

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, June 3, 2026, 6:00 p.m.
City Hall, 31 S. Madison Street, Evansville, WI
AGENDA

1. Call to Order
 2. Roll Call
 3. Motion to approve the Agenda
 4. Motion to approve the May 6, 2026, Public Safety regular meeting Minutes
 5. Citizen appearances other than agenda items listed
 6. Old Business
 7. New Business
- A. Motion to Approve the Operator’s License Application(s) for:** *(Recommended by Evansville Police Department)*
- 1) Zachary M. McDonough
 - 2) Michelle Marie Dienberg
 - 3) Amy B. Edquist
 - 4) Kylie Lena Hoops
 - 5) Kristin Emily Mack
 - 6) Harparkash Singh
 - 7) Kristi Jo Reigle
 - 8) Kassandra Ann Ayala
 - 9) Brynn Morgan Westby
- B. Discussion with Ari Hermanson for senior project - run/walk to raise awareness for Suicide Prevention at Leonard-Leota Park.**
- C. Discussion with possible motion to approve the Temporary Class “B”/ “Class B” Retailer License Application for:** *(background check recommendations provided by Chief Jones, unless otherwise noted)*
1. **Lake Leota 4th of July Celebration**, licensee Creekside Place, Inc., 102 Maple Street, Evansville, WI 53536, from Friday, July 3, 2026 - Sunday, July 5, 2026.
 - Friday, July 3, 2026, 12:00 p.m. - 12:00 a.m.
 - Saturday, July 4, 2026, 12:00 p.m. - 12:00 a.m.
 - Sunday, July 5, 2026, 11:00 a.m. - 12:00 a.m.
- D. Discussion with Fire Chief Bob Fahey on Bikes and Scooters**
- E. Motion to recommend to the Common Council Approval of the Renewal Alcohol Beverage License Applications for a Class “A” Beer/ “Class A” Liquor License for:** *(background check recommendations provided by Chief Jones, unless otherwise noted)*
- 1) **Casey’s Marketing Company, Melissa A. Frank, Agent**, 28 W. St. Mary St., Milton, WI 53563 d/b/a Casey’s General Store # 3583, 230 E. Main Street, Evansville, WI 53536
 - 2) **Consumers Cooperative Oil Company, Jessica Golz, Agent**, 6909 N. County Rd. M, #65 d/b/a Consumer Coop Oil Company, 9 John Lindemann Dr., Evansville, WI 53536

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

- 3) **Family Dollar Stores of Wisconsin, LLC, Corey Schmit, Agent**, 17350 Brooklawn Dr., Brookfield WI, 53045 d/b/a Family Dollar Store #24446, 28 County Highway M, Evansville, WI 53536
- 4) **Kopecky's Worldwide Foods, Inc., John T. Kopecky, Agent**, N7575 Cty Rd X, Albany, WI, 53502, d/b/a Kopecky's Piggly Wiggly, 8 N. County Road M, Evansville, WI 53536
- 5) **Kwik Trip, Inc., Christopher Turenwald, Agent**, 107 Parkview Dr., Milton, WI 53563 d/b/a Kwik Trip, Inc. 1750, 680 E. Main Street, Evansville, WI 53536
- 6) **Madison Street Express, Inc., Parminder K. Sekhon, Agent**, 2644 Granite Road, Fitchburg, WI 53711, d/b/a All-N-One, 104 S. Madison Street, Evansville, WI 53536
- 7) **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

F. Motion to recommend to the Common Council Approval of the Renewal Alcohol Beverage License applications for a Class "B" Beer/ "Class B" Liquor License for: *(background check recommendations provided by Chief Jones, unless otherwise noted)*

- 1) **139 E. Main Street LLC, Tawfick (Tommy) Hanna, Agent**, 3018 Maple Grove Dr., Madison, WI 5379, d/b/a Allen Creek Coffeeshouse, 137 E. Main Street, Evansville, WI 53536
- 2) **Bessire Bowl, LLC, Joel Bessire, Agent**, 221 Noah's Arc Ct, Evansville, WI 53536, d/b/a Blue Devil Bowl, 108 E. Main Street, Evansville, WI 53536
- 3) **Creekside Place Inc., Rhonda Fahey, Agent**, 13231 W State Road 59, Evansville, WI 53536 d/b/a Creekside Place Inc., 102 Maple Street, Evansville, WI 53536
- 4) **Evansville Memorial Post 6905 VFW, John L Schneider, Agent**, 15542 W. Francis Road, Evansville, WI 53536, d/b/a VFW Memorial Post, 179 E. Main Street, Evansville, WI 53536
- 5) **Pete's Inn Inc., Sheri Biddick, Agent**, 694 W. Main Street, Evansville, WI 53536, d/b/a Pete's Inn Inc., 14 N. Madison Street, Evansville, WI 53536
- 6) **Slice Golf, LLC, Sarah Kilps Tomlin, Agent**, 102 N. Windmill Ridge Road, Evansville, WI 53536, d/b/a Slice Golf, 1 E. Main Street, Evansville, WI 53536
- 7) **The Night Owl Food & Spirits Inc., Gregory P Ardisson, Agent**, 217 N. Sixth Street, Evansville, WI 53536, d/b/a The Night Owl Sports Pub & Eatery, 189 E. Main Street, Evansville, WI 53536

G. Discussion with possible motion to recommend to Common Council the Class "B"/Class B" Temporary Extension of Premises Application for:

- 1) **Pete's Inn, Inc. – Bags League**: 14 N. Madison Street, Evansville, WI 53536 from 7:00 p.m. to 9:00 p.m. every Wednesday from June 3, 2026, through August 26, 2026.

8. Evansville Police Department Report

9. Evansville Emergency Medical Services Report

10. Meeting Reminder: Wednesday, July 1, 2026, at 6:00 p.m.

2026 Meeting Dates: August 5th, September 2nd, October 7th, November 4th, & December 2nd at 6:00 p.m.

11. Adjourn

Erika Stuart, Chairperson

Public Safety Committee
 Regular Meeting
 Wednesday, May 6, 2026, 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.**

| <u>Members</u> | <u>Present/Absent</u> | <u>Others Present</u> |
|----------------------------------|-----------------------|--|
| Aldersperson Erika Stuart, Chair | P | Carolyn Kleisch, EMS Chief |
| Aldersperson Chuck Boyce | P | Chris Jones, Police Chief |
| Aldersperson Bill Hurtley | p | Jolene Klitzman, Deputy Clerk Steve Eager, 4 th of July Run Brenda Stevens, Citizen |

3. **Motion to approve the Agenda.** by Stuart, Seconded by Boyce, Motion Carried 3-0
4. **Motion to approve April 1, 2026, Public Safety regular meeting Minutes.** by Stuart, Seconded by Boyce, Motion Carried 3-0
5. **Citizen appearances other than agenda items listed.** *N/A*
6. **Old Business.** *N/A*
7. **New Business.**
 - A. **Discussion on Evansville 4th of July Run with Steve Eager.** Steve Eager came and talked with the committee on the route, safety and all plans for the 4th of July Run/Walk.
 - B. **Discussion with Possible Motion to Approve the Operator's License Application(s)** for: (*non-recommended by Evansville Police Department*).
 - 1) Brenda Lee Stevens
Brenda came to the meeting and explained why she left off information on the application. Committee agreed to approve the license for Brenda. by Stuart, Seconded by Hurtley, Motion Carried 3-0
 - C. **Motion to Approve the Operator's License Application(s)** for: (*Recommended by Evansville Police Department*).
 - 1) Olivia Carmelle Kendrick
 - 2) Elizabeth Genevieve Sveum
 - 3) Dorry Avis Weigel
 - 4) Michelle Ann Buehl
 - 5) Sarah Marie Kilps-Tomlin
 - 6) John Thomas Kopecky
 - 7) Daniel Ray Harris
 - 8) Debra Mae Twyford
 - 9) Dorothy Jean Patterson by Stuart, Seconded by Boyce, Motion Carried 3-0
 - 10) Debbie Lynn Johnson
 - 11) Kathleen Helen Hammon
 - 12) Kayli Ann Mack
 - 13) Matthew David Kroll

- 14) Kimberly Ann Muench
- 15) Nicholle Lynn Wagner
- 16) Rhonda Ann Fahey
- 17) Grace Lynn Marshall
- 18) Harshdeep Singh
- 19) Bettina Sue Van De Mark
- 20) Kimberly Sue Dienberg
- 21) Sheri L. Biddick
- 22) Melissa Ann Heller
- 23) Austin Thomas Anderson

D. Discussion with possible motion to approve the Long-Term Street Use License Application(s) for:

- 1) **Friends of Eager Free Public Library – Ice Cream Social** at 39 W. Main St, Evansville, WI 53536. Closure from 3:00 p.m. to 7:00 p.m. on Friday, June 26, 2026.

Committee had no issues or comments on this street closure. by Stuart, Seconded by Hurtley, Motion Carried 3-0.

8. **Evansville Police Department Report.** Officer Nankee attended sexual assault training, all officers completed state mandated biannual EVOC training, police helped with “Ride your bike to school day”, there were 6 notable calls in the month of April. Det. Sgt. Johnson and Officer Z conducted the 30th National Prescription Drug Tack Back Day. Committee had lengthy discussion on a couple of the notable calls on how to educate, help and find solutions.
9. **Evansville Emergency Medical Services Report.** Refresher this month was for Anxiety & Hyperactive Delirium with Agitation, & how to treat patients safely in crisis. KSW has started the garage remodel, both ambulances were down in April. Oregon EMS graciously loaned us their old ambulance for the week. 2 new EMT-B have been hired & are starting onboarding this month.
10. **Meeting Reminder: Wednesday, June 3, 2026, at 6:00 p.m.**
2026 Meeting Dates: July 1st, August 5th, September 2nd, October 7th, November 4th, & December 2nd
11. **Adjourn.** Stuart adjourned the meeting at 7:03 p.m.

Jolene Klitzman, Deputy Clerk



APPLICATION FOR OPERATOR'S LICENSE

7A-1

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: Zachary M McDonough DATE OF BIRTH: _____
 First Middle Last

ADDRESS: _____ PHONE: _____

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

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 3 years Former Name(s): _____

| Prior Street Address if Above Address is Less Than 5 Years | State | Zip | From | To |
|--|-----------|--------------|----------------|----|
| <u>342 S First St</u> | <u>WI</u> | <u>53536</u> | <u>3 years</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

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

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

| Question | Yes | No |
|---|--------------------------|-------------------------------------|
| a) Any underage alcohol violation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) Operating a motor vehicle while intoxicated? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c) Selling or furnishing alcoholic beverages to underage person? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) Permitting underage person on licensed premises? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e) Allowing persons on licensed premises after closing? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f) Any alcohol related violation other than a, b, c, d, and e? | <input type="checkbox"/> | <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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h) Fighting, disorderly conduct, assault, or battery? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i) Resisting arrest, interfering with a police officer or obstructing an officer? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| j) Any crime or ordinance violation not listed above other than traffic or parking tickets? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

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

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

| | |
|--|--|
| <input type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course | <input type="checkbox"/> An alcohol agent for a retail alcohol license |
| <input checked="" type="checkbox"/> Held an Operator's License issued in Wisconsin | <input type="checkbox"/> The sole proprietor of retail alcohol license |

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

Signature: Zachary McDonough Email: _____
 Printed Name: Zachary McDonough Date: 4-14-26

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

| | | |
|--|---|---|
| Police Department Recommendation and Comments: | Public Safety Committee: _____ Approved: _____ Denied: <u>City of Evansville</u> | Paid To: _____ |
| Recommend: <input checked="" type="checkbox"/> | Non-Recommended: <input type="checkbox"/> | Clerk's Office Signature: _____ Date: _____ |
| <u>[Signature]</u> Police Chief's Signature | <u>05/19/2026</u> Date | Receipt # _____ Receipt: 1.000160834 35.00 MCDONOUGH, ZACHARY Apr 29, 2026 2:58 PM |



APPLICATION FOR OPERATOR'S LICENSE

7A-2

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: Michelle Marie Dienberg DATE OF BIRTH: _____
First Middle Last

ADDRESS: _____ PHONE: _____

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

Driver's License No. _____ Issuing State: WI

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 2 yrs Former Name(s): Harris

| Prior Street Address if Above Address is Less Than 5 Years | State | Zip | From | To |
|--|-------|-------|------|------|
| Evansville | WI | 53536 | 2001 | 2003 |

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

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

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

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

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

| | |
|--|--|
| <input type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course | <input type="checkbox"/> An alcohol agent for a retail alcohol license |
| <input checked="" type="checkbox"/> Held an Operator's License issued in Wisconsin | <input type="checkbox"/> The sole proprietor of retail alcohol license |

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

Signature: _____ Email: _____
Printed Name: Michelle Dienberg Date: 4/13/2022

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

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

Clerk's Office Signature _____ Date _____

Recommend: Non-Recommended: _____

Receipt # _____ Receipt: 1.000160837 35.00
MICHELLE DIENBERG
Apr 29, 2022 12:33 PM

Police Chief's Signature _____ Date: 05/19/2022



APPLICATION FOR OPERATOR'S LICENSE

7A-3

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: di 53536 **DATE OF BIRTH:** _____

ADDRESS: First Amy Middle B Last Edquist **PHONE:** _____

CITY: Evansville **STATE:** WI **ZIP:** 53536 **GENDER:** Male Female

Driver's License No.: _____ **Issuing State:** WI

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 17 years **Former Name(s):** Amy Kling

| 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 No

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

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

| Question | Yes | No |
|---|--------------------------|-------------------------------------|
| a) Any underage alcohol violation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) Operating a motor vehicle while intoxicated? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c) Selling or furnishing alcoholic beverages to underage person? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) Permitting underage person on licensed premises? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e) Allowing persons on licensed premises after closing? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f) Any alcohol related violation other than a, b, c, d, and e? | <input type="checkbox"/> | <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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h) Fighting, disorderly conduct, assault, or battery? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i) Resisting arrest, interfering with a police officer or obstructing an officer? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| j) Any crime or ordinance violation not listed above other than traffic or parking tickets? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

Successfully completed a Responsible Alcohol Servers Course

Held an Operator's License issued in Wisconsin

An alcohol agent for a retail alcohol license

The sole proprietor of retail alcohol license

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

Signature: Amy Edquist

Printed Name: Amy Edquist

Email: _____

Date: 4/30/2020

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee: Paid To: _____

Approved: _____ **Denied:** City of Evansville **Date:** _____

_____ **Clerk's Office Signature** _____ **Date**

Recommend: **Non-Recommended:** _____

[Signature] **Police Chief's Signature**

05/19/2020 **Date**

Receipt # _____

Receipt: 1.000160839 35.00

EDQUIST, AMY

Apr 30, 2020 9:10 AM



APPLICATION FOR OPERATOR'S LICENSE

7A-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/caserearch.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

1. LEGAL NAME: Kylie Lena Hoops DATE OF BIRTH: 1
 First Middle Last
 ADDRESS: _____ PHON: _____
 CITY: Evansville STATE: WI ZIP: 53536 GENDER: Male Female
 Driver's License No.: _____ Issuing State: WISCONSIN
 HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 2 years Former Name(s): _____
 Prior Street Address if Above Address is Less Than 5 Years State Zip From To
Evansville WI 53536 2015 2024

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

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

| TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE | MONTH/YEAR | CITY | STATE |
|--|-------------------|-------------------|-----------|
| <u>DUI</u> | <u>Aug 1 2023</u> | <u>Evansville</u> | <u>WI</u> |

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

Attach certificate of completion for Responsible Alcohol Servers Course

- Successfully completed a Responsible Alcohol Servers Course 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: Kylie Hoops Email: _____
 Printed Name: Kylie Hoops Date: 4/24/25

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____ Public Safety Committee: Paid To: _____
 Approved: _____ Denied: City of Evansville Date: _____
 Clerk's Office Signature: _____ Date: _____
 Recommendation: [Signature] Non-Recommended: _____ Receipt #: _____
 Police Chief's Signature: _____ Date: 05/19/2024 Receipt: 1.000160850 35.00
 KYLIE HOOPS
 May 4, 2026 2:48 PM



APPLICATION FOR OPERATOR'S LICENSE

7A-5

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: Kristin Emily Mack DATE OF BIRTH: _____
 First Middle Last

ADDRESS: _____ PHONE: _____

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

Driver's License No. _____ Issuing State: WI

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 5 years Former Name(s): _____

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

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

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

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

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

| Question | Yes | No |
|---|--------------------------|-------------------------------------|
| a) Any underage alcohol violation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) Operating a motor vehicle while intoxicated? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c) Selling or furnishing alcoholic beverages to underage person? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) Permitting underage person on licensed premises? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e) Allowing persons on licensed premises after closing? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f) Any alcohol related violation other than a, b, c, d, and e? | <input type="checkbox"/> | <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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h) Fighting, disorderly conduct, assault, or battery? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i) Resisting arrest, interfering with a police officer or obstructing an officer? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| j) Any crime or ordinance violation not listed above other than traffic or parking tickets? | <input type="checkbox"/> | <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>Driving w/ suspended license</u> | <u>2012</u> | <u>Janesville</u> | <u>WI</u> |
| <u>underage drinking</u> | <u>2012</u> | <u>Janesville</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: Kristin Mack Email: _____
 Printed Name: Kristin Mack Date: 4-18-2026

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: _____ |
| Recommend: <input checked="" type="checkbox"/> | Clerk's Office Signature: _____ Date: _____ |
| Non-Recommended: _____ | Receipt # _____ |
| <u>[Signature]</u> Police Chief's Signature | Receipt: 1.000160862 35.00 KRISTIN MACK May 6, 2026 11:48 AM |
| <u>05/19/2026</u> Date | |



APPLICATION FOR OPERATOR'S LICENSE

7A-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/caserearch.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

1. LEGAL NAME: HARPARKASH SINGH DATE OF BIRTH: _____
First Middle Last

ADDRESS: _____ PHONE: _____

CITY: BRODHEAD STATE: WI ZIP: 53520 GENDER: Male Female

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 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 charged and/or convicted of a felony? Yes No

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

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

| Question | Yes | No |
|---|--------------------------|-------------------------------------|
| a) Any underage alcohol violation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) Operating a motor vehicle while intoxicated? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c) Selling or furnishing alcoholic beverages to underage person? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) Permitting underage person on licensed premises? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e) Allowing persons on licensed premises after closing? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f) Any alcohol related violation other than a, b, c, d, and e? | <input type="checkbox"/> | <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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h) Fighting, disorderly conduct, assault, or battery? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i) Resisting arrest, interfering with a police officer or obstructing an officer? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| j) Any crime or ordinance violation not listed above other than traffic or parking tickets? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

