PATROL	11	FOOT
HARASSMENT	3	HAR
HAZARDOUS CONDITION	1	HAZC
KID PROBLEM	3	KID
LOUD NOISE	3	LOUD
OPEN DOOR/WINDOW	1	OPEN
OPERATING WHILE INTOXICATED	1	OWI
OUT WITH SUBJECT	3	OWS
PARKING COMPLAINT	25	PARK
PHONE MESSAGE FOR OFFICER	2	PHONE
PROPERTY	1	PROPERTY
SCHOOL PATROL	43	SCHOOL
SECURITY CHECK	344	SECK
SEX OFFENSE	1	SEX
SPECIAL ASSIGNMENT	10	SPAS

STALLED VEHICLE	3	STALLD
SUICIDE	1	SUICIDE
SUSPICIOUS	6	SUSP
THEFT	3	THFT
THREAT	3	THREAT
TRAFFIC ACCIDENT	5	TA
TRAFFIC COMPLAINT	6	TC
TRAFFIC STOP	97	T
TRESPASSING	1	TRES
UNWANTED PERSON	2	NOWN
VEHICLE UNLOCK	3	UNLK
WARRANT SERVICE	1	WAR
WELFARE CHECK	8	WELF
Number of CAD Complaints During Period	777	

City of Evansville EMS
 11 W. Church St.
 Evansville, WI 53536
 (608) 882-2269
 Chief Carolyn Kleisch
 Public Safety Meeting
 Oct 1st, 2025

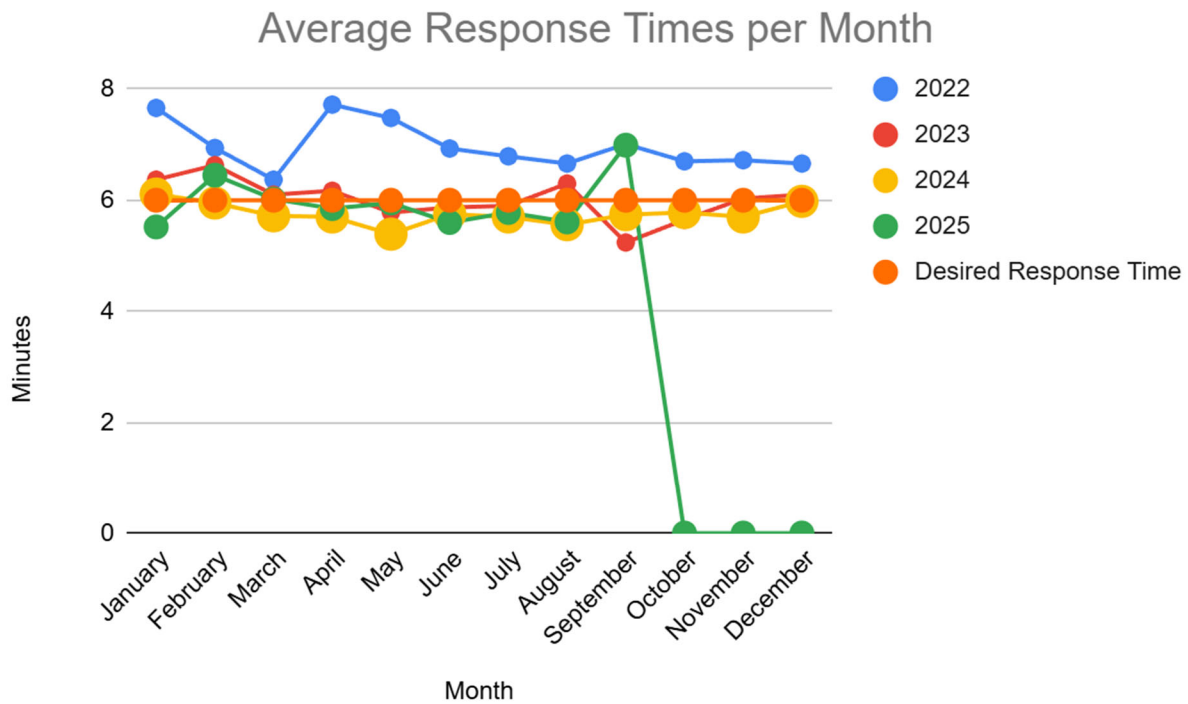
1. Calls for Service:

- a. 43 Calls during the month of July 2025 (641-41/642-2)
- b. 61 Calls during the month of July 2024. (641-57/642-4)
- c. To date call volume 2025- 517
- d. To date call volume 2024- 530

Updates:

- 1- Refresher with Mercy's MD-1 Dr Barney followed by monthly EMS meeting
- 2- Carolyn working with Jason and Julie on Budget for 2026
- 3- EMS office AC unit replaced
- 4- Waiting for the start date from KSW for garage door, hoping for work to start soon.
- 5- Carolyn and Jason met with Shawn Foster for overview of 2026 Ambulance, Keri and Karla sat in on the meeting as well.
- 6- 642's DEF heater went bad, has been replaced
- 7- Classes are going well for those in class currently
- 8- Crew assisted Brooklyn with their Luke Bryan Farm Tour, we sent staff over with FD and also staffed the backup ambulance and responded as a "First in" when they transported out.
- 9- We have been helping the school district with teaching CPR to their coaches and other staff. Planning on more classes in Oct. for them as well as the Health Occ. students

Number of Runs: 43
Avg Unit Notified to Enroute in Minutes: 6.99
Avg Unit Enroute to Arrived at Scene in Minutes: 3.43
Avg Unit Arrived on Scene to Left Scene in Minutes: 31.43
Avg Unit Left Scene to Arrived at Destination in Minutes: 27.47
Avg Unit Arrived at Destination to Unit Back In Service in Minutes: 92.20



Falls	8	18.60%
Traffic/Transportation Incident/MVA	6	13.95%
Convulsions/Seizure	5	11.63%
Breathing Problem	5	11.63%
Chronic Illness/Medical Condition	4	9.30%
Chest Pain (Non-Traumatic)	3	6.98%
Motor Vehicle Crash	3	6.98%
Standby	2	4.65%
Sick Person	2	4.65%
Cardiac Arrest/Death	1	2.33%
Invalid Assist/Lifting Assist	1	2.33%
ACIN - Accidental Injury	1	2.33%
Choking	1	2.33%
Hanging	1	2.33%
Total: 43		Total: 100.00%