

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

Special Meeting

Wednesday, June 30, 2026, 6:15 p.m.
City Hall, 31 S. Madison Street, Evansville, WI

AGENDA

1. Call to Order
2. Roll Call
3. Motion to Approve the Agenda
4. Citizen appearances other than Agenda items listed
5. Old Business
6. New Business
 - A. **Motion to recommend to Common Council Approval of the Renewal Alcohol Beverage License application for a Class “B” Beer/ “Class B” Liquor License for: *(background check recommendations provided by Chief Jones, unless otherwise noted)*
 - 1) **El Vallarta LLC, Laura Lugo, Agent**, 438 Almeron St, d/b/a El Vallarta, 609 E. Main Street, Evansville, WI 53536**
7. 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.
8. Adjourn

Erika Stuart, Chairperson

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	\$ 7
Publication Fee	\$ 100
Total Fees	\$ 707

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Ei Vallarta LLC		
2. Business Trade Name or DBA Ei Vallarta LLC		
3. FEIN 35-2634145	4. Wisconsin Seller's Permit Number 456-1030363278-02	
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 Wisconsin	7. Date of Organization 03/2017	8. Wisconsin DFI Registration Number
9. Premises Address 609 E Main Street		
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 1069	17. Premises Email	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. 2 large open rooms with about 18 tables for seating and small bar area. Drinks are stored in walk-in cooler as well as beer fridge.		
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
Lugo	Marco	owner	XXXXXXXXXX

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: Lugo First Name: Marco M.I.: A
 Title: owner Email: _____ Phone: ~~XXXXXXXXXX~~

Signature: Marco A. Lugo Date: 04/21/20

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) _____

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 Lugo	First Name Laura	M.I. E
Title Supervisor	Email laura.lugo.377@gmail.com	Phone (608) 490-3685
Signature <i>Laura Lugo</i>	Date 06/04/2026	

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 Lugo	First Name Laura	M.I. E
Signature <i>Laura Lugo</i>	Date 06/04/26	