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

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

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: [Signature] Email: _____
Printed Name: HARPARKASH SINGH Date: May 4/2026

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

| | |
|---|--|
| Police Department Recommendation and Comments: | Public Safety Committee: Paid To: _____ Approved: _____ Denied: _____ Date: _____ |
| Recommend: <input checked="" type="checkbox"/> <u>[Signature]</u> Police Chief's Signature | Clerk's Office Signature: _____ Date: _____ |
| Non-Recommended: _____ <u>05/19/2024</u> Date | Receipt # _____ Receipt: 1.000160864 35.00 HARPARKASH SINGH May 6, 2026 12:58 PM |



APPLICATION FOR OPERATOR'S LICENSE

7A-7

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

490-3769

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: Kristi Reigle
 First Middle Last

DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____

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

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 20 yrs Former Name(s): Kristi Mack

| 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 No

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

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

| Question | Yes | No |
|---|--------------------------|-------------------------------------|
| a) Any underage alcohol violation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) Operating a motor vehicle while intoxicated? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c) Selling or furnishing alcoholic beverages to underage person? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) Permitting underage person on licensed premises? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e) Allowing persons on licensed premises after closing? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f) Any alcohol related violation other than a, b, c, d, and e? | <input type="checkbox"/> | <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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h) Fighting, disorderly conduct, assault, or battery? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i) Resisting arrest, interfering with a police officer or obstructing an officer? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| j) Any crime or ordinance violation not listed above other than traffic or parking tickets? | <input type="checkbox"/> | <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>Bad check a while ago</u> | <u>90?</u> | | |
| | | | |
| | | | |

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

| Question | Yes | No |
|--|-------------------------------------|--------------------------|
| <input type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Held an Operator's License issued in Wisconsin | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Attach certificate of completion for Responsible Alcohol Servers Course

| Question | Yes | No |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> An alcohol agent for a retail alcohol license | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> The sole proprietor of retail alcohol license | <input type="checkbox"/> | <input type="checkbox"/> |

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: Kristi Reigle Email: _____

Printed Name: Kristi Reigle Date: 5-6-26

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

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

Clerk's Office Signature: _____ Date: _____

Recommend: [Signature] Non-Recommended: _____

Receipt # _____ Receipt: 1.000160871 35.00
KRISTI REIGLE
May 7, 2026 10:10 AM

Police Chief's Signature: [Signature] Date: 06/02/2026



APPLICATION FOR OPERATOR'S LICENSE

7A-8

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: Kassandra Ann Ayala
First Middle Last

DATE OF BIRTH:

ADDRESS:

PHONE:

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

Driver's License No.: Issuing State: WISCONSIN

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 1 year Former Name(s):

| Prior Street Address if Above Address is Less Than 5 Years | State | Zip | From | To |
|--|-----------|--------------|-------------|-------------|
| <u> </u> | <u>WI</u> | <u>53548</u> | <u>2021</u> | <u>2024</u> |
| <u> </u> | <u>WI</u> | <u>53536</u> | <u>2019</u> | <u>2024</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

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

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

| Question | Yes | No |
|---|--------------------------|-------------------------------------|
| a) Any underage alcohol violation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) Operating a motor vehicle while intoxicated? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c) Selling or furnishing alcoholic beverages to underage person? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) Permitting underage person on licensed premises? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e) Allowing persons on licensed premises after closing? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f) Any alcohol related violation other than a, b, c, d, and e? | <input type="checkbox"/> | <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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h) Fighting, disorderly conduct, assault, or battery? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i) Resisting arrest, interfering with a police officer or obstructing an officer? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| j) Any crime or ordinance violation not listed above other than traffic or parking tickets? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

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

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

| | |
|---|--|
| <input checked="" type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course | <input type="checkbox"/> An alcohol agent for a retail alcohol license |
| <input checked="" type="checkbox"/> Held an Operator's License issued in Wisconsin | <input type="checkbox"/> The sole proprietor of retail alcohol license |

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

Signature: Email:

Printed Name: Kassandra Ayala Date: 5/20/2026

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee: Approved: Denied: Date:

Clerk's Office Signature: Date:

Recommendation: Recommended Non-Recommended

Police Chief's Signature: Date: 05/26/2026

Receipt # Receipt: 1.000160924 35.00
 KASANDRA AYALA
 May 20, 2026 11:27 AM



APPLICATION FOR OPERATOR'S LICENSE

7A-9

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: Brynn Morgan Westby DATE OF BIRTH: _____
 First Middle Last

ADDRESS: _____ PHONE: _____

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

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 13 years Former Name(s): _____

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

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

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

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

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

| Question | Yes | No |
|---|--------------------------|-------------------------------------|
| a) Any underage alcohol violation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) Operating a motor vehicle while intoxicated? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c) Selling or furnishing alcoholic beverages to underage person? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) Permitting underage person on licensed premises? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e) Allowing persons on licensed premises after closing? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f) Any alcohol related violation other than a, b, c, d, and e? | <input type="checkbox"/> | <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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h) Fighting, disorderly conduct, assault, or battery? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i) Resisting arrest, interfering with a police officer or obstructing an officer? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| j) Any crime or ordinance violation not listed above other than traffic or parking tickets? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

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

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

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: [Signature] Email: _____
 Printed Name: Brynn Westby Date: 5/21/2026

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____ Public Safety Committee: _____ Paid To: _____
 Approved: _____ Denied: _____ City of Evansville Date: _____

Clerk's Office Signature: _____ Date: _____

Recommend: [Signature] Non-Recommended: _____ Receipt # _____
 Police Chief's Signature: _____ Date: 06/01/2024 Receipt: 1.000140931 35.00
 WESTBY BRYNN
 May 21, 2026 10:32 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): 1 x \$10.00 = \$ 10 Total Due

License Type: (Check one)

 Beer Only Wine Only

Event Name:

Evansville 4th of July

Event Date:

Friday 7-3 - Sun 7-5

Event Time:

11-am - 12-AM

Name of Person in Charge of Event:

Travis Ardison / Creekside

Organization

 Bona fide Club Church Lodge/Society Chamber of Commerce/
similar
Civic or Trade Organization Fair Assoc/Agricultural Society Veteran's Organization

Organization Name:

Creekside Place, Inc

Address:

102 Maple St Evansville

Date Organized:

2011

If Corporation, Date of Incorporation:

2011

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:

Jesse Beltran

Name

Address

Evansville

City/State/Zip

Vice President:

Robin St Clair

Name

Address

104 Evansville

City/State/Zip

Secretary:

Anna Johnson

Name

Address

Evansville WI

City/State/Zip

Treasurer:

Name

Address

City/State/Zip

53576

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:

~~102 Maple St~~ Lake Leota - See map

Do premises occupy all or part of building?

NO

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

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.

Granda Faber
(Officer Signature/Date)

Creekside Place, Inc
(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: 7-3 — 7-5 | EVENT TIME: 11 AM — 12 AM |
| NAME: Travis Adsson | DATE OF BIRTH: _____ |
| ADDRESS: Lake Iota | |
| EMAIL: Travis Adsson@ipho.com | 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.

Travis Adsson 5-6-26
Signature of Manager/Person in Charge of event Date

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Chief Recommendation and Comments:

Recommend X Non-Recommend _____ Recommend with conditions _____

See Email

Police Chief's Signature Date 5-19-26

| | |
|--------------------------------------|----------------------------|
| Date Filed with Clerk: <u>5-7-26</u> | Date License Issued: _____ |
| Public Safety: <u>6-3-26</u> | Clerk's Signature: _____ |

Paid To:
City of Evansville

Notes & Receipt Information:

Receipt: 1.000160877 10.00
CREEKSIDE PLACE
May 7, 2026 11:57 AM



- (A) Point of Control - Staffing duration of event w/ ID v's / scanner + wrist bands + garbage cans
- (B) Serve / Store - Cans of Beer w/ licensed Operator on Shift
- (C) Expansion of Premise - Staff oversight

Jolene Klitzman

From: Christopher Jones
Sent: Tuesday, May 19, 2026 12:59 PM
To: Jolene Klitzman; Ian Reilly
Subject: RE: 4th of July Class B Application

Hi Jolene,

Sorry. This one slipped by me. Looks the same as always. I am ok with it.

Professionally,

Christopher Jones
Chief of Police
10 W. Church St Evansville WI 53536

www.evansvillewi.gov  608-882-2292 
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 transmission in error, please immediately contact the sender and delete the message. Thank you.



From: Jolene Klitzman <j.klitzman@evansvillewi.gov>
Sent: Thursday, May 7, 2026 12:36 PM
To: Christopher Jones <c.jones@evansvillewi.gov>; Ian Reilly <i.reilly@evansvillewi.gov>
Subject: 4th of July Class B Application

Please see the attached application for the 4th of July Class "B" Application.

Jolene Klitzman

Deputy Clerk, City of Evansville
31 S. Madison St./PO Box 529
Evansville, WI 53536
Phone: 608-882-2266 Option 2
Office Hours: M-F 7:30 a.m. to 4:00 p.m.

Upcoming Elections:

*August 11, 2026 – Partisan Primary

*November 3, 2026 – General Election

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

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

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|------------|
| Municipality | Evansville |
| License Period | 2026-2027 |

Application Type (check one)

Initial (New) Renewal

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Class "A" Beer \$ <u>100</u> | <input type="checkbox"/> Class "B" Beer \$ _____ |
| <input checked="" type="checkbox"/> "Class A" Liquor \$ <u>500</u> | <input type="checkbox"/> Regular "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____ |

| Fees | |
|----------------------|-------------------------|
| License Fee(s) | \$ <u>600.00</u> |
| Background Check Fee | \$ <u>42.00</u> |
| Publication Fee | \$ <u>100.00</u> |
| Total Fees | \$ <u>742.00</u> |

Part A: Premises/Business Information

| | | |
|---|---|---|
| 1. Legal Business Name (individual name if sole proprietorship) CASEY'S MARKETING COMPANY | | |
| 2. Business Trade Name or DBA CASEY'S GENERAL STORE # 3583 | | |
| 3. FEIN 42-1435913 | 4. Wisconsin Seller's Permit Number 456-0000602957-03 | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | |
| 6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100. | | |
| 7. State of Organization IA | 8. Date of Organization 03/15/1995 | 9. Wisconsin DFI Registration Number CO42322 |
| 10. Premises Address 230 E MAIN ST. | | |
| 11. City EVANSVILLE | 12. State WI | 13. Zip Code 53536 |
| 14. County ROCK | 15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: EVANSVILLE | |
| 17. Premises Phone (608) 424-4236 | 18. Premises Email LICENSINGTEAM@CASEYS.COM | 19. Website WWW.CASEYS.COM |
| 20. Premises Description <p>Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.</p> <p>Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input type="checkbox"/></p> <p>ONE STORY PRESTRUCTURED STEEL BUILDING. ALCOHOL IS STORED ON THE SHELVES AND SOLD AT THE CASH REGISTER. RECORDS ARE STORED SECURELY IN THE STORE.</p> | | |
| 21. Mailing Address (if different from premises address) ATTN:LICENSING, 1 SE CONVENIENCE BLVD. | | |
| 22. City ANKENY | 23. State IA | 24. Zip Code 50021 |

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No
If yes, list the details of violation below. Attach additional sheets if necessary.

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.


(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

| | | | | |
|--|--|-----------------------------------|-------------------|---------------------|
| Last Name FABER | | First Name SCOTT | | M.I. A |
| Title SECRETARY | | Email LICENSINGTEAM@CASEYS.COM | | Phone [REDACTED] |
| Signature  | | | Date 4/13/2026 | |

Part E: For Clerk Use Only

| | | | |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk 4-13-26 | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Form
AB-200AA

Alcohol Beverage License Application
Appendix A - List of Persons Involved in the Applicant Business

| | |
|--|---|
| Application Type (check one) | |
| <input type="checkbox"/> Initial (New) | <input checked="" type="checkbox"/> Renewal |
| License Period 7/1/26-6/30/27 | |

Instructions

This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications. The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:

- Sole proprietor
- All partners of a partnership
- All officers, directors, and agent of a corporation or nonprofit organization
- All members or managers, and agent of a limited liability company

Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.

Each person holding a title named above must submit the most accurate Form AB-100 with this application.

Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.

***Status Definitions**

New: All entries on a new application or any person added to a renewal application for the first time.

Remove: This person no longer has a relationship to the applicant business.

Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.

No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.

1. Legal Business Name (individual name if sole proprietorship)
CASEYS MARKETING COMPANY

2. Business Trade Name or DBA
CASEY'S GENERAL STORE # 3583

3. FEIN
42-1435913

Listing of Persons Involved in Applicant Business

| First Name and Middle Initial | Last Name | Title/Relationship to Applicant Business | Phone Number | Email | Status* |
|-------------------------------|-----------|--|--------------|--------------------------|-----------|
| SAMUEL J. | JAMES | PRESIDENT | | SAMUEL.JAMES@CASEYS.COM | NO CHANGE |
| BRIAN J. | JOHNSON | VICE PRESIDENT | | BRIAN.JOHNSON@CASEYS.COM | NO CHANGE |
| SCOTT A. | FABER | SECRETARY | | SCOTT.FABER@CASEYS.COM | NO CHANGE |
| ERIC M. | LARSEN | TREASURER | | ERIC.LARSEN@CASEYS.COM | NO CHANGE |
| DOUGLAS M. | BEECH | ASSISTANT SECRETARY | | DOUGLAS.BEECH@CASEYS.COM | NO CHANGE |
| FRANK | MELISSA | AGENT | | MISSIE.FRANK@CASEYS.COM | NO CHANGE |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |

Alcohol Beverage Appointment of Agent

Date

| | |
|---|--|
| Agent Type (check one) | |
| <input checked="" type="checkbox"/> Original (no fee) | <input type="checkbox"/> Successor (\$10 fee for municipal licensees only) |

| | |
|---|--|
| Part A: Business Information | |
| 1. Legal Business Name (individual name if sole proprietor) CASEY'S MARKETING COMPANY | |
| 2. Business Trade Name or DBA CASEY'S #3583 | |
| 3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | |
| 4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit | 5. If successor agent, provide State Permit or Municipal Retail License Number n/a |
| 6. Describe the reason for appointing a successor agent, if successor is checked above. n/a | |


| | | | |
|---|---------------------------------|---|---------------------------------|
| Part B: Agent Information | | | |
| 1. Last Name FRANK | 2. First Name MELISSA | 3. M.I. A | |
| 4. Email LICENSINGTEAM@CASEYS.COM | | 5. Phone [REDACTED] | |
| 6. Home Address [REDACTED] | | | |
| 7. City MILTON | 8. State WI | 9. Zip Code 53563 | 10. Date of Birth [REDACTED] |
| 11. Drivers License/State ID Number [REDACTED] | | 12. Drivers License/State ID State of Issuance WI | |

| | |
|--|---|
| Part C: Agent Questions | |
| 1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Continued. →

Part D: Business Attestation

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

| | | |
|--|--|---------------------|
| Last Name FABER | First Name SCOTT | M.I. A |
| Title SECRETARY | Email LICENSINGTEAM@CASEYS.COM | Phone [REDACTED] |
| Signature  | Date 04/13/26 | |

Part E: Agent Attestation

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

| | | |
|--|------------------------------|------------------|
| Last Name FRANK | First Name MELISSA | M.I. A |
| Signature  | Date 04/13/26 | |



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: Casey's General Store #3583
Business Address: 230 East Main St, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Melissa Frank
Type of License: Class "A" Beer/ "Class A" Liquor License

| POLICE OFFICER NAME: <u>D. [Signature]</u> | DATE: | |
|---|---|-----------------------------|
| 1. Is the current alcohol license properly posted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is Agent listed on the license on premise? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the operator have a valid license? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are Cigarettes/Tobacco/Vape products being sold? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Number of game machines <u>0</u> | | |
| 6. Is a current Wisconsin Sellers' Permit posted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

COMMUNITY DEVELOPMENT DIRECTOR: _____ **DATE:** _____

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

Remarks _____

FIRE INSPECTOR: _____ **DATE:** _____

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

Remarks _____

CITY CLERK: _____ **DATE:** _____

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

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

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

Inspector Signature

5-4-20
Date of Inspection



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: Casey's General Store #3583
Business Address: 230 East Main St, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Melissa Frank
Type of License: Class "A" Beer/ "Class A" Liquor License

POLICE OFFICER NAME: _____

DATE: _____

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

COMMUNITY DEVELOPMENT DIRECTOR: _____

DATE: 5/12/20

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

Remarks None

FIRE INSPECTOR: _____

DATE: _____

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

Remarks _____

CITY CLERK: _____

DATE: _____

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

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

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

Collette Spayne
Inspector Signature

5/12/20
Date of Inspection



City of Evansville

Premise Inspection Report

Alcohol/Cigarette/Tobacco/Vape

Business Name: Casey's General Store #3583
 Business Address: 230 East Main St, Evansville, WI, 53536
 Authorized Agent/Manager/Owner: Melissa Frank
 Type of License: Class "A" Beer/ "Class A" Liquor License

POLICE OFFICER NAME: _____

DATE: _____

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

COMMUNITY DEVELOPMENT DIRECTOR: _____

DATE: _____

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

Remarks _____

FIRE INSPECTOR: Zach Bures

DATE: 4-28-26

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

Remarks _____

CITY CLERK: _____

DATE: _____

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

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

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

Zachary Bures
 Inspector Signature

4-30-26
 Date of Inspection



City of Evansville

Premise Inspection Report

Alcohol/Cigarette/Tobacco/Vape

Business Name: Casey's General Store #3583
 Business Address: 230 East Main St, Evansville, WI, 53536
 Authorized Agent/Manager/Owner: Melissa Frank
 Type of License: Class "A" Beer/ "Class A" Liquor License

POLICE OFFICER NAME: _____

DATE: _____

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

COMMUNITY DEVELOPMENT DIRECTOR: _____

DATE: _____

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

Remarks _____

FIRE INSPECTOR: _____

DATE: _____

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

Remarks _____

CITY CLERK: _____

DATE: _____

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

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

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

 Inspector Signature

 Date of Inspection

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|-------------|
| Municipality | Evansville |
| License Period | 2026 - 2027 |

Application Type (check one)

Initial (New) Renewal

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

| | |
|--|--|
| <input checked="" type="checkbox"/> Class "A" Beer \$ <u>100</u> | <input type="checkbox"/> Class "B" Beer \$ _____ |
| <input type="checkbox"/> "Class A" Liquor \$ _____ | <input type="checkbox"/> Regular "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____ |

| Fees | |
|----------------------|---------------|
| License Fee(s) | \$ 100 |
| Background Check Fee | \$ |
| Publication Fee | \$ 100 |
| Total Fees | \$ 200 |

Part A: Premises/Business Information

| | | |
|---|---|--------------------------------------|
| 1. Legal Business Name (individual name if sole proprietorship) Consumers Cooperative Oil Company | | |
| 2. Business Trade Name or DBA Evansville Cenex | | |
| 3. FEIN 39-0223180 | 4. Wisconsin Seller's Permit Number 456-1020420388-02 | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | |
| 6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100. | | |
| 7. State of Organization WI | 8. Date of Organization 03/12/1927 | 9. Wisconsin DFI Registration Number |
| 10. Premises Address 9 John Lindemann Dr. | | |
| 11. City Evansville | 12. State WI | 13. Zip Code 53536 |
| 14. County Rock | 15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Evansville | 16. Aldermanic District |
| 17. Premises Phone (608) 882-2621 | 18. Premises Email evansville.cstore@cenex1.com | 19. Website www.cenex1.com |

20. Premises Description

Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

Convenience Store/gas station. All alcohol beverages are stored in the backroom and on the sales floor, including cold vault areas fro products to be sold.

| | | |
|--|-----------------|-----------------------|
| 21. Mailing Address (if different from premises address) PO BOX 668 | | |
| 22. City Sauk City | 23. State WI | 24. Zip Code 53583 |

Part B: Questions

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

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

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.


(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

| | | | | |
|--|--|--------------------------|------------------|---------------------|
| Last Name Cantwell | | First Name Eric | | M.I. S |
| Title CEO | | Email ecan@cenexl.com | | Phone [REDACTED] |
| Signature  | | | Date 03/30/26 | |


Part E: For Clerk Use Only

| | | | |
|--|----------------|----------------------|---|
| Date Application Was Filed With Clerk 4-10-26 | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | | Date Provisional License Issued (if applicable) |

| Consumers Cooperative Directors and Officers | | |
|--|------------------------------------|------------|
| Eric Cantwell | CEO | [REDACTED] |
| [REDACTED] | | |
| Thomas Schwarz | Board of Director - President | [REDACTED] |
| [REDACTED] | | |
| Michael Kindshi | Board of Director - Vice President | [REDACTED] |
| [REDACTED] | | |
| Steven Kindschi | Board of Director - Secretary | [REDACTED] |
| [REDACTED] | | |
| Gregory Elsing | Board of Director | [REDACTED] |
| [REDACTED] | | |
| Joel Wyttenbach | Board of Director | [REDACTED] |
| [REDACTED] | | |

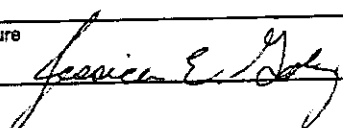
Part D: Business Attestation

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

| | | |
|--|--------------------------|---------------------|
| Last Name Cantwell | First Name Eric | M.I. S |
| Title CEO | Email ecan@cenex1.com | Phone [REDACTED] |
| Signature  | Date 03/30/26 | |

Part E: Agent Attestation

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

| | | |
|---|-----------------------|-----------|
| Last Name Golz | First Name Jessica | M.I. E |
| Signature  | Date 03/30/26 | |



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: Consumers Cooperative
Business Address: 9 John Lindemann Dr, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Jessica E Golz
Type of License: Class "A" Beer License

POLICE OFFICER NAME: Jessica E Golz **DATE:** _____

| | | |
|---|---|-----------------------------|
| 1. Is the current alcohol license properly posted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is Agent listed on the license on premise? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the operator have a valid license? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are Cigarettes/Tobacco/Vape products being sold? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Number of game machines <u>0</u> | | |
| 6. Is a current Wisconsin Sellers' Permit posted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

COMMUNITY DEVELOPMENT DIRECTOR: _____ **DATE:** _____

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

Remarks _____

FIRE INSPECTOR: _____ **DATE:** _____

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

Remarks _____

CITY CLERK: _____ **DATE:** _____

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

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

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

[Signature]
Inspector Signature

5-4-26
Date of Inspection



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: Consumers Cooperative
Business Address: 9 John Lindemann Dr, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Jessica E Golz
Type of License: Class "A" Beer License

POLICE OFFICER NAME:

DATE:

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

COMMUNITY DEVELOPMENT DIRECTOR:

DATE: 5/12/20

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

Remarks None

FIRE INSPECTOR:

DATE:

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

Remarks _____

CITY CLERK:

DATE:

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

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

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

[Signature]

Inspector Signature

5/12/20

Date of Inspection



City of Evansville

Premise Inspection Report

Alcohol/Cigarette/Tobacco/Vape

Business Name: Consumers Cooperative
 Business Address: 9 John Lindemann Dr, Evansville, WI, 53536
 Authorized Agent/Manager/Owner: Jessica E Golz
 Type of License: Class "A" Beer License

POLICE OFFICER NAME: _____

DATE: _____

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

COMMUNITY DEVELOPMENT DIRECTOR: _____

DATE: _____

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

Remarks _____

FIRE INSPECTOR: Zach Busser

DATE: 4-28-26

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

Remarks _____

CITY CLERK: _____

DATE: _____

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

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

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

Zachary Busser
 Inspector Signature

4-22-26
 Date of Inspection



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: Consumers Cooperative
Business Address: 9 John Lindemann Dr, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Jessica E Golz
Type of License: Class "A" Beer License

POLICE OFFICER NAME: _____

DATE: _____

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

COMMUNITY DEVELOPMENT DIRECTOR: _____

DATE: _____

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

Remarks _____

FIRE INSPECTOR: _____

DATE: _____

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

Remarks _____


CITY CLERK: _____

DATE: _____

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

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

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


Inspector Signature

5/27/2026
Date of Inspection

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|------------|
| Municipality | Evansville |
| License Period | 2026-2027 |

Application Type (check one)

Initial (New) Renewal

| | | | | | | | | | |
|---|---|----------------|----|----------------------|----|-----------------|---------------|-------------------|----|
| <p>License(s) Requested: (up to two boxes may be checked)</p> <p> <input checked="" type="checkbox"/> Class "A" Beer \$ <u>100</u> <input checked="" type="checkbox"/> Class "B" Beer \$ <u>500</u> <input type="checkbox"/> "Class A" Liquor \$ _____ <input type="checkbox"/> Regular "Class B" Liquor \$ _____ <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____ </p> | <p>Fees</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">License Fee(s)</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>Background Check Fee</td> <td>\$</td> </tr> <tr> <td>Publication Fee</td> <td>\$ <u>100</u></td> </tr> <tr> <td>Total Fees</td> <td>\$</td> </tr> </table> | License Fee(s) | \$ | Background Check Fee | \$ | Publication Fee | \$ <u>100</u> | Total Fees | \$ |
| License Fee(s) | \$ | | | | | | | | |
| Background Check Fee | \$ | | | | | | | | |
| Publication Fee | \$ <u>100</u> | | | | | | | | |
| Total Fees | \$ | | | | | | | | |

Part A: Premises/Business Information

| | | |
|---|---|---|
| 1. Legal Business Name (individual name if sole proprietorship) Family Dollar Stores of Wisconsin, LLC | | |
| 2. Business Trade Name or DBA Family Dollar #24446 | | |
| 3. FEIN 56-1356720 | 4. Wisconsin Seller's Permit Number 456-0000344943-05 | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | |
| 6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100. | | |
| 7. State of Organization NC | 8. Date of Organization 08/01/2017 | 9. Wisconsin DFI Registration Number F057028 |
| 10. Premises Address 28 County Highway M | | |
| 11. City Evansville | 12. State WI | 13. Zip Code 53536 |
| 14. County Rock | 15. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>City of Evansville</u> | 16. Aldermanic District |
| 17. Premises Phone (833) 705-8733 | 18. Premises Email ab-licensingfd@familydollar. | 19. Website www.familydollar.com |
| 20. Premises Description <p>Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.</p> <p>Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input checked="" type="checkbox"/></p> | | |
| 21. Mailing Address (if different from premises address) 510 Volvo Parkway | | |
| 22. City Chesapeake | 23. State VA | 24. Zip Code 23320 |

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No
If yes, list the details of violation below. Attach additional sheets if necessary.

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

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

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

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

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

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

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

Part C: Individual Information


Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

One of the following must sign and attest to this application:
 sole proprietor one general partner of a partnership one corporate officer one member of an LLC

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

| | | | | |
|--|--|--|---------------------|-----------|
| Last Name Newman | | First Name Michael | | M.I. B |
| Title President | | Email ab-licensingfd@familydollar.com | Phone [REDACTED] | |
| Signature  | | | Date 3-25-2026 | |

Part E: For Clerk Use Only

| | | | |
|---|----------------|----------------------|---|
| Date Application Was Filed With Clerk 4-7-2026 | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | | Date Provisional License Issued (if applicable) |

Form AB-101

Alcohol Beverage Appointment of Agent

Date

Agent Type (check one)

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Family Dollar Stores of Wisconsin, LLC

2. Business Trade Name or DBA
Family Dollar # 2446

3. Entity Type (check one)
 Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)
 Municipal Retail License State Permit

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

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

Part B: Agent Information

1. Last Name: Schmit 2. First Name: Corey 3. M.I.: C

4. Email: cschmit@familydollar.com 5. Phone: [REDACTED]

6. Home Address: [REDACTED]

7. City: Brookfield 8. State: WI 9. Zip Code: 53005 10. Date of Birth: [REDACTED]

11. Driver's License/State ID Number: [REDACTED] 12. Driver's License/State ID State of Issuance: WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? Yes No

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Part D: Business Attestation

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

| | | | |
|----------------------------------|--|-----------------------|-----------|
| Last Name Gary | | First Name Yolanda | M.I. D |
| Title Assistant Secretary | Email ab-licensingfd@familydollar.com | Phone [REDACTED] | |
| Signature <i>Yolanda Gary</i> | | Date 05/01/26 | |

Part E: Agent Attestation

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

| | | | |
|----------------------------------|--|----------------------------|------------------|
| Last Name <i>Schmit</i> | | First Name <i>Corey</i> | M.I. <i>C</i> |
| Signature <i>Corey Schmit</i> | | Date <i>5.9.2026</i> | |



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: Family Dollar Store #24446
Business Address: 28 County Highway M, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Michael Newman
Type of License: Class "A" Beer/ "Class A" Liquor License

POLICE OFFICER NAME: [Signature]

DATE:

- | | | |
|---|---|-----------------------------|
| 1. Is the current alcohol license properly posted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is Agent listed on the license on premise? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the operator have a valid license? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are Cigarettes/Tobacco/Vape products being sold? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Number of game machines <u>0</u> | | |
| 6. Is a current Wisconsin Sellers' Permit posted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

COMMUNITY DEVELOPMENT DIRECTOR:

DATE:

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

Remarks _____

FIRE INSPECTOR:

DATE:

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

Remarks _____

CITY CLERK:

DATE:

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

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

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

[Signature]
Inspector Signature

5-4-20
Date of Inspection



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: Family Dollar Store #24446
Business Address: 28 County Highway M, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Michael Newman
Type of License: Class "A" Beer/ "Class A" Liquor License

POLICE OFFICER NAME:

DATE:

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

COMMUNITY DEVELOPMENT DIRECTOR:

DATE: 5/12/26

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

Remarks None.

FIRE INSPECTOR:

DATE:

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

Remarks _____

CITY CLERK:

DATE:

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

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

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

Collette Segan
Inspector Signature

5/12/26
Date of Inspection



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: Family Dollar Store #24446
Business Address: 28 County Highway M, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Michael Newman
Type of License: Class "A" Beer/ "Class A" Liquor License

POLICE OFFICER NAME: _____

DATE: _____

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

COMMUNITY DEVELOPMENT DIRECTOR: _____

DATE: _____

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

Remarks _____

FIRE INSPECTOR: Zach Burger

DATE: 4-28-26

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

Remarks _____

CITY CLERK: _____

DATE: _____

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

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

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

Zachary Burger
Inspector Signature

4-13-26
Date of Inspection



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: Family Dollar Store #24446
Business Address: 28 County Highway M, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Michael Newman
Type of License: Class "A" Beer/ "Class A" Liquor License

POLICE OFFICER NAME: _____

DATE: _____

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

COMMUNITY DEVELOPMENT DIRECTOR: _____

DATE: _____

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

Remarks _____

FIRE INSPECTOR: _____

DATE: _____

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

Remarks _____

CITY CLERK: _____

DATE: _____

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

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

If applicable, this license is recommended subject to the following conditions: Agent is not a Wisconsin Resident for 90 continuous days prior WISS - 125.04 (5)(a)2

J. Bentley
Inspector Signature

5/29/2026 Cheryl
Date of Inspection

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|------------|
| Municipality | EVANSVILLE |
| License Period | 2026-2027 |

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

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

| Fees | |
|----------------------|---------------|
| License Fees | \$ |
| Background Check Fee | \$ |
| Publication Fee | \$ 100 |
| Total Fees | \$ 700 |

Part A: Premises/Business Information

| | | | |
|--|--|--|--------------------------------------|
| 1. Legal Business Name (individual name if sole proprietorship) <u>Kopecky's Worldwide Foods Inc</u> | | | |
| 2. Business Trade Name or DBA <u>Kopeckys Pissly Wissy</u> | | | |
| 3. FEIN <u>39-1715093</u> | | 4. Wisconsin Seller's Permit Number <u>456-0000368472-03</u> | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization <u>WI</u> | | 7. Date of Organization <u>06/1981</u> | 8. Wisconsin DFI Registration Number |
| 9. Premises Address <u>8 N city Rd m</u> | | | |
| 10. City <u>Evansville</u> | | 11. State <u>WI</u> | 12. Zip Code <u>53536</u> |
| 13. County <u>ROCK</u> | | 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>EVANSVILLE</u> | 15. Aldermanic District |
| 16. Premises Phone <u>608 882 5308</u> | | 17. Premises Email <u>johnkopecky@shopthepig.com</u> | 18. Website <u>shopthepig.com</u> |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>Kopeckys Pisslywissy located at 8 N city Rd m Evansville WI 53536 sells cigarettes & tobacco products at the front of the inside building up front behind service desk. employees must be 18 and above to scan tobacco products for 21 yrs of age to purchase or older. same applies for liquor, beer & wine in the inside dept.</u> | | | |
| 20. Mailing Address (if different from premises address) <u>8 N. city Rd m</u> | | | |
| 21. City <u>Evansville</u> | | 22. State <u>WI</u> | 23. Zip Code <u>53536</u> |

Part B: Questions

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

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

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

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

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

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

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

4a. Name of Business Entity _____ 4b. Business Entity FEIN _____

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

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

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

Part C: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|-----------------|------------|
| Kopecky | James | President | [REDACTED] |
| Kopecky | Jean | Vice President | [REDACTED] |
| Kopecky | John | General Manager | [REDACTED] |

Part D: Attestation

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

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

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

| | | |
|-------------|-------------------------|------------|
| Last Name | First Name | M.I. |
| Kopecky | James | J |
| Title | Email | Phone |
| President | jkopecky@spodthebiz.com | [REDACTED] |
| Signature | Date | |
| [Signature] | 04-01-2026 | |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| 4-3-26 | | | |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |
| | | | |

Form
AB-101

Alcohol Beverage Appointment of Agent

Date
04-01-2026

Agent Type (check one)

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

Part A: Business Information

1. Legal Business Name (Individual name if sole proprietor)
Kopdecky's Worldwide Foods, Inc

2. Business Trade Name or DBA
Kopdecky's Pissy Wussy

3. Entity Type (check one)
 Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)
 Municipal Retail License State Permit

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

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

Part B: Agent Information

1. Last Name
Kopdecky

2. First Name
John

3. M.I.
T

4. Email
johnkopdecky@shopthepig.com

5. Phone
[REDACTED]

6. Home Address
[REDACTED]

7. City
Albany

8. State
WI

9. Zip Code
53502

10. Date of Birth
[REDACTED]

11. Drivers License/State ID Number
[REDACTED]

12. Drivers License/State ID State of Issuance
WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

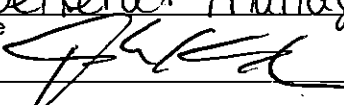
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? Yes No

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →


Part D: Business Attestation

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

| | | |
|---|---------------------------|----------------|
| Last Name | First Name | M.I. |
| KOPECKY | John | T |
| Title | Email | Phone |
| General manager | john.kopecky@shopneps.com | (608) 882-5308 |
| Signature | Date | |
|  | 04-01-2026 | |

Part E: Agent Attestation

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

| | | |
|--|------------|------|
| Last Name | First Name | M.I. |
| KOPECKY | JOHN | T |
| Signature | Date | |
|  | 4/1/2026 | |



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: Kopecky's Piggly Wiggly
Business Address: 8 N County M, Evansville, WI, 53536
Authorized Agent/Manager/Owner: John T. Kopecky
Type of License: Class "A" Beer/ "Class A" Liquor License

| POLICE OFFICER NAME: <u>J Schmidt</u> | DATE: | |
|---|---|-----------------------------|
| 1. Is the current alcohol license properly posted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is Agent listed on the license on premise? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the operator have a valid license? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are Cigarettes/Tobacco/Vape products being sold? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Number of game machines <u>0</u> | | |
| 6. Is a current Wisconsin Sellers' Permit posted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

COMMUNITY DEVELOPMENT DIRECTOR: _____ **DATE:** _____

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

Remarks _____

FIRE INSPECTOR: _____ **DATE:** _____

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

Remarks _____

CITY CLERK: _____ **DATE:** _____

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

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

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

Inspector Signature

5/5/26
Date of Inspection



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: Kopecky's Piggly Wiggly
Business Address: 8 N County M, Evansville, WI, 53536
Authorized Agent/Manager/Owner: John T. Kopecky
Type of License: Class "A" Beer/ "Class A" Liquor License

POLICE OFFICER NAME:

DATE:

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

COMMUNITY DEVELOPMENT DIRECTOR:

DATE:

5/12/26

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

Remarks None.

FIRE INSPECTOR:

DATE:

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

Remarks _____

CITY CLERK:

DATE:

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

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

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

Collette Sperry
Inspector Signature

5/12/26
Date of Inspection



City of Evansville

Premise Inspection Report

Alcohol/Cigarette/Tobacco/Vape

Business Name: Kopecky's Piggly Wiggly
 Business Address: 8 N County M, Evansville, WI, 53536
 Authorized Agent/Manager/Owner: John T. Kopecky
 Type of License: Class "A" Beer/ "Class A" Liquor License

POLICE OFFICER NAME: _____

DATE: _____

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

COMMUNITY DEVELOPMENT DIRECTOR: _____

DATE: _____

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

Remarks _____

FIRE INSPECTOR: Zach Burger

DATE: 4-28-26

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

Remarks _____

CITY CLERK: _____

DATE: _____

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

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

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

Zachary Burger
 Inspector Signature

4-27-26
 Date of Inspection



City of Evansville

Premise Inspection Report

Alcohol/Cigarette/Tobacco/Vape

Business Name: Kopecky's Piggly Wiggly
 Business Address: 8 N County M, Evansville, WI, 53536
 Authorized Agent/Manager/Owner: John T. Kopecky
 Type of License: Class "A" Beer/ "Class A" Liquor License

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

COMMUNITY DEVELOPMENT DIRECTOR: _____ **DATE:** _____

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

Remarks _____

FIRE INSPECTOR: _____ **DATE:** _____

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


Remarks _____

CITY CLERK: _____ **DATE:** _____

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

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

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


5/27/2026
 Inspector Signature Date of Inspection

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|-----------------------|
| Municipality | Evansville City of |
| License Period | 7/1/2026 to 6/30/2027 |

Application Type (check one)
 Initial (New) Renewal

| | | | |
|---|--|----------------------|----------------|
| License(s) Requested: (up to two boxes may be checked) | | Fees | |
| <input checked="" type="checkbox"/> Class "A" Beer \$ <u>100-</u> | <input type="checkbox"/> Class "B" Beer \$ _____ | License Fee(s) | \$ <u>600-</u> |
| <input checked="" type="checkbox"/> "Class A" Liquor \$ <u>500-</u> | <input type="checkbox"/> Regular "Class B" Liquor \$ _____ | Background Check Fee | \$ <u>21-</u> |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ | Publication Fee | \$ <u>100-</u> |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____ | Total Fees | \$ <u>721-</u> |

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Kwik Trip, Inc.

2. Business Trade Name or DBA
Kwik Trip 1750

3. FEIN
39-1036365

4. Wisconsin Seller's Permit Number
456-0000287614-03

5. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100. -N/A-

7. State of Organization
WI

8. Date of Organization
10/07/1964

9. Wisconsin DFI Registration Number
1K04801

10. Premises Address
680 E. Main St.

11. City
Evansville

12. State
WI

13. Zip Code
53536

14. County
Rock

15. Governing Municipality: City Town Village
of: Evansville City of

16. Aldermanic District

17. Premises Phone
608-490-7002

18. Premises Email
LicensingDept@kwiktrip.com

19. Website
www.KwikTrip.com

20. Premises Description
Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

One-story frame construction with storage in walk-in cooler, on sales floor, behind sales counter and back room for off-sale consumption. Records kept in office area.

21. Mailing Address (if different from premises address)
Kwik Trip - Legal Dept., P.O. Box 2107

22. City
La Crosse

23. State
WI

24. Zip Code
54602-2107

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No
If yes, list the details of violation below. Attach additional sheets if necessary.

| | | |
|---|--|------------|
| Law/Ordinance Violated **Please see enclosed listing of retail store violations** | Location | Trial Date |
| Penalty Imposed | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

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

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

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

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

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

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

One of the following must sign and attest to this application:
 sole proprietor one general partner of a partnership one corporate officer one member of an LLC

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

| | | |
|--|--|-------------------------------|
| Last Name Zietlow | First Name Scott | M.I. P |
| Title CEO & President | Email LicensingDept@kwiktrip.com | Phone [REDACTED] |
| Signature  | | Date 02 / 27 / 2026 |

Part E: For Clerk Use Only

| | | | |
|---|----------------|---|---------------------|
| Date Application Was Filed With Clerk 3-26-26 | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Form

AB-200AA

Alcohol Beverage License Application

Appendix A - List of Persons Involved in the Applicant Business

Application Type (check one)

Initial (New) Renewal

License Period
7/1/2026 - 6/30/2027

Instructions

This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications. The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:

- Sole proprietor
- All partners of a partnership
- All officers, directors, and agent of a corporation or nonprofit organization
- All members or managers, and agent of a limited liability company

Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.

Each person holding a title named above must submit the most accurate Form AB-100 with this application.

Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.

***Status Definitions**

New: All entries on a new application or any person added to a renewal application for the first time.

Remove: This person no longer has a relationship to the applicant business.

Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.

No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.

1. Legal Business Name (individual name if sole proprietorship)
Kwik Trip, Inc.

2. Business Trade Name or DBA
Kwik Trip 1750

3. FEIN
39-1036365

Listing of Persons Involved in Applicant Business

| First Name and Middle Initial | Last Name | Title/Relationship to Applicant Business | Phone Number | Email | Status* |
|-------------------------------|------------|--|--------------|----------------------------|-----------|
| Scott P | Zietlow | CEO & President | [REDACTED] | LicensingDept@kwiktrip.com | No Change |
| David P | Wagner | CFO & Treasurer | [REDACTED] | LicensingDept@kwiktrip.com | No Change |
| Christopher Richard | Turtenwald | Agent | [REDACTED] | LicensingDept@kwiktrip.com | No Change |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |

Date: 12/21/25

Form
AB-101

Alcohol Beverage Appointment of Agent

Agent Type (check one)

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Kwik Trip, Inc.

2. Business Trade Name or DBA
Kwik Trip 1750

3. Entity Type (check one) Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one) 5. If successor agent, provide State Permit or Municipal Retail License Number
 Municipal Retail License State Permit

6. Describe the reason for appointing a successor agent, if successor is checked above.
- N/A -

Part B: Agent Information

1. Last Name
Turtenwald

2. First Name
Christopher

3. M.I.
Richard

4. Email
LicensingDept@kwiktrip.com

5. Phone
[REDACTED]

6. Home Address
[REDACTED]

7. City
Jefferson

8. State
WI

9. Zip Code
53549

10. Date of Birth
[REDACTED]

11. Drivers License/State ID Number
[REDACTED]

12. Drivers License/State ID State of issuance
WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? Yes No

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Part D: Business Attestation

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

| | | |
|--------------------------------------|-------------------------------------|---------------------|
| Last Name Zietlow | First Name Scott | M.I. Paul |
| Title CEO/President | Email LicensingDept@kwiktrip.com | Phone [REDACTED] |
| Signature <i>Scott P. Zietlow</i> | | Date 12/19/2025 |

Part E: Agent Attestation

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

| | | |
|-------------------------|---------------------------|------------------|
| Last Name Turtenwald | First Name Christopher | M.I. Richard |
| Signature <i>CTT</i> | | Date 12/21/25 |



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: Kwik Trip, Inc. #1750
Business Address: 680 E. Main Street, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Christopher Turtenwald
Type of License: Class "A" Beer/ "Class A" Liquor License

POLICE OFFICER NAME: Hanson

DATE:

- | | | |
|---|---|--|
| 1. Is the current alcohol license properly posted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is Agent listed on the license on premise? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Does the operator have a valid license? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are Cigarettes/Tobacco/Vape products being sold? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Number of game machines <u>0</u> | | |
| 6. Is a current Wisconsin Sellers' Permit posted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

COMMUNITY DEVELOPMENT DIRECTOR:

DATE:

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

Remarks _____

FIRE INSPECTOR:

DATE:

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

Remarks _____

CITY CLERK:

DATE:

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

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

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

[Signature]
Inspector Signature

9/4/26
Date of Inspection



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: Kwik Trip, Inc. #1750
Business Address: 680 E. Main Street, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Christopher Turtenwald
Type of License: Class "A" Beer/ "Class A" Liquor License

POLICE OFFICER NAME:

DATE:

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

COMMUNITY DEVELOPMENT DIRECTOR:

DATE: 5/12/20

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

Remarks Waiting on completion of site plan / landscaping.

FIRE INSPECTOR:

DATE:

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

Remarks _____

CITY CLERK:

DATE:

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

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

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

Completion of landscaping & installation of fence

Collette Egan
Inspector Signature

5/12/20
Date of Inspection



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: Kwik Trip, Inc. #1750
Business Address: 680 E. Main Street, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Christopher Turtenwald
Type of License: Class "A" Beer/ "Class A" Liquor License

POLICE OFFICER NAME:

DATE:

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

COMMUNITY DEVELOPMENT DIRECTOR:

DATE:

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

Remarks _____

FIRE INSPECTOR:

Zach Burger

DATE:

4-28-26

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

Remarks _____

CITY CLERK:

DATE:

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

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

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

Zach Burger
Inspector Signature

3-4-26
Date of Inspection



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: Kwik Trip, Inc. #1750
Business Address: 680 E. Main Street, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Christopher Turtenwald
Type of License: Class "A" Beer/ "Class A" Liquor License

| POLICE OFFICER NAME: | DATE: |
|---|--|
| 1. Is the current alcohol license properly posted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is Agent listed on the license on premise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Does the operator have a valid license? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are Cigarettes/Tobacco/Vape products being sold? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Number of game machines _____ | |
| 6. Is a current Wisconsin Sellers' Permit posted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

COMMUNITY DEVELOPMENT DIRECTOR: _____ **DATE:** _____

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

Remarks _____

FIRE INSPECTOR: _____ **DATE:** _____

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

Remarks _____

CITY CLERK: _____ **DATE:** _____

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

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

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

J. Shurtley
Inspector Signature

5/27/2026
Date of Inspection

Form
AB-200

**Alcohol Beverage License
Application**

| For Municipal Use Only | |
|------------------------|------------|
| Municipality | Evansville |
| License Period | 2026-2027 |

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

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

| Fees | |
|----------------------|-------------------------|
| License Fees | \$ <u>500.00</u> |
| Background Check Fee | \$ <u>7.00</u> |
| Publication Fee | \$ <u>100.00</u> |
| Total Fees | \$ <u>707.00</u> |

Part A: Premises/Business Information

| | | | |
|--|--|--|--|
| 1. Legal Business Name (individual name if sole proprietorship) <u>MADISON STREET EXP., INC</u> | | | |
| 2. Business Trade Name or DBA <u>ALL-N-ONE</u> | | | |
| 3. FEIN <u>04-3738143</u> | | 4. Wisconsin Seller's Permit Number <u>956-000637428-03</u> | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization <u>WI.</u> | | 7. Date of Organization <u>3/2003</u> | 8. Wisconsin DFI Registration Number <u>M058164</u> |
| 9. Premises Address <u>104 S. MADISON STREET</u> | | | |
| 10. City <u>EVANSVILLE</u> | | 11. State <u>WI</u> | 12. Zip Code <u>53536</u> |
| 13. County <u>Rock</u> | 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>EVANSVILLE</u> | | 15. Aldermanic District |
| 16. Premises Phone <u>608-882-4757</u> | 17. Premises Email [REDACTED] | | 18. Website |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>IN THE BEER, LIQUOR ROOM, BACK ROOM & BEHIND THE CHECK IN AREA</u> | | | |
| 20. Mailing Address (if different from premises address) | | | |
| 21. City | | 22. State | 23. Zip Code |

Part B: Questions

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

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

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

4a. Name of Business Entity _____ 4b. Business Entity FEIN _____

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

Part C: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|-----------|------------|
| SEKHON | PARMINDER | PRESIDENT | [REDACTED] |
| | | | |
| | | | |
| | | | |

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

| | | | | | |
|-----------|------------------|------------|------------|-----------|------------|
| Last Name | SEKHON | First Name | PARMINDER | M.I. | K |
| Title | PRESIDENT | Email | [REDACTED] | Phone | [REDACTED] |
| Signature | Parminder Sekhon | | Date | 3-17-2026 | |

Part E: For Clerk Use Only

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

Form
AB-101

Alcohol Beverage Appointment of Agent

Date 3-17-2026

Agent Type (check one)

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

Part A: Business Information

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

MADISON STREET EXP, INC

2. Business Trade Name or DBA

ALL-N-ONE

3. Entity Type (check one)

Limited Liability Company

Corporation

Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

Municipal Retail License

State Permit

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

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

Part B: Agent Information

1. Last Name

SEKHON

2. First Name

PARMINDER

3. M.I.

K

4. Email

[REDACTED]

5. Phone

[REDACTED]

6. Home Address

[REDACTED]

7. City

FITCHBURG

8. State

WJ

9. Zip Code

53711

10. Date of Birth

[REDACTED]

11. Drivers License/State ID Number

[REDACTED]

12. Drivers License/State ID State of Issuance

WJ

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? Yes No


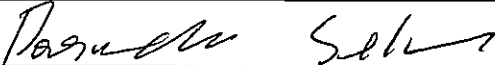
3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Miss. 1/1/00

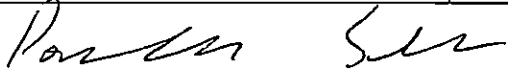
Part D: Business Attestation

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

| | | | |
|--|---|--------------------------------|------------------|
| Last Name SEKHON | | First Name PARMINDER | M.I. K |
| Title PRESIDENT | Email  | | |
| Signature  | | Date | |

Part E: Agent Attestation

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

| | | | |
|---|--|--------------------------------|------------------|
| Last Name SEKHON | | First Name PARMINDER | M.I. K |
| Signature  | | Date 3-23-2026 | |



City of Evansville

Premise Inspection Report

Alcohol/Cigarette/Tobacco/Vape

Business Name: All -N-One
 Business Address: 104 S Madison St, Evansville, WI, 53536
 Authorized Agent/Manager/Owner: Parminder K Sekhon
 Type of License: Class "A" Beer/ "Class A" Liquor License

| POLICE OFFICER NAME: <u>Nash</u> | DATE: |
|---|---|
| 1. Is the current alcohol license properly posted? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is Agent listed on the license on premise? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. Does the operator have a valid license? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4. Are Cigarettes/Tobacco/Vape products being sold? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Number of game machines <u>0</u> | |
| 6. Is a current Wisconsin Sellers' Permit posted? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

COMMUNITY DEVELOPMENT DIRECTOR: _____ **DATE:** _____

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

Remarks _____

FIRE INSPECTOR: _____ **DATE:** _____

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

Remarks _____

CITY CLERK: _____ **DATE:** _____

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

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

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

Inspector Signature 5-4-20

Date of Inspection



City of Evansville

Premise Inspection Report

Alcohol/Cigarette/Tobacco/Vape

Business Name: All -N-One
 Business Address: 104 S Madison St, Evansville, WI, 53536
 Authorized Agent/Manager/Owner: Parminder K Sekhon
 Type of License: Class "A" Beer/ "Class A" Liquor License

POLICE OFFICER NAME: _____

DATE: _____

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

COMMUNITY DEVELOPMENT DIRECTOR: _____

DATE: _____

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

Remarks None.

FIRE INSPECTOR: _____

DATE: _____

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

Remarks _____

CITY CLERK: _____

DATE: _____

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

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

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

Curtis Szymanski
 Inspector Signature

5/12/24
 Date of Inspection



City of Evansville

Premise Inspection Report

Alcohol/Cigarette/Tobacco/Vape

Business Name: All -N-One
 Business Address: 104 S Madison St, Evansville, WI, 53536
 Authorized Agent/Manager/Owner: Parminder K Sekhon
 Type of License: Class "A" Beer/ "Class A" Liquor License

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

COMMUNITY DEVELOPMENT DIRECTOR: _____ **DATE:** _____

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

Remarks _____

FIRE INSPECTOR: Zach Burger **DATE:** 4-28-26

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

Remarks _____

CITY CLERK: _____ **DATE:** _____

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

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

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

Zachary Buser
Inspector Signature

4-16-26
Date of Inspection



City of Evansville
Premise Inspection Report
Alcohol/Cigarette/Tobacco/Vape

Business Name: All -N-One
Business Address: 104 S Madison St, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Parminder K Sekhon
Type of License: Class "A" Beer/ "Class A" Liquor License

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

COMMUNITY DEVELOPMENT DIRECTOR: DATE:
In accordance with Chapter 18, 46 and 130 of the Municipal Code, were Building and Zoning Codes maintained? Yes No

Remarks

FIRE INSPECTOR: DATE:
In accordance with Chapter 50 of the Municipal Code, were Fire Codes maintained? Yes No

Remarks

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

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

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

Inspector Signature

Date of Inspection 5/27/2026

Form
AB-200

**Alcohol Beverage License
Application**

| For Municipal Use Only | |
|------------------------|------------|
| Municipality | Evansville |
| License Period | 2026-2027 |

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

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

| Fees | |
|----------------------|-------------------------|
| License Fees | \$ <u>600.00</u> |
| Background Check Fee | \$ <u>21.00</u> |
| Publication Fee | \$ <u>100.00</u> |
| Total Fees | \$ <u>721.00</u> |

Part A: Premises/Business Information

| | | | |
|---|--|---|--|
| 1. Legal Business Name (individual name if sole proprietorship) <u>SD Evansville mini mart INC.</u> | | | |
| 2. Business Trade Name or DBA | | | |
| 3. FEIN <u>93-1567128</u> | | 4. Wisconsin Seller's Permit Number <u>456-1031439814-04</u> | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization <u>WI</u> | | 7. Date of Organization <u>5/24/2023</u> | 8. Wisconsin DFI Registration Number <u>S148109</u> |
| 9. Premises Address <u>350 union st</u> | | | |
| 10. City <u>Evansville</u> | | 11. State <u>WI</u> | 12. Zip Code <u>53536</u> |
| 13. County <u>Rock</u> | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <u>Evansville</u> | | 15. Aldermanic District |
| 16. Premises Phone <u>608-882-1272</u> | 17. Premises Email <u>SDBusiness532@gmail.com</u> | | 18. Website |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>alcohol is located under the counter, mapped on the back shots in a case on the counter, beer is in cooler doors, another liquor section by cooler doors</u> | | | |
| 20. Mailing Address (if different from premises address) | | | |
| 21. City | | 22. State | 23. Zip Code |

Part B: Questions

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

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

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

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

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

| | |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

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

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

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

Part C: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|--------------|------------|-----------|------------|
| Sarwan Singh | Sarwan | President | [REDACTED] |
| Singh | Manvir | Agent | |
| Singh | Anmolpreet | Manager | |

Part D: Attestation

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

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

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

| | | |
|--------------------|----------------------------------|---------------------|
| Last Name Singh | First Name Sarwan | M.I. |
| Title President | Email sdbusiness532@gmail.com | Phone [REDACTED] |
| Signature | Date 4/9/26 | |

Part E: For Clerk Use Only

| | | | |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk 4-10-26 | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Form
AB-101

Alcohol Beverage Appointment of Agent

Date
4/19/26

Agent Type (check one)

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
SD Evansville minimart INC.

2. Business Trade Name or DBA

3. Entity Type (check one)
 Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)
 Municipal Retail License State Permit

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

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

Part B: Agent Information

1. Last Name: Singh 2. First Name: Manvir 3. M.I.

4. Email: SDbusiness532@gmail.com 5. Phone: [REDACTED]

6. Home Address: [REDACTED]

7. City: Brodhead 8. State: WI 9. Zip Code: 53520 10. Date of Birth: [REDACTED]

11. Drivers License/State ID Number: [REDACTED] 12. Drivers License/State ID State of Issuance: IN

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? Yes No

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Part D: Business Attestation

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

| | | |
|--------------------------|----------------------------------|---------------------|
| Last Name Singh | First Name Sarwan | M.I. |
| Title President | Email Sdbusiness532@gmail.com | Phone [REDACTED] |
| Signature [Signature] | Date 4/9/26 | |

Part E: Agent Attestation

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

| | | |
|--------------------------|----------------------|------|
| Last Name Singh | First Name Manvir | M.I. |
| Signature [Signature] | Date 4/9/26 | |



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

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

POLICE OFFICER NAME: Matthew Naska **DATE:** _____

| | | |
|---|---|--|
| 1. Is the current alcohol license properly posted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is Agent listed on the license on premise? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Does the operator have a valid license? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are Cigarettes/Tobacco/Vape products being sold? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Number of game machines <u>0</u> | | |
| 6. Is a current Wisconsin Sellers' Permit posted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

COMMUNITY DEVELOPMENT DIRECTOR: _____ **DATE:** _____

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

Remarks _____

FIRE INSPECTOR: _____ **DATE:** _____

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

Remarks _____

CITY CLERK: _____ **DATE:** _____

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

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

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

Inspector Signature

5-4-20
Date of Inspection



City of Evansville

Premise Inspection Report

Alcohol/Cigarette/Tobacco/Vape

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

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

COMMUNITY DEVELOPMENT DIRECTOR: _____ **DATE:** 5/12/20

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

Remarks ~~Recent~~ Recent check on lighting was OK.
Cosmetic: front / street facing wall has nail damage to vinyl.

FIRE INSPECTOR: _____ **DATE:** _____

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

Remarks _____

CITY CLERK: _____ **DATE:** _____

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

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

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

Collette Spitzer
Inspector Signature
5/12/20
Date of Inspection



City of Evansville

Premise Inspection Report

Alcohol/Cigarette/Tobacco/Vape

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

POLICE OFFICER NAME: _____

DATE: _____

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

COMMUNITY DEVELOPMENT DIRECTOR: _____

DATE: _____

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

Remarks _____

FIRE INSPECTOR: Zach Burger

DATE: 4-28-26

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

Remarks _____

CITY CLERK: _____

DATE: _____

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

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

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

Zachary Burger
 Inspector Signature

2-10-26
 Date of Inspection



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

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

POLICE OFFICER NAME: _____

DATE: _____

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

COMMUNITY DEVELOPMENT DIRECTOR: _____

DATE: _____

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

Remarks _____

FIRE INSPECTOR: _____

DATE: _____

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

Remarks _____

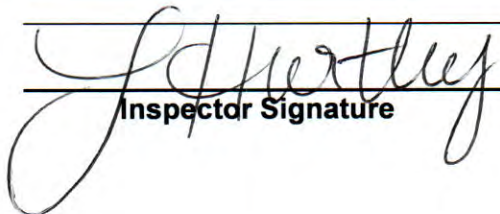
CITY CLERK: _____

DATE: _____

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

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

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


Inspector Signature

5/27/2026
Date of Inspection

Form **AB-200**

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|------------|
| Municipality | Evansville |
| License Permit | A-1 |

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

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

| Fees | |
|----------------------|-----------------------|
| License Fees | \$ <u>600-</u> |
| Background Check Fee | \$ <u>14-</u> |
| Publication Fee | \$ <u>100-</u> |
| Total Fees | \$ <u>714-</u> |

Part A: Premises/Business Information

| | | | |
|---|--|--|--------------------------------------|
| 1. Legal Business Name (individual name if sole proprietorship) <u>139 EAST MAIN STREET LLC.</u> | | | |
| 2. Business Trade Name or DBA <u>Allen Creek CoffeeHouse</u> | | | |
| 3. FEIN <u>92-1236271</u> | | 4. Wisconsin Seller's Permit Number <u>451-1031168196-02</u> | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization <u>WISCONSIN</u> | | 7. Date of Organization <u>August 2022</u> | 8. Wisconsin DFI Registration Number |
| 9. Premises Address <u>137 EAST Main Street</u> | | | |
| 10. City <u>Evansville</u> | | 11. State <u>WI</u> | 12. Zip Code <u>53536</u> |
| 13. County <u>Rock</u> | | 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____ | 15. Aldermanic District |
| 16. Premises Phone <u>608-882-1249</u> | | 17. Premises Email <u>AllenCreekCoffeeHouse@gmail.com</u> | 18. Website <u>nil</u> |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>Building with an Apartment on Top - storage - downstairs Bar/retail floor + work in Retail space, sds in store, outside patio, Backyard Events, where we will also have live music on the patio Deck, Backyard, in Home Rec/ storage Bar.</u> | | | |
| 20. Mailing Address (if different from premises address) <u>Same</u> | | | |
| 21. City | | 22. State | 23. Zip Code |

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No
If yes, list the details of violation below. Attach additional sheets if necessary.

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

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

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

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

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

| | |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

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

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

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

Part C: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------------|---------|------------|
| HANNA | TAW Fide (Tommy) | OWNER | [REDACTED] |
| HANNA | Simon | Manager | [REDACTED] |
| | | | |

Part D: Attestation

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

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

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

| | | |
|--------------------|--------------------------------|---------------------|
| Last Name HANNA | First Name TAW Fide (Tommy) | M.I. M |
| Title OWNER | Email Tommyhanne@regmad.com | Phone [REDACTED] |
| Signature | Date April 2, 2021 | |

Part E: For Clerk Use Only

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

Tommy

Form
AB-101

Alcohol Beverage
Appointment of Agent

Date
April 2, 2026

Agent Type (check one)

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

Part A: Business Information

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

139 EAST MAIN STREET - LLC

2. Business Trade Name or DBA

Allen Creek Coffee House

3. Entity Type (check one)

Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

Municipal Retail License State Permit

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

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

Part B: Agent Information

1. Last Name

HANNA

2. First Name

Tommy (Tommy)

3. M.I.

M

4. Email

[Redacted]

5. Phone

[Redacted]

6. Home Address

[Redacted]

7. City

Madison

8. State

WI

9. Zip Code

53719

10. Age

[Redacted]

11. Drivers License/State ID Number

[Redacted]

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.


2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →


Part D: Business Attestation

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

| | | | | | |
|-----------|---|------------|---------------|-------|--------------|
| Last Name | HANNA | First Name | Tommy (Tommy) | M.I. | M. |
| Title | GENERAL OWNER | Email | [REDACTED] | Phone | [REDACTED] |
| Signature |  | | | Date | April 2-2026 |

Part E: Agent Attestation

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

| | | | | | |
|-----------|--|------------|---------------|------|--------------|
| Last Name | HANNA | First Name | Tommy (Tommy) | M.I. | M. |
| Signature |  | | | Date | April 2-2026 |



City of Evansville

Premise Inspection Report

Alcohol/Cigarette/Tobacco/Vape

Business Name: Allen Creek Coffeehouse
 Business Address: 137 East Main Street, Evansville, WI, 53536
 Authorized Agent/Manager/Owner: Tawfick (Tommy) Hanna
 Type of License: Class "B" Beer/"Class B" Liquor License

| POLICE OFFICER NAME: <u>Dunn</u> | DATE: |
|---|---|
| 1. Is the current alcohol license properly posted? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is Agent listed on the license on premise? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Does the operator have a valid license? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are Cigarettes/Tobacco/Vape products being sold? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5. Number of game machines <u>0</u> | |
| 6. Is a current Wisconsin Sellers' Permit posted? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

COMMUNITY DEVELOPMENT DIRECTOR: _____ **DATE:** _____

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

Remarks _____

FIRE INSPECTOR: _____ **DATE:** _____

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

Remarks _____

CITY CLERK: _____ **DATE:** _____

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

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

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

Inspector Signature

Date of Inspection 5-4-20



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: Allen Creek Coffeehouse
Business Address: 137 East Main Street, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Tawfick (Tommy) Hanna
Type of License: Class "B" Beer/"Class B" Liquor License

POLICE OFFICER NAME: _____

DATE: _____

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

COMMUNITY DEVELOPMENT DIRECTOR: _____

DATE: 5/12/26

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

Remarks None.

FIRE INSPECTOR: _____

DATE: _____

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

Remarks _____

CITY CLERK: _____

DATE: _____

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

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

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

Colette Szymanski
Inspector Signature

5/12/26
Date of Inspection



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: Allen Creek Coffeehouse
Business Address: 137 East Main Street, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Tawfick (Tommy) Hanna
Type of License: Class "B" Beer/"Class B" Liquor License

POLICE OFFICER NAME: _____

DATE: _____

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

COMMUNITY DEVELOPMENT DIRECTOR: _____

DATE: _____

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

Remarks _____

FIRE INSPECTOR: Zach Buresc

DATE: 4-28-26

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

Remarks _____

CITY CLERK: _____

DATE: _____

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

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

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

Zachary Buresc
Inspector Signature

4-16-26
Date of Inspection



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: Allen Creek Coffeehouse
Business Address: 137 East Main Street, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Tawfick (Tommy) Hanna
Type of License: Class "B" Beer/"Class B" Liquor License

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

COMMUNITY DEVELOPMENT DIRECTOR: _____ **DATE:** _____

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

Remarks _____

FIRE INSPECTOR: _____ **DATE:** _____

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

Remarks _____

CITY CLERK: _____ **DATE:** _____

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

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

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

Inspector Signature

Date of Inspection

Form
AB-200

**Alcohol Beverage License
Application**

| For Municipal Use Only | |
|------------------------|------------|
| Municipality | Evansville |
| License Period | 2026-2027 |

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

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

| Fees | |
|----------------------|----------------------|
| License Fees | \$ <u>600</u> |
| Background Check Fee | \$ <u>14</u> |
| Publication Fee | \$ <u>100</u> |
| Total Fees | \$ <u>714</u> |

Part A: Premises/Business Information

| | | | |
|--|--|---|--------------------------------------|
| 1. Legal Business Name (individual name if sole proprietorship) <u>Bessire Bowl LLC</u> | | | |
| 2. Business Trade Name or DBA <u>Blue Devil Bowl</u> | | | |
| 3. FEIN <u>84-2796748</u> | | 4. Wisconsin Seller's Permit Number <u>456-1030476445-02</u> | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization <u>Wisconsin</u> | | 7. Date of Organization <u>09-13-2019</u> | 8. Wisconsin DFI Registration Number |
| 9. Premises Address <u>108 E. Main St.</u> | | | |
| 10. City <u>Evansville</u> | | 11. State <u>WI</u> | 12. Zip Code <u>53536</u> |
| 13. County <u>Rock</u> | 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Evansville</u> | | 15. Aldermanic District <u>3</u> |
| 16. Premises Phone <u>608-882-9850</u> | 17. Premises Email <u>Bessire@BlueDevilBowl.com</u> | 18. Website <u>www.BlueDevilBowl.com</u> | |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>Inside building in bar, alley, coolers in bar (3) and coolers (2) and shelves in basement. Almost entire <u>inside</u> property of 12,000 sq ft.</u> | | | |
| 20. Mailing Address (if different from premises address) | | | |
| 21. City | | 22. State | 23. Zip Code |

Part B: Questions

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

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

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

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

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

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

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

4a. Name of Business Entity _____ 4b. Business Entity FEIN _____

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

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

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

Part C: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|---------|------------|
| Bessire | Joel | Owner | [REDACTED] |
| Bessire | Tiffany | Manager | [REDACTED] |
| | | | |
| | | | |

Part D: Attestation

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

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

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

| | | | | | |
|-----------|-------------|------------|---------------------------|----------|------------|
| Last Name | Bessire | First Name | Joel | M.I. | D. |
| Title | Owner | Email | Bessire@BlueDenilBowl.com | Phone | [REDACTED] |
| Signature | [Signature] | | Date | 04/01/26 | |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|----------------------|---|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| 4-3-26 | | | |
| Signature of Clerk/Deputy Clerk | | | Date Provisional License Issued (if applicable) |

Agent Type (check one)

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

Part A: Business Information

| | |
|--|--|
| 1. Legal Business Name (individual name if sole proprietor) Bessire Bowl LLC | |
| 2. Business Trade Name or DBA Blue Devil Bowl | |
| 3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | |
| 4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit | 5. If successor agent, provide State Permit or Municipal Retail License Number |
| 6. Describe the reason for appointing a successor agent, if successor is checked above. | |

Part B: Agent Information

| | | |
|---------------------------------------|-----------------------|---|
| 1. Last Name Bessire | 2. First Name Joel | 3. M.I. D. |
| 4. Email Bessire@BlueDevilBowl.com | | 5. Phone |
| 6. Home Address | | |
| 7. City Evansville | 8. State WI | 9. Zip Code 53536 |
| 11. Drivers License/State ID Number | | 10. Date of Birth |
| | | 12. Drivers License/State ID State of Issuance Wisconsin |

Part C: Agent Questions

| | |
|---|---|
| 1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Continued →

Part D: Business Attestation

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

| | | |
|----------------------------------|---|-------------------|
| Last Name Bessire | First Name Joel | M.I. D. |
| Title Owner | Email Bessire@BlueDevilBowl.com | Phone |
| Signature Joel Bessire | Date 04-07-26 | |

Part E: Agent Attestation

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

| | | |
|----------------------------------|---------------------------|-------------------|
| Last Name Bessire | First Name Joel | M.I. D. |
| Signature Joel Bessire | Date 04-09-26 | |



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: Blue Devil Bowl
Business Address: 108 E Main Street, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Joel Bessire
Type of License: Class "B" Beer/"Class B" Liquor License

POLICE OFFICER NAME: [Signature]

DATE: _____

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

COMMUNITY DEVELOPMENT DIRECTOR: _____

DATE: _____

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

Remarks _____

FIRE INSPECTOR: _____

DATE: _____

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

Remarks _____

CITY CLERK: _____

DATE: _____

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

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

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

[Signature]
Inspector Signature

5/4/20
Date of Inspection



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: Blue Devil Bowl
Business Address: 108 E Main Street, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Joel Bessire
Type of License: Class "B" Beer/"Class B" Liquor License

POLICE OFFICER NAME: _____

DATE: _____

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

COMMUNITY DEVELOPMENT DIRECTOR: _____

DATE: 5/12/20

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

Remarks None

FIRE INSPECTOR: _____

DATE: _____

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

Remarks _____

CITY CLERK: _____

DATE: _____

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

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

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

Colton Spitzer
Inspector Signature

5/12/20
Date of Inspection



City of Evansville

Premise Inspection Report

Alcohol/Cigarette/Tobacco/Vape

Business Name: Blue Devil Bowl
 Business Address: 108 E Main Street, Evansville, WI, 53536
 Authorized Agent/Manager/Owner: Joel Bessire
 Type of License: Class "B" Beer/"Class B" Liquor License

POLICE OFFICER NAME: _____

DATE: _____

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

COMMUNITY DEVELOPMENT DIRECTOR: _____

DATE: _____

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

Remarks _____

FIRE INSPECTOR: Zach Burger

DATE: 4-28-26

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

Remarks _____

CITY CLERK: _____

DATE: _____

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

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

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

Zachary Burger
 Inspector Signature

4-13-26
 Date of Inspection



City of Evansville

Premise Inspection Report

Alcohol/Cigarette/Tobacco/Vape

Business Name: Blue Devil Bowl
 Business Address: 108 E Main Street, Evansville, WI, 53536
 Authorized Agent/Manager/Owner: Joel Bessire
 Type of License: Class "B" Beer/"Class B" Liquor License

POLICE OFFICER NAME: _____

DATE: _____

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

COMMUNITY DEVELOPMENT DIRECTOR: _____

DATE: _____

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

Remarks _____

FIRE INSPECTOR: _____

DATE: _____

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

Remarks _____

CITY CLERK: _____

DATE: _____

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

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

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

 Inspector Signature

5/27/2020
 Date of Inspection

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|--|
| Municipality | |
| License Period | |

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

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

| Fees | |
|----------------------|----------------------|
| License Fees | \$ <u>600 -</u> |
| Background Check Fee | \$ <u>21 -</u> |
| Publication Fee | \$ <u>100 -</u> |
| Total Fees | \$ <u>721</u> |

Part A: Premises/Business Information

| | | | |
|---|--|---|--|
| 1. Legal Business Name (individual name if sole proprietorship) <u>Creekside Place, Inc</u> | | | |
| 2. Business Trade Name or DBA | | | |
| 3. FEIN <u>20-8509682</u> | | 4. Wisconsin Seller's Permit Number <u>456-1026386142-05</u> | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization <u>WI</u> | | 7. Date of Organization <u>2011</u> | 8. Wisconsin DFI Registration Number |
| 9. Premises Address <u>102 Maple Street</u> | | | |
| 10. City <u>Evansville</u> | | 11. State <u>WI</u> | 12. Zip Code <u>53534</u> |
| 13. County <u>Rock</u> | 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Evansville</u> | | 15. Aldermanic District |
| 16. Premises Phone <u>608-882-0407</u> | 17. Premises Email | | 18. Website <u>creeksideplace.org</u> |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>Comm Center that hosts events - weddings, gatherings, art receptions, fundraising events, etc Beverages are hosted inside the bldg in all rooms & outside covering the Creekside owned parking lot, side lawn & behind the bldg.</u> | | | |
| 20. Mailing Address (if different from premises address) | | | |
| 21. City | | 22. State | 23. Zip Code |

Part B: Questions

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

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

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

4a. Name of Business Entity _____ 4b. Business Entity FEIN _____

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

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

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

Part C: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|---------------------|-------|
| Beltran | Jesse | President | |
| St Clair | Robin | Vice-president | |
| Johnson | Anna | Secretary/Treasurer | |

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

| | | |
|-----------------------------|-----------------------------------|---------------------|
| Last Name Wagner | First Name Nicholle | M.I. L |
| Title Executive Director | Email Nicki@creeksideplace.org | Phone [REDACTED] |
| Signature | Date 4-9-2026 | |

Part E: For Clerk Use Only

| | | | |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk 4-10-26 | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Alcohol Beverage Appointment of Agent

| | |
|--|---|
| Agent Type (check one) | |
| <input type="checkbox"/> Original (no fee) | <input checked="" type="checkbox"/> Successor (\$10 fee for municipal licensees only) |

| | |
|---|--|
| Part A: Business Information | |
| 1. Legal Business Name (individual name if sole proprietor) Creekside Place, Inc | |
| 2. Business Trade Name or DBA | |
| 3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization | |
| 4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit | 5. If successor agent, provide State Permit or Municipal Retail License Number |
| 6. Describe the reason for appointing a successor agent, if successor is checked above. Previous Agent is no longer with Creekside Place | |


| | | | |
|---|-------------------------|--|-----------------------|
| Part B: Agent Information | | | |
| 1. Last Name Fahey | 2. First Name Rhonda | 3. M.I. A | |
| 4. Email rhonda@creeksideplace.org | | 5. Phone [REDACTED] | |
| 6. Home Address [REDACTED] | | | |
| 7. City Evansville | 8. State WI | 9. Zip Code 53536 | 10. Age [REDACTED] |
| 11. Drivers License/State ID Number [REDACTED] | | 12. Drivers License/State ID State of Issuance WI | |

| | |
|--|---|
| Part C: Agent Questions | |
| 1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? Submit a completed Form AB-100 with this form. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Continued →


Part D: Business Attestation

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

| | | |
|--|-----------------------------------|---------------------|
| Last Name Wagner | First Name Nicholle | M.I. L |
| Title Executive Director | Email nicki@creeksideplace.org | Phone [REDACTED] |
| Signature  | Date 4/9/2020 | |

Part E: Agent Attestation

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

| | | |
|---|----------------------|-----------|
| Last Name Fahey | First Name Rhonda | M.I. A |
| Signature  | Date 4/8/20 | |



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: Creekside Place Inc
Business Address: 102 Maple Street, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Rhonda Fahey
Type of License: Class "B" Beer/"Class B" Liquor License

POLICE OFFICER NAME: Dunbar **DATE:** _____

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

COMMUNITY DEVELOPMENT DIRECTOR: _____ **DATE:** _____

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

Remarks _____

FIRE INSPECTOR: _____ **DATE:** _____

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

Remarks _____

CITY CLERK: _____ **DATE:** _____

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

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

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

[Signature] **Inspector Signature** 5-4-26 **Date of Inspection**



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: Creekside Place Inc
Business Address: 102 Maple Street, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Rhonda Fahey
Type of License: Class "B" Beer/"Class B" Liquor License

POLICE OFFICER NAME:

DATE:

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

COMMUNITY DEVELOPMENT DIRECTOR:

DATE:

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

Remarks None

FIRE INSPECTOR:

DATE:

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

Remarks _____

CITY CLERK:

DATE:

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

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

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

Clubs
Inspector Signature

5/12/20
Date of Inspection



City of Evansville

Premise Inspection Report

Alcohol/Cigarette/Tobacco/Vape

Business Name: Creekside Place Inc
 Business Address: 102 Maple Street, Evansville, WI, 53536
 Authorized Agent/Manager/Owner: Rhonda Fahey
 Type of License: Class "B" Beer/"Class B" Liquor License

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

COMMUNITY DEVELOPMENT DIRECTOR: _____ **DATE:** _____

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

Remarks _____

FIRE INSPECTOR: Zach Burger **DATE:** 4-28-26

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

Remarks _____

CITY CLERK: _____ **DATE:** _____

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

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

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

Zach Burger
 Inspector Signature

2-3-26
 Date of Inspection



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: Creekside Place Inc
Business Address: 102 Maple Street, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Rhonda Fahey
Type of License: Class "B" Beer/"Class B" Liquor License

POLICE OFFICER NAME: _____

DATE: _____

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

COMMUNITY DEVELOPMENT DIRECTOR: _____

DATE: _____

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

Remarks _____

FIRE INSPECTOR: _____

DATE: _____

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

Remarks _____

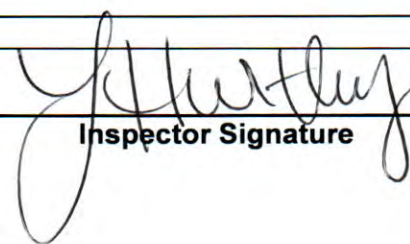
CITY CLERK: _____

DATE: _____

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

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

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


Inspector Signature

5/27/2026
Date of Inspection

Form **AB-200**

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|------------|
| Municipality | Evansville |
| License Period | 2026-2027 |

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

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

| Fees | |
|----------------------|----------------------|
| License Fees | \$ <u>600</u> |
| Background Check Fee | \$ <u>14</u> |
| Publication Fee | \$ <u>100</u> |
| Total Fees | \$ <u>714</u> |

Part A: Premises/Business Information

| | | | |
|--|--|--|--------------------------------------|
| 1. Legal Business Name (individual name if sole proprietorship) <u>Evansville Memorial Post 6905/VFW</u> | | | |
| 2. Business Trade Name or DBA <u>VFW Post 6905</u> | | | |
| 3. FEIN <u>39-1555281</u> | | 4. Wisconsin Seller's Permit Number <u>456-0008482923-02</u> | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization <u>Wisconsin</u> | | 7. Date of Organization <u>1946</u> | 8. Wisconsin DFI Registration Number |
| 9. Premises Address <u>179 E. Main St.</u> | | | |
| 10. City <u>Evansville</u> | | 11. State <u>WI</u> | 12. Zip Code <u>53536</u> |
| 13. County <u>Rock</u> | | 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Evansville</u> | 15. Aldermanic District |
| 16. Premises Phone <u>608 882-2335</u> | | 17. Premises Email <u>Post6905@vfwpost6905.net</u> | 18. Website |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>Old railroad station - VFW meeting hall & club. Bar & Beer garden, storage room & office</u> | | | |
| 20. Mailing Address (if different from premises address) | | | |
| 21. City | | 22. State | 23. Zip Code |

Part B: Questions

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

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

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

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

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

4a. Name of Business Entity _____ 4b. Business Entity FEIN _____

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

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

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

Part C: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|---------------|------------|
| Schneider | John | Bar Agent | [REDACTED] |
| Laursen | Lynda | Bar Mgr. | [REDACTED] |
| Schneider | John | Quartermaster | [REDACTED] |

Part D: Attestation

One of the following must sign and attest to this application:
 sole proprietor one general partner of a partnership one corporate officer one member of an LLC

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

Last Name: Schneider First Name: John M.I.: C
 Title: Bar Agent Email: post6905@vfwpost6905.net Phone: [REDACTED]
 Signature: John L. Schneider Date: 03/18/2026

Part E: For Clerk Use Only

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

XXXX-XXXX

Form
AB-101

Alcohol Beverage Appointment of Agent

Date
3-18-2026

Agent Type (check one)

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Evansville Memorial Post 6905/VFW

2. Business Trade Name or DBA
VFW Post 6905

3. Entity Type (check one) Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)
 Municipal Retail License State Permit

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

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

Part B: Agent Information

1. Last Name: **Schneider** 2. First Name: **John** 3. M.I.: **L.**

4. Email: [REDACTED] 5. Phone: [REDACTED]

6. Home Address: [REDACTED]

7. City: **Evansville** 8. State: **WI** 9. Zip Code: **53536** 10. Date of Birth: [REDACTED]

11. Drivers License/State ID Number: [REDACTED] 12. Drivers License/State ID State of Issuance: **Wisconsin**

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? Yes No

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Part D: Business Attestation

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

| | | |
|---------------------------------------|--|----------------------------|
| Last Name Schneider | First Name John | M.I. L. |
| Title Bar Agent | Email post6905@vfwpost6905.net | Phone [REDACTED] |
| Signature John L. Schneider | Date 5-19-2026 | |

Part E: Agent Attestation

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

| | | |
|---------------------------------------|---------------------------|-------------------|
| Last Name Schneider | First Name John | M.I. L. |
| Signature John L. Schneider | Date 3-18-2026 | |



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: VFW Memorial Post #6905
Business Address: 179 E Main St, Evansville, WI, 53536
Authorized Agent/Manager/Owner: John L Schneider
Type of License: Class "B" Beer/"Class B" Liquor License

POLICE OFFICER NAME: Ofc. delgado **DATE:** 5/4/2026

| | | |
|---|---|--|
| 1. Is the current alcohol license properly posted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is Agent listed on the license on premise? | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Does the operator have a valid license? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are Cigarettes/Tobacco/Vape products being sold? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 5. Number of game machines <u>7</u> | | |
| 6. Is a current Wisconsin Sellers' Permit posted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

COMMUNITY DEVELOPMENT DIRECTOR: _____ **DATE:** _____

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

Remarks _____

FIRE INSPECTOR: _____ **DATE:** _____

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

Remarks _____

CITY CLERK: _____ **DATE:** _____

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

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

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

John L. Schneider
Inspector Signature

5/4/26
Date of Inspection



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: VFW Memorial Post #6905
Business Address: 179 E Main St, Evansville, WI, 53536
Authorized Agent/Manager/Owner: John L Schneider
Type of License: Class "B" Beer/"Class B" Liquor License

POLICE OFFICER NAME: _____

DATE: _____

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

COMMUNITY DEVELOPMENT DIRECTOR: _____

DATE: _____

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

Remarks None.

FIRE INSPECTOR: _____

DATE: _____

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

Remarks _____

CITY CLERK: _____

DATE: _____

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

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

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

John L Schneider
Inspector Signature

5/12/20
Date of Inspection



City of Evansville

Premise Inspection Report

Alcohol/Cigarette/Tobacco/Vape

Business Name: VFW Memorial Post #6905
 Business Address: 179 E Main St, Evansville, WI, 53536
 Authorized Agent/Manager/Owner: John L Schneider
 Type of License: Class "B" Beer/"Class B" Liquor License

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

COMMUNITY DEVELOPMENT DIRECTOR: _____ **DATE:** _____

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

Remarks _____

FIRE INSPECTOR: Zach Burger **DATE:** 4-28-26

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

Remarks _____

CITY CLERK: _____ **DATE:** _____

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

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

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

 Inspector Signature _____
Date of Inspection



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: VFW Memorial Post #6905
Business Address: 179 E Main St, Evansville, WI, 53536
Authorized Agent/Manager/Owner: John L Schneider
Type of License: Class "B" Beer/"Class B" Liquor License

POLICE OFFICER NAME: _____

DATE: _____

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

COMMUNITY DEVELOPMENT DIRECTOR: _____

DATE: _____

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

Remarks _____

FIRE INSPECTOR: _____

DATE: _____

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

Remarks _____

CITY CLERK: _____

DATE: _____

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

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

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

[Signature]
Inspector Signature

5/27/2026
Date of Inspection

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

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

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

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

| | | |
|-----------------------------|----------------------------|------------------------------|
| Last Name BIDDICK | First Name SHERI | M.I. L. |
| Title PRESIDENT | Email [REDACTED] | Phone [REDACTED] |
| Signature | | Date (F) 4/10/2026 |

Part E: For Clerk Use Only

| | | | |
|---|----------------|---|---------------------|
| Date Application Was Filed With Clerk 4-10-2026 | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Form
AB-200AA

Alcohol Beverage License Application

Appendix A - List of Persons Involved in the Applicant Business

| | |
|--|---|
| Application Type <i>(check one)</i> | |
| <input type="checkbox"/> Initial (New) | <input checked="" type="checkbox"/> Renewal |
| License Period | |

Instructions

This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications.

The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:

- Sole proprietor
- All partners of a partnership
- All officers, directors, and agent of a corporation or nonprofit organization
- All members or managers, and agent of a limited liability company

Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.

Each person holding a title named above must submit the most accurate Form AB-100 with this application.

Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.

***Status Definitions**

New: All entries on a new application or any person added to a renewal application for the first time.

Remove: This person no longer has a relationship to the applicant business.

Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.

No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.

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

POTES INN, INC.

2. Business Trade Name or DBA

³ FEIN
39-1893-894

Listing of Persons Involved in Applicant Business

| First Name and Middle Initial | Last Name | Title/Relationship to Applicant Business | Phone Number | Email | Status* |
|-------------------------------|-----------|--|--------------|-------|-----------|
| BIDDIK | | | | | |
| SHARL | BIDDICK | PRESIDENT | [REDACTED] | | NO CHANGE |
| BRUCE | BIDDICK | VCE PRESIDENT | [REDACTED] | | NO CHANGE |
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Alcohol Beverage Appointment of Agent

Date 4/10/2024

| | |
|---|--|
| Agent Type (check one) | |
| <input checked="" type="checkbox"/> Original (no fee) | <input type="checkbox"/> Successor (\$10 fee for municipal licensees only) |

| | |
|--|--|
| Part A: Business Information | |
| 1. Legal Business Name (individual name if sole proprietor) <u>PETES INN, INC.</u> | |
| 2. Business Trade Name or DBA <u>PETES INN, INC.</u> | |
| 3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | |
| 4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit | 5. If successor agent, provide State Permit or Municipal Retail License Number |
| 6. Describe the reason for appointing a successor agent, if successor is checked above. | |


| | | | |
|--|-------------------------------|---|---------------------------------|
| Part B: Agent Information | | | |
| 1. Last Name <u>BIDDICK</u> | 2. First Name <u>SHERI</u> | 3. M.I. <u>L.</u> | |
| 4. Email [REDACTED] | | 5. Phone [REDACTED] | |
| 6. Home Address [REDACTED] | | | |
| 7. City <u>EVANSVILLE</u> | 8. State <u>WI</u> | 9. Zip Code <u>53536</u> | 10. Date of Birth [REDACTED] |
| 11. Driver's License/State ID Number [REDACTED] | | 12. Driver's License/State ID State of Issuance <u>(WI.)</u> | |

| | |
|---|---|
| Part C: Agent Questions | |
| 1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Continued →


Part D: Business Attestation

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

| | | |
|--|------------------------|---------------------|
| Last Name BIDDICK | First Name SHERI | M.I. L |
| Title PRESIDENT | Email [REDACTED] | Phone [REDACTED] |
| Signature  | Date (F) [REDACTED] | |

Part E: Agent Attestation

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

| | | |
|---|-----------------------|-----------|
| Last Name BIDDICK | First Name SHERI | M.I. L |
| Signature  | Date (F) 4/10/2026 | |



City of Evansville

Premise Inspection Report

Alcohol/Cigarette/Tobacco/Vape

Business Name: Pete's Inn Inc
 Business Address: 14 N Madison St, Evansville, WI, 53536
 Authorized Agent/Manager/Owner: Sheri Biddick
 Type of License: Class "B" Beer/"Class B" Liquor License

POLICE OFFICER NAME: Demico 6325 **DATE:** 05/05/2026

| | | |
|---|---|--|
| 1. Is the current alcohol license properly posted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is Agent listed on the license on premise? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the operator have a valid license? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are Cigarettes/Tobacco/Vape products being sold? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 5. Number of game machines <u>5</u> <u>1 pull tab</u> | | |
| 6. Is a current Wisconsin Sellers' Permit posted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

COMMUNITY DEVELOPMENT DIRECTOR: _____ **DATE:** _____

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

Remarks _____

FIRE INSPECTOR: _____ **DATE:** _____

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

Remarks _____

CITY CLERK: _____ **DATE:** _____

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

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

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

[Signature] **Inspector Signature** 05/05/2026
Date of Inspection



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: Pete's Inn Inc
Business Address: 14 N Madison St, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Sheri Biddick
Type of License: Class "B" Beer/"Class B" Liquor License

POLICE OFFICER NAME:

DATE:

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

COMMUNITY DEVELOPMENT DIRECTOR:

DATE: 5/12/26

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

Remarks Remove neon signs from windows by
Address building concerns (falling bricks) by
8/22/26.

FIRE INSPECTOR:

DATE:

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

Remarks _____

CITY CLERK:

DATE:

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

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

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

If building/property maintenance issues are not
addressed / fixed by time established by code enforcement,
permit to be revoked.

Colin D. Szymon
Inspector Signature

5/12/26
Date of Inspection



Community Development Department

City of Evansville

www.evansvillewi.gov
31 S Madison St
PO Box 529
Evansville, WI 53536
(262) 249-6701

[INITIAL LETTER]

May 15, 2026

SHERI BIDDICK

EVANSVILLE, WI 53536-1090

Tax Key: 6-27-14

Dear Property Owner,

The City of Evansville Code Enforcement Officer recently inspected your property at **14 N Madison St** and found the property to be in violation of the City of Evansville Municipal Code of Ordinances. The following action needs to be taken not later than: **August 22, 2026**

- **Please repair the building facade and ensure that all parts of the building are in good condition and free from deterioration.**
- **Paint areas of the building that have chipped, or missing paint.**

The violations noted are in breach of the following code ordinances:

Secs. 46-101. Safe and Sanitary Maintenance of Property.

(2) Every owner or operator shall improve and maintain all property under his/her ownership or control to comply with the following minimum requirements:

A. All exterior property areas and all buildings shall be properly maintained and kept in a clean, safe and sanitary condition.

C. Exterior surfaces of buildings and structures not inherently resistant to deterioration shall be treated with a protective coating of paint, other suitable preservative, or a protective covering which will provide adequate resistance to weathering. Any exterior surface treated with paint, other preservative, or protective covering shall be maintained so as to prevent chipping, cracking or other deterioration of the exterior surface, surface treatment, or protective covering. All paint, preservative, or protective covering shall be applied in a workmanlike fashion. Protective coverings shall not include insulation or moisture barriers and shall be applied to achieve a consistent exterior appearance. All exterior cabling, cords and piping shall be installed in a workmanlike fashion and maintained to prevent detachment or deterioration.

The above-described conditions and requested repairs or remediation must be completed to the satisfaction of the City of Evansville Code Enforcement Officer. Failure to meet the deadline above may result in citations being issued to the property owner.

Should you have any questions, or need an extension of time, you may contact **(262) 249-6701** or **mcodeenforcement@gmail.com**. All requests for extensions must be submitted in writing.

We appreciate your attention given to this matter.

Sincerely,



Allison Schwark
Code Enforcement Officer
City of Evansville

Enclosures









City of Evansville

Premise Inspection Report

Alcohol/Cigarette/Tobacco/Vape

Business Name: Pete's Inn Inc
 Business Address: 14 N Madison St, Evansville, WI, 53536
 Authorized Agent/Manager/Owner: Sheri Biddick
 Type of License: Class "B" Beer/"Class B" Liquor License

POLICE OFFICER NAME: _____

DATE: _____

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

COMMUNITY DEVELOPMENT DIRECTOR: _____

DATE: _____

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

Remarks _____

FIRE INSPECTOR: Zach Busser

DATE: 4-28-26

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

Remarks New furnace installed in basement piped up thru floor by Dart Boards + Pool table

CITY CLERK: _____

DATE: _____

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

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

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

Zachary Busser
 Inspector Signature

4-8-26
 Date of Inspection



City of Evansville

Premise Inspection Report

Alcohol/Cigarette/Tobacco/Vape

Business Name: Pete's Inn Inc
 Business Address: 14 N Madison St, Evansville, WI, 53536
 Authorized Agent/Manager/Owner: Sheri Biddick
 Type of License: Class "B" Beer/"Class B" Liquor License

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

COMMUNITY DEVELOPMENT DIRECTOR: _____ **DATE:** _____

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

Remarks _____

FIRE INSPECTOR: _____ **DATE:** _____

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

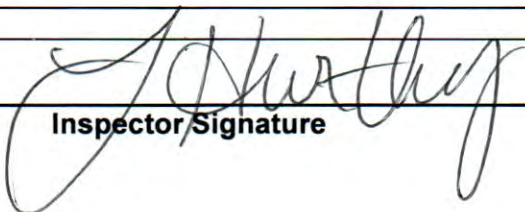
Remarks _____

CITY CLERK: _____ **DATE:** _____

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

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

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



Inspector Signature

Date of Inspection

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|-------------|
| Municipality | Evansville |
| License Period | 2026 - 2027 |

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

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

| Fees | |
|----------------------|---------------|
| License Fees | \$ 600 |
| Background Check Fee | \$ 100 |
| Publication Fee | \$ 14 |
| Total Fees | \$ 714 |

Part A: Premises/Business Information

| | | | |
|---|--|--|---|
| 1. Legal Business Name (individual name if sole proprietorship) <i>Slu Golf LLC</i> | | | |
| 2. Business Trade Name or DBA | | | |
| 3. FEIN <i>88-2040513</i> | | 4. Wisconsin Seller's Permit Number <i>450-1031083737</i> | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization <i>WI</i> | | 7. Date of Organization <i>2022</i> | 8. Wisconsin DFI Registration Number |
| 9. Premises Address <i>1 E Main St</i> | | | |
| 10. City <i>Evansville</i> | | 11. State <i>WI</i> | 12. Zip Code <i>53530</i> |
| 13. County <i>Rock</i> | | 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <i>Evansville</i> | 15. Aldermanic District |
| 16. Premises Phone <i>608-882-1044</i> | | 17. Premises Email <i>SluGolfWI@outlook.com</i> | 18. Website <i>www.SluGolfWI.com</i> |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <i>Front Room - Bar Area w/ 8 Seats - 2 Booth Seating - Golf Simulator Area w/ golf seating - Shuttle Board Area w/ couch seating + tall tables/chairs - Back storage room for alcohol + 2 Bathroom / Room for tables - 2 Tables 4 chairs right in front</i> | | | |
| 20. Mailing Address (if different from premises address) <i>1 E Main St</i> | | | |
| 21. City <i>Evansville</i> | | 22. State <i>WI</i> | 23. Zip Code <i>53530</i> |

Part B: Questions

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

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

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

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

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

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

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

| | |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

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

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

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

Part C: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|--------------|------------|-------|------------|
| Kilps Tomlin | Sarah | Owner | [REDACTED] |
| Tomlin | Andrew | Owner | [REDACTED] |
| | | | |

Part D: Attestation

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

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

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

| | | |
|--|----------------------------------|---------------------|
| Last Name Kilps Tomlin | First Name Sarah | M.I. M |
| Title Owner | Email shiloyolkwi@outlook.com | Phone [REDACTED] |
| Signature <i>Sarah Kilps Tomlin</i> | Date 3-31-26 | |

Part E: For Clerk Use Only

| | | | |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk 3-31-26 | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Alcohol Beverage Appointment of Agent

Date 3-31-22

Agent Type (check one)

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

Part A: Business Information

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

2. Business Trade Name or DBA

3. Entity Type (check one) Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one) 5. If successor agent, provide State Permit or Municipal Retail License Number

Municipal Retail License State Permit

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

Part B: Agent Information

| | | |
|---|-------------------------------|---|
| 1. Last Name <u>Klips Tomlin</u> | 2. First Name <u>Sarah</u> | 3. M.I. <u>M</u> |
| 4. Email <u>Sarahklips@gmail.com</u> | 5. Phone [REDACTED] | |
| 6. Home Address [REDACTED] | | |
| 7. City <u>Evanston</u> | 8. State <u>WI</u> | 9. Zip Code <u>53536</u> |
| 11. Drivers License/State ID Number [REDACTED] | | 12. Drivers License/State ID State of Issuance <u>WI</u> |

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? Yes No

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Part D: Business Attestation

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

| | | |
|--|--------------------------------------|---------------------|
| Last Name <i>Kilps Tomlin</i> | First Name <i>Sarah</i> | M.I. <i>M</i> |
| Title <i>Owner</i> | Email <i>Sarahkilps@gmail.com</i> | Phone [REDACTED] |
| Signature <i>Sarah Kilps Tomlin</i> | Date <i>3-31-20</i> | |

Part E: Agent Attestation

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

| | | |
|--|----------------------------|------------------|
| Last Name <i>Kilps Tomlin</i> | First Name <i>Sarah</i> | M.I. <i>M</i> |
| Signature <i>Sarah Kilps Tomlin</i> | Date <i>3-31-20</i> | |



City of Evansville

Premise Inspection Report

Alcohol/Cigarette/Tobacco/Vape

Business Name: Slice Golf
 Business Address: 1 E Main St, Evansville, WI, 53536
 Authorized Agent/Manager/Owner: Sarah Kilps-Tomlin
 Type of License: Class "B" Beer/"Class B" Liquor License

| | |
|---|---|
| POLICE OFFICER NAME: <u>Hanson</u> | DATE: <u>5/6/26</u> |
| 1. Is the current alcohol license properly posted? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is Agent listed on the license on premise? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. Does the operator have a valid license? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are Cigarettes/Tobacco/Vape products being sold? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5. Number of game machines <u>4</u> | |
| 6. Is a current Wisconsin Sellers' Permit posted? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

COMMUNITY DEVELOPMENT DIRECTOR: _____ **DATE:** _____

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

Remarks _____

FIRE INSPECTOR: _____ **DATE:** _____

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

Remarks _____

CITY CLERK: _____ **DATE:** _____

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

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

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

 Inspector Signature Date of Inspection 5/6/26



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: Slice Golf
Business Address: 1 E Main St, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Sarah Kilps-Tomlin
Type of License: Class "B" Beer/"Class B" Liquor License

| POLICE OFFICER NAME: | DATE: | |
|---|------------------------------|-----------------------------|
| 1. Is the current alcohol license properly posted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is Agent listed on the license on premise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the operator have a valid license? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are Cigarettes/Tobacco/Vape products being sold? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Number of game machines _____ | | |
| 6. Is a current Wisconsin Sellers' Permit posted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

COMMUNITY DEVELOPMENT DIRECTOR: _____ **DATE:** 5/12/26

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

Remarks Remove "White Claw" backlit sign from window OR do not light sign @ night.

FIRE INSPECTOR: _____ **DATE:** _____

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

Remarks _____

CITY CLERK: _____ **DATE:** _____

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

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

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

Curtis [Signature] _____ 5/12/26 _____
Inspector Signature Date of Inspection



City of Evansville Premise Inspection Report Alcohol/Cigarette/Tobacco/Vape

Business Name: Slice Golf
Business Address: 1 E Main St, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Sarah Kilps-Tomlin
Type of License: Class "B" Beer/"Class B" Liquor License

POLICE OFFICER NAME: _____

DATE: _____

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

COMMUNITY DEVELOPMENT DIRECTOR: _____

DATE: _____

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

Remarks _____

FIRE INSPECTOR: Zach Burger

DATE: 4-28-26

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

Remarks _____

CITY CLERK: _____

DATE: _____

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

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

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

Zach Burger
Inspector Signature

2-25-26
Date of Inspection



City of Evansville
Premise Inspection Report
Alcohol/Cigarette/Tobacco/Vape

Business Name: Slice Golf
Business Address: 1 E Main St, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Sarah Kilps-Tomlin
Type of License: Class "B" Beer/Class B" Liquor License

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

COMMUNITY DEVELOPMENT DIRECTOR: DATE:
In accordance with Chapter 18, 46 and 130 of the Municipal Code, were Building and Zoning Codes maintained? Yes No
Remarks

FIRE INSPECTOR: DATE:
In accordance with Chapter 50 of the Municipal Code, were Fire Codes maintained? Yes No
Remarks

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

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

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

Inspector Signature: [Handwritten Signature]
Date of Inspection: 5/27/2026

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|-------------|
| Municipality | Evansville |
| License Period | 2026 - 2027 |

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

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

| Fees | |
|----------------------|---------------|
| License Fees | \$ 600 |
| Background Check Fee | \$ 14 |
| Publication Fee | \$ 100 |
| Total Fees | \$ 714 |

Part A: Premises/Business Information

| | | | |
|--|--|--|--------------------------------------|
| 1. Legal Business Name (individual name if sole proprietorship) THE NIGHT OWL FOOD & SPIRITS INC. | | | |
| 2. Business Trade Name or DBA THE NIGHT OWL SPORTS PUB & EATERY | | | |
| 3. FEIN 20-4558759 | | 4. Wisconsin Seller's Permit Number 45610 2002153003 | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization WI | | 7. Date of Organization | 8. Wisconsin DFI Registration Number |
| 9. Premises Address 189 E MAIN | | | |
| 10. City Evansville | | 11. State WI | 12. Zip Code 53536 |
| 13. County Rock | 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: EVANSVILLE | | 15. Aldermanic District |
| 16. Premises Phone 608-882-9973 | 17. Premises Email THENIGHTOWLSPORTSPUBANDEATERY@GMAIL.COM | | 18. Website |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. 6000 SQ FT BUILDING PATIO BAR & GREEN SPACE WEST OF BUILDING | | | |
| 20. Mailing Address (if different from premises address) | | | |
| 21. City | | 22. State | 23. Zip Code |

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No
If yes, list the details of violation below. Attach additional sheets if necessary.

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

4a. Name of Business Entity _____ 4b. Business Entity FEIN _____

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

Part C: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|-----------|-------|
| ARDISSON | TRAVIS | MANAGER | |
| ARDISSON | GREGORY | PRESIDENT | |
| | | | |
| | | | |

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

Last Name: ARDISSON First Name: GREGORY M.I.: P
 Title: PRESIDENT Email: _____ Phone: _____
 Signature: *Travis Ardisson* Date: 4/13/20

Part E: For Clerk Use Only

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

Greg

Form
AB-101

Alcohol Beverage
Appointment of Agent

Date
4/14/2

Agent Type (check one)

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

Part A: Business Information

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

THE NIGHT OWL FOOD & SPIRITS INC

2. Business Trade Name or DBA

THE NIGHT OWL SPORTS PUB & EATERY

3. Entity Type (check one)

Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

Municipal Retail License State Permit

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

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

Part B: Agent Information

1. Last Name

ADDISSON

2. First Name

GREGORY

3. M.I.
P

4. Email

[Redacted]

5. Phone

[Redacted]

6. Home Address

[Redacted]

7. City

EVANSVILLE

8. State

WI

9. Zip Code

53534

10. Age

[Redacted]

11. Drivers License/State ID Number

[Redacted]

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement?
Submit proof of completion.

Yes No

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?
Submit a completed Form AB-100 with this form.

Yes No

3. Have you been a Wisconsin resident for at least 90 continuous days?
See instructions for exceptions.

Yes No

Continued →

Part D: Business Attestation

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

| | | | | |
|---|---------------------|------------------------------|------|------------------|
| Last Name <i>ADDISSON</i> | | First Name <i>GREGORY</i> | | M.I. <i>P</i> |
| Title <i>PRESIDENT</i> | Email [REDACTED] | Phone [REDACTED] | | |
| Signature <i>[Handwritten Signature]</i> | | | Date | |

Part E: Agent Attestation

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

| | | | | |
|--|--|------------------------------|------------------------|------------------|
| Last Name ADDISSON <i>ADDISSON</i> | | First Name <i>GREGORY</i> | | M.I. <i>P</i> |
| Signature <i>[Handwritten Signature]</i> | | | Date <i>4/14/26</i> | |



City of Evansville

Premise Inspection Report

Alcohol/Cigarette/Tobacco/Vape

Business Name: The Night Owl Sports Pub & Eatery
 Business Address: 189 E Main St, Evansville, WI, 53536
 Authorized Agent/Manager/Owner: Gregory P Ardisson
 Type of License: Class "B" Beer/"Class B" Liquor License

| POLICE OFFICER NAME: | DATE: |
|---|---|
| 1. Is the current alcohol license properly posted? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is Agent listed on the license on premise? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. Does the operator have a valid license? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are Cigarettes/Tobacco/Vape products being sold? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5. Number of game machines <u>5</u> | |
| 6. Is a current Wisconsin Sellers' Permit posted? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

COMMUNITY DEVELOPMENT DIRECTOR: _____ **DATE:** _____

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

Remarks _____

FIRE INSPECTOR: _____ **DATE:** _____

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

Remarks _____

CITY CLERK: _____ **DATE:** _____

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

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

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

Inspector Signature

Date of Inspection



City of Evansville
Premise Inspection Report
Alcohol/Cigarette/Tobacco/Vape

Business Name: The Night Owl Sports Pub & Eatery
Business Address: 189 E Main St, Evansville, WI, 53536
Authorized Agent/Manager/Owner: Gregory P Ardisson
Type of License: Class "B" Beer/Class B" Liquor License

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

COMMUNITY DEVELOPMENT DIRECTOR: DATE:
In accordance with Chapter 18, 46 and 130 of the Municipal Code, were Building and Zoning Codes maintained? Yes No
Remarks Remove "breakfast" banner. Banners may be up for 15 days each 90 day period

FIRE INSPECTOR: DATE:
In accordance with Chapter 50 of the Municipal Code, were Fire Codes maintained? Yes No
Remarks

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

The (please circle one) Fire / Police / Building Inspector / City Clerk has inspected the premises and recommends Approval Denial of the license application.
If applicable, this license is recommended subject to the following conditions:

Inspector Signature Date of Inspection 5/12/20



City of Evansville

Premise Inspection Report

Alcohol/Cigarette/Tobacco/Vape

Business Name: The Night Owl Sports Pub & Eatery
 Business Address: 189 E Main St, Evansville, WI, 53536
 Authorized Agent/Manager/Owner: Gregory P Ardisson
 Type of License: Class "B" Beer/"Class B" Liquor License

POLICE OFFICER NAME: _____

DATE: _____

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

COMMUNITY DEVELOPMENT DIRECTOR: _____

DATE: _____

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

Remarks _____

FIRE INSPECTOR: Zach Burger

DATE: 4-28-26

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

Remarks _____

CITY CLERK: _____

DATE: _____

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

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

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

Zach Burger
 Inspector Signature

4-29-26
 Date of Inspection



**City of Evansville
Premise Inspection Report
Alcohol/Cigarette/Tobacco/Vape**

Business Name: The Night Owl Sports Pub & Eatery
 Business Address: 189 E Main St, Evansville, WI, 53536
 Authorized Agent/Manager/Owner: Gregory P Ardisson
 Type of License: Class "B" Beer/"Class B" Liquor License

POLICE OFFICER NAME: _____

DATE: _____

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

COMMUNITY DEVELOPMENT DIRECTOR: _____

DATE: _____

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

Remarks _____

FIRE INSPECTOR: _____

DATE: _____

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

Remarks _____

CITY CLERK: _____

DATE: _____

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

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

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

_____ *Must pay fees before receiving license* _____

Inspector Signature

Date of Inspection



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)

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) PETE'S INN, INC.

Organized Occasion Name:
(if applicable)

Requested Date(s): (WED. ONLY) 6/3/2022 thru 9/26/20 **Time(s) of Operation:** 6pm - 9pm

Business Address: 14 N. MADISON ST. EVANSVILLE, WI. 53536

Name of Agent: SHERI L. BIDDICK
(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: TINA ECKOFF

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: BLOCKING SOUTHEAST CORNER OF BUILDING EAST OF BUILDING 4 PARKING STALLS ADJACENT TO DUMPTREE. BLOCKED OFF WITH SNOW FENCING. WILL HAVE A STAFF MEMBER IN PLAYING AREA IN A PETE'S INN STAFF SHIRT.

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

ALL PARTICIPANTS AND SPECTATORS CONSUMING ALCOHOL WILL BE CARDED AND GIVEN A BRACELET BEFORE ENTERING THE EXTENDED AREA.

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)

Names and Addresses of all Organization Officers:

President: SHERI BIDDICK EVANSVILLE, WI. 53536

Vice President: BRUCE BIDDICK EVANSVILLE, WI. 53536

Secretary: N/A

Treasurer: N/A

Name Address City/State/Zip

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

Address/Location Description: 14 N. MANISON ST. EVANSVILLE, IN 47536

Do premise occupy all or part of building? PARTIAL

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

BAR AREA, BASEMENT, FRI. STORAGE, BACK COOLER + KITCHEN (FR. ONLY)

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

[Signature]
(Officer Signature/Date)

PETE'S INN, INC.
(Name of Organization)

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Public Works Manager: Recommend Non-recommend Reason for Non-Recommend/conditions: E-mail

Chief of Police: Recommend Non-recommend Recommend with conditions Reason for Non-recommend/conditions: Emergency exits

Community Development: Recommend Non-recommend Recommend with conditions Reason for Non-recommend/conditions: location interferes with bldg access & emergency exits.

City Clerk: Recommend Non-recommend Recommend with conditions Reason for Non-recommend/conditions: Public Safety & Neighborhood impact concerns.

Date Filed with Clerk: 5-6-26 Public Safety: Approved/Denied Date: 6-3-26

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: 1.000160869 50.00
PETE'S INN INC
May 7, 2026 8:13 AM

BLOCKED OFF FROM STORAGE DOOR w/ BENCH ATTACHED

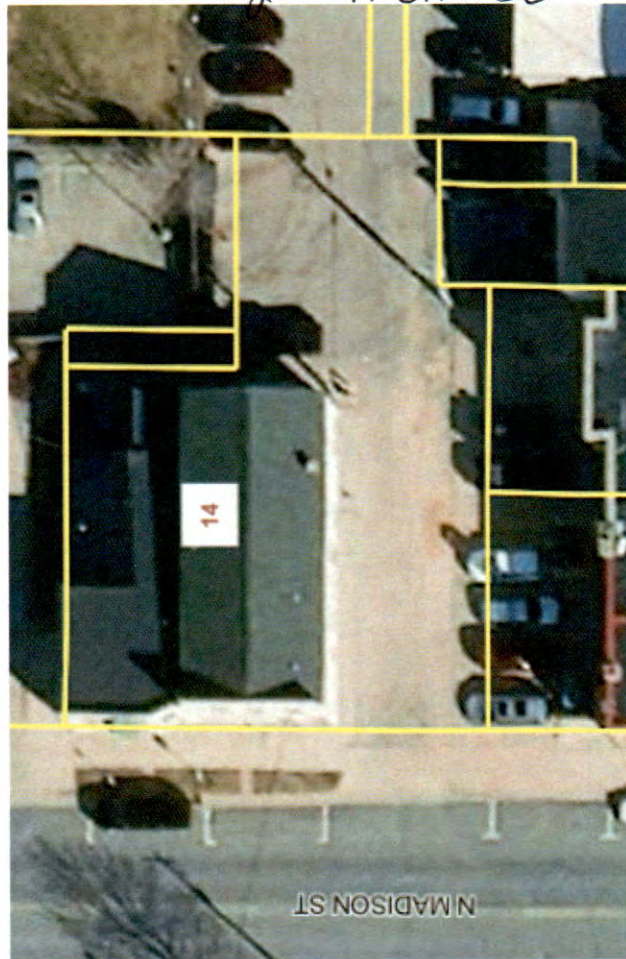
Evansville, Wisconsin



SOUTHEAST CORNER (4 PARKING SPACES)

~~ALL~~ PARTICIPANTS AND ANYONE CONSUMING ALCOHOL WILL HAVE WRIST BANDS GIVEN WHILE PLAYING OR SPECTATING.

Bird's Eye Premise



Jolene Klitzman

From: Christopher Jones
Sent: Thursday, May 28, 2026 11:08 AM
To: Jolene Klitzman; Dale Roberts
Subject: RE: Pete Extension of Premise - Bag League

From a police perspective, I am ok with it. It is concerning if it interferes with the emergency exits.

Professionally,

Christopher Jones

Chief of Police

10 W. Church St Evansville WI 53536

www.evansvillewi.gov

608-882-2292

c.jones@evansvillewi.gov



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From: Jolene Klitzman <j.klitzman@evansvillewi.gov>
Sent: Wednesday, May 27, 2026 3:32 PM
To: Christopher Jones <c.jones@evansvillewi.gov>; Dale Roberts <d.roberts@evansvillewi.gov>
Subject: Pete Extension of Premise - Bag League

Please see the attached application for Pete's.

Jolene Klitzman

Deputy Clerk, City of Evansville
31 S. Madison St./PO Box 529
Evansville, WI 53536
Phone: 608-882-2266 Option 2
Office Hours: M-F 7:30 a.m. to 4:00 p.m.

Upcoming Elections:

*August 11, 2026 – Partisan Primary

*November 3, 2026 – General Election

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

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

Jolene Klitzman

From: Dale Roberts
Sent: Thursday, May 28, 2026 6:43 AM
To: Jolene Klitzman; Christopher Jones
Subject: Re: Pete Extension of Premise - Bag League

I don't have a problem with it.

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

From: Jolene Klitzman <j.klitzman@evansvillewi.gov>
Sent: Wednesday, May 27, 2026 3:32 PM
To: Christopher Jones <c.jones@evansvillewi.gov>; Dale Roberts <d.roberts@evansvillewi.gov>
Subject: Pete Extension of Premise - Bag League

Please see the attached application for Pete's.

Jolene Klitzman
Deputy Clerk, City of Evansville
31 S. Madison St./PO Box 529
Evansville, WI 53536
Phone: 608-882-2266 Option 2
Office Hours: M-F 7:30 a.m. to 4:00 p.m.

Upcoming Elections:

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



June 3rd, 2026

Evansville Police Department

Public Safety Report

➤ **Training:**

- Officers participated in building clearing training with Stoughton PD.
- Officer Nankee completed Firearms Instructor training in Waunakee.
- Chief Jones and Lt. Reilly attended an Alcohol Policy Workshop.

➤ **Community Outreach:**

- EVPD participated in assisting the school district with “Ride Your Bike to School Day”.
- EVPD officers assisted the high school with prom night on May 16th.
- EVPD officers with the help of EV EMS, EV Fire and DPW assisted with the parade route for the Memorial Day Parade.

➤ **Police Commission/Staffing:**

- The Police Commission did not meet in April.
- Marisol McElroy was approved by council to fill the vacant position on Police Commission.
- A conditional offer has been given to Jerak Raffel for the full-time police officer position. Jerak will be in the police academy from August 10, 2026 to December 11, 2026.
- Quinn Bennett accepted a position as the Town Clerk for the Town of Beloit. His last day was May 8th. Chief Jones and Jason Sergeant are working on filling the position with a part-time employee.

➤ **Accreditation:**

- The mock assessment is currently underway and scheduled to be completed by June 5th. The full assessment is scheduled for June 23-25.
 - ❖ The assessors assigned are:
 1. Board Representative Pete Nimmer
 2. Team Lead – James Zywicki, Hartford PD
 3. Assessor 1 – Carrie Kane, Janesville PD
 4. Assessor 2 – Robert Glejf, Mequon PD

➤ **Calls for service:** – May 2025: **917** May 2026: **1285**

➤ **Notable calls:**

- EV2605024: Ofc. Hanson and Sgt. Johnson investigated a traffic complaint in the area of Lake Leota. Ofc. Hanson and Sgt. Johnson ended up locating the vehicle and conducted a traffic stop after the vehicle almost struck numerous vehicles on W Main St after failing to stop at a stop sign. Contact was made with the driver



June 3rd, 2026

Evansville Police Department

Public Safety Report

who was later arrested for Operating While Intoxicated and Possession of Open Intoxicants.

- EV2605389: Det. Sgt. Johnson was dispatched to a 911 hangup in which a male and female could be heard yelling about money. Upon interviewing the male and female, it was discovered the male strangled the female during the argument. The male was arrested for Domestic Strangulation and Domestic Disorderly Conduct for his actions. A call for a rolling physical domestic was reported the next day between the same subjects after the male was released from jail and the female was driving him home. Det. Sgt. Johnson located the vehicle for the Rock County Sheriff's Office and found the male trying to hide in the backseat. The incident was turned over to Deputies.
- EV2605634: Ofc. Ritter and Sgt. Tway responded to Pete's Inn for a report of a male who had fallen off his bike leaving the Alley way. Upon arrival, officers made contact with individuals in the road picking up the male's teeth. Contact was made with the heavily intoxicated male who was inside the bar. They advised that he had been there at some point in time but was intoxicated and the bartender stated she was only serving him water. They advised that when the male left, he began riding towards the road and must've gone over the curb and fell face first into the road. The male was transported by EMS.
- EV2605672: Ofc. Delgado and Sgt. Tway responded to a welfare check of a possible armed suicidal subject. Upon arrival, Officers were informed that the male had made multiple statements that day and had earlier swerved into oncoming traffic while driving with his wife. The wife stated he later made comments about getting a divorce and then went upstairs grabbed his handgun, and informed her that he was done and going to be taking it for a ride. Ofc. Delgado remained on scene gathering information while Sgt. Tway began checking possible locations in the city and just outside of the city for the male. While Sgt. Tway was checking the area, the male arrived back home and was confronted by Ofc. Delgado. Ofc. Delgado confirmed that the male did not have the handgun on him and he advised that he had gone out of the city and was blowing off steam by target practicing. He was provided information for crisis and advised that he was not suicidal and that the guns were left at the property where he had been shooting.
- EV2605682: Officers were dispatched to the area of S. Sixth St. for a report of a male attempting to break into vehicles. Ofc. Ritter and Sgt. Tway began checking streets on the way to the call location in case the male had been attempting to break into other vehicles. While responding, Ofc. Ritter came across a male wearing latex gloves, dark clothes and a backpack. The male was exiting a vehicle parked in the 300 Block of S. Sixth. The male observed Ofc. Ritter's squad car and began running through back yards as Ofc. Ritter attempted to confront the individual. Ofc. Ritter and Sgt. Tway attempted to set up a perimeter on the area but due to the size of the blocks connected to it and limited back up, they were



June 3rd, 2026

Evansville Police Department

Public Safety Report

unsuccessful. Sgt. Tway attempted to request a drone operator from different agencies but the closest was in Beloit. The Rock County Sheriff's Office provided one deputy to assist with patrolling the area.

- EV2605801: Ofc. Hanson and Ofc. Delgado were dispatched to a domestic where a female was threatening to stab her boyfriend with a kitchen knife as well as hitting him with a frying pan. During the investigation, officers confirmed the male was never injured by the knife, but was threatened to be killed by the female and her family. The female was later arrested for Domestic Battery and Domestic Disorderly Conduct While Armed.
- EV2605974: Ofc. Ritter arrested a female for OWI 1st Offense after Sgt. Tway had initiated the traffic stop due to the driver almost striking his patrol car while leaving Pete's Inn.

➤ **Scooter Initiative:**

- During the Month of May, Officers performed extra patrol for electric scooter violations. Officers stopped and verbally warned multiple juveniles for traffic infractions, as well as stopped out with numerous other riders to talk with them about scooter safety and answer any questions they may have about the ordinances. It is estimated that Officers made contact in some form with roughly 40-50 juvenile electric scooter and bike riders.

➤ **Admin update:**

- The new generator at the PD is hooked up and is ready to go.
- Chief Jones met with Chief Kleisch of EMS, Chief Fahey of EV Fire and Dale Roberts of DPW in regards to the Memorial Day Parade. A plan was created that can be used every year for staffing the parade route and keeping it safe for participants.

CAD Incidents By Type

Agency: EVPD

Printed:6/1/2026 8:38:19 AM

Covering Incidents From: 05/01/2026 00:00:01 To: 05/31/2026 23:59:59

| Incident Type Description | # of Incidents | Incident Type Code |
|--------------------------------------|----------------|--------------------|
| 911 ABANDONED OR HANGUP OR OPEN LINE | 13 | 911 |
| ALARM | 3 | ALARM |
| ALCOHOL VIOLATION | 1 | ALC |
| ANIMAL COMPLAINT | 18 | ANM |
| ASSIST CITIZEN | 33 | ACIT |
| ASSIST FIRE OR EMS | 28 | FAST |
| ASSIST OTHER JURISDICTION | 26 | OJUR |
| BATTERY | 2 | BAT |
| BUSINESS CHECK | 66 | BCK |
| CHILD OFFENSE | 3 | CHILD |
| CIVIL DISPUTE | 3 | CD |
| CODE ENFORCEMENT | 18 | CODE |
| DISORDERLY CONDUCT | 2 | DC |
| DISTURBANCE | 5 | DIST |
| ESCORT/TRANSPORT | 4 | ESCORT |
| FAMILY PROBLEM | 5 | FAM |
| FIREWORKS COMPLAINT | 1 | BOOM |
| FOLLOWUP | 63 | FOL |
| FOOT PATROL | 62 | FOOT |
| FRAUD/FORGERY | 2 | FRD |
| HARASSMENT | 1 | HAR |
| HAZARDOUS CONDITION | 3 | HAZC |
| HIT & RUN | 1 | HR |
| KID PROBLEM | 9 | KID |
| OPEN DOOR/WINDOW | 2 | OPEN |
| OPERATING WHILE INTOXICATED | 2 | OWI |
| ORDINANCE VIOLATION | 7 | ORD |
| OUT WITH SUBJECT | 19 | OWS |
| PARKING COMPLAINT | 10 | PARK |
| PROPERTY | 11 | PROPERTY |
| PUBLIC WORKS/UTILITY | 2 | PWU |
| RESTRAINING ORDER/TRO VIOLATION | 3 | TRO |
| SCHOOL PATROL | 48 | SCHOOL |

| | | |
|---|-------------|--------|
| SECURITY CHECK | 672 | SECK |
| SPECIAL ASSIGNMENT | 26 | SPAS |
| STALLED VEHICLE | 2 | STALLD |
| SUBJECT DOWN | 1 | DOWN |
| SUSPICIOUS | 14 | SUSP |
| THEFT | 4 | THFT |
| THREAT | 3 | THREAT |
| TRAFFIC ACCIDENT | 2 | TA |
| TRAFFIC COMPLAINT | 8 | TC |
| TRAFFIC STOP | 49 | T |
| TRESPASSING | 1 | TRES |
| TRUANCY | 3 | TRU |
| UNWANTED PERSON | 1 | NOWN |
| VANDALISM | 2 | VAND |
| VEHICLE UNLOCK | 3 | UNLK |
| WELFARE CHECK | 18 | WELF |
| Number of CAD Complaints During Period | 1285 | |

City of Evansville EMS
11 W. Church St.
Evansville, WI 53536
(608) 882-2269
Chief Carolyn Kleisch
Public Safety Meeting
June 3rd, 2026

1. Calls for Service:

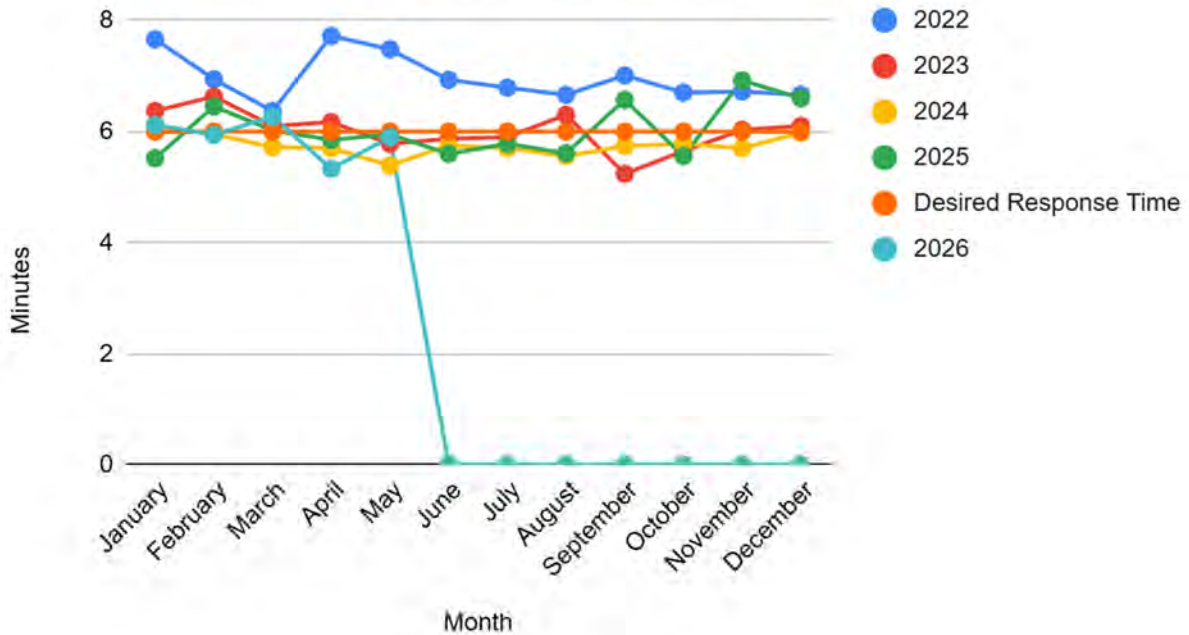
- a. 78 Calls during the month of May 2026 (641-75/642-3)
- b. 67 Calls during the month of May 2025 (641-37/642-30)
- c. To date call volume 2026- 313
- d. To date call volume 2025- 295

Updates:

- 1- Refresher with Mercy on Patients with Behavioral Emergencies and how to de-escalate and when to call for more help.
- 2- EMS celebrated EMS week during Refresher with a nice meal provided by Mama Rita's BBQ
- 3- Caleb, David and Felicity, all 3 EMT-Basics have gotten their on-boarding stuff completed and will start running training shifts in June. Caleb started with a couple shifts in the last few days of May.
- 4- Jacob-Student from MATC has completed his class, passed his Registry and is State Licensed and working on his on-boarding stuff and will be joining the others soon in training.
- 5- Madeline Stuart has reached out and will be starting to get her on-boarding stuff done and be joining us. She did her EMT-Basic while away at school and obtained her WI License to join the service here until she goes to study abroad and then hopefully will return and jump back on.
- 6- Yutzil finished her AEMT class and is waiting to take her test.
- 7- Keri and Ben have finished their classroom portion of Paramedic class and are now doing their ride along and clinical time.
- 8- Staff helped with Bike to school day and road blocking for the Memorial Day Parade
- 9- Bathroom remodel is about ½ way completed.
- 10- Backup ambulance is remaining at FD until bathroom is done.
- 11- EFD first responders have assisted with back up calls until Mutual aid arrives for I believe 13 calls besides the 78 we have actually cared for. Appreciate their help!

| |
|---|
| Number of Runs: 78 |
| Avg Unit Notified to Enroute in Minutes: 5.90 |
| Avg Unit Enroute to Arrived at Scene in Minutes: 4.06 |
| Avg Unit Arrived on Scene to Left Scene in Minutes: 20.31 |
| Avg Unit Left Scene to Arrived at Destination in Minutes: 26.65 |
| Avg Unit Arrived at Destination to Unit Back In Service in Minutes: 41.46 |

Average Response Times per Month



| | | |
|---|-----------|----------------|
| Breathing Problem | 13 | 16.67% |
| Chest Pain (Non-Traumatic) | 10 | 12.82% |
| Falls | 8 | 10.26% |
| Chronic Illness/Medical Condition | 7 | 8.97% |
| Abdominal Pain/Problems | 7 | 8.97% |
| Sick Person | 6 | 7.69% |
| Traumatic Injury | 4 | 5.13% |
| Invalid Assist/Lifting Assist | 4 | 5.13% |
| Diabetic Problem | 4 | 5.13% |
| Motor Vehicle Crash | 3 | 3.85% |
| Traffic/Transportation Incident/MVA | 3 | 3.85% |
| Unknown Problem/Person Down | 2 | 2.56% |
| Allergic Reaction/Stings | 1 | 1.28% |
| Stroke/CVA | 1 | 1.28% |
| Bleeding | 1 | 1.28% |
| Heart Problems/AICD | 1 | 1.28% |
| Convulsions/Seizure | 1 | 1.28% |
| Psychiatric Problem/Abnormal Behavior/Suicide Attempt | 1 | 1.28% |
| Unconscious/Fainting/Near-Fainting | 1 | 1.28% |
| Total: | 78 | 100.00% |