Public Safety Committee

Regular Meeting Wednesday, May 5, 2021 6:00 p.m. City Hall, 31 S. Madison Street, Evansville, WI

Due to County, State and Federal social distancing recommendations in response to COVID-19, this meeting is being held virtually. Committee members, applicants, and members of the public will be required to participate via the virtual format. To participate via video, go to this website: https://meet.google.com/xtf-ayun-xwn. To participate via phone, call this number: 475-222-5110 and enter PIN: 808 226 480# when prompted.

AGENDA

- 1. Call to Order.
- 2. Roll Call.
- 3. Approval of Agenda.
- 4. Motion to approve the April 7, 2021 Public Safety regular meeting minutes.
- 5. Citizen appearances other than agenda items listed.
- 6. Old Business.
- 7. New Business.
 - A. Discussion and possible motion to approve the 4th of July Fun Run
 - B. Discussion and possible motion to approve the following Evansville Community School functions:
 - (1)<u>High School Prom</u>, Saturday, May 15th 2021, from 6:00-10:00pm. Location to be in the parking lot of 640 S 5th Street, Evansville.
 - (2)<u>High School Commencement</u>, Friday, June 4th 2021, from 6:30-8:30pm. Location: the football grounds of 640 S 5th Street, Evansville. Rain date June 5th.
 - (3)Middle School Dance, Tuesday, June 8th 2021, from 6:00-8:00pm. Location to be on the large blacktop area at 340 Fair Street, Evansville. Rain date June 9th.
 - C. Discussion and possible motion to approve the Temporary Class "B" Retailer's License Application for Evansville Home Talent Baseball Club Inc. (Evansville Jays) for Friday, May 21st 2021, at Lake Leota Park, Upper Diamond.
 - (1) Staff Memo from City Clerk, Darnisha Haley.
 - D. Motion to approve the Original Operators License application(s) for: (approved by Police Lieutenant Chris Jones unless otherwise noted).
 - (1) Amber Dienberg (Previously non recommended, returning from 2/3/2021 meeting per Committee request)
 - (2) Cierra Kathryn Glick
 - E. Motion to approve the Renewal Operators License application(s) for: (approved by Police Lieutenant Chris Jones unless otherwise noted).
 - (1) Carmen Renee McIntyre
 - (2)Lisa A. Sonnentag
 - (3)Trudy Lou Helley
 - (4) Diane E Neuenschwander
 - (5) Gregory Brandt Helgesen0
 - (6) Catherine M. Rooney
 - (7) Christal Riveria Helgesen
 - (8) Joshua Michael Blosser

- (9) Alayna Jayne Argue
- (10) John Leigh Schneider
- (11) Candace Lee Andrews
- (12) John Paul Petterson
- (13) Allan L Hurst
- (14) Lynda M Laursen
- (15) Brittany Lee Long
- (16) Jazmine Rae Vanderhoef
- (17) John Carlos Lara
- (18) Joel David Bessire
- (19) James A Brooks (approved by Police Chief Reese)
- (20) Jessica M Bridges (approved by Police Chief Reese)
- (21) Tiffany Fae Bessire (approved by Police Chief Reese)
- (22) Bret Keith Church (approved by Police Chief Reese)
- (23) Angela Nicole Riniker (approved by Police Chief Reese)
- F. 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: (approved by Police Lieutenant Chris Jones unless otherwise noted)
 - (1) Casey's Marketing Company, Anthony W. Hawks, Agent, 538 Biese Street, Combined Locks, WI 54113, d/b/a Casey's General Store # 3583, 230 E. Main Street, Evansville, WI 53536.
 - (2) **Kopecky's Worldwide Foods, Inc., James Dean Kopecky, Agent,** 8017 N. Ridge Court, Evansville, WI, 53536, d/b/a Kopecky's Piggly Wiggly, 8 N. County Road M, Evansville, WI 53536.
 - (3) 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.
 - (4)**Olin Oil Co. Inc., Kristin Olin Olmedo, Agent,** 603 E 2nd Avenue, Brodhead, WI 53520, d/b/a Evansville Gas N Go, 350 Union Street, Evansville, WI 53536.
- G. Motion to recommend to the Common Council approval of the Renewal Alcohol Beverage License Application for a **Class A Beer License** for: (approved by Police Lieutenant Chris Jones unless otherwise noted)
 - (1) Landmark Services Cooperative, Jessica Golz, Agent, 6909 N Cty Rd M #65, Evansville, WI 53536, d/b/a Cenex Convenience Store of Evansville, 9 John Lindemann Drive, Evansville, WI 53536.
- H. 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: (approved by Police Chief Reese unless otherwise noted)
 - (1) **Bessire Bowl, LLC, Tiffany Bessire, Agent,** 221 Noah's Arc Ct, Evansville, WI 53536, d/b/a Blue Devil Bowl, 108 E. Main Street, Evansville, WI 53536.
 - (2) Creekside Place Inc., Nicholle L Wagner, Agent, 14246 W Golf Air Drive, Evansville, WI 53536, Kari Fehrenbacher, Agent, 16902 W Porter Rd, Evansville, WI 53536, d/b/a Creekside Place Inc., 102 Maple Street, Evansville, WI 53536.
 - (3) 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.
 - (4) Pete's Inn Inc., Linda A Church, Agent, 555 S. Fifth Street, Evansville, WI 53536, d/b/a Pete's Inn Inc., 14 N. Madison Street, Evansville, WI 53536.

- (5) Romano's Pizza Inc., Antonina Romano, Agent, 74 N. Sixth Street, Evansville, WI 53536, d/b/a Romano's Pizza, 50 Union Street, Evansville WI 53536.
- (6) El Vallarta De Evansville, Marco Antonio Lugo Valencia, Agent, 774 Brown School Rd, Evansville, WI 53536, d/b/a El Vallarta, 609 E Main Street, Evansville WI 53536.
- (7) 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.
- I. Motion to recommend to the Common Council approval of the Renewal Alcohol Beverage License Application for a **Class B Beer** and **Class C Wine** License for: (approved by Police Lieutenant Chris Jones unless otherwise noted)
 - (1) **Angel's Pizza, LLC, Michael Barcena Agent**, 44 N Madison Street, Evansville, WI 53536, d/b/a Marsala's Pizzeria, 18 E. Main Street, Evansville, WI 53536.
 - (2) **The Grove Market, LLC, Jennifer D. Wiedel, Agent**, 112 W. Liberty Street, Evansville, WI 53536, d/b/a The Grove Market, 24 E. Main Street, Evansville, WI 53536.
 - (3) Ceili, LLC, Shannon R. Arndt, Agent, 414 Meadow Lane, Evansville, WI 53536, d/b/a Ceili Coffee and Wine, 16 W. Main Street, Evansville, WI 53536.
- 8. Evansville Police Department Report.
- 9. Evansville Emergency Medical Services Report.
- 10. Meeting Reminder: Next regular meeting scheduled for Wednesday, June 2nd, 2021 6:00 p.m.
- 11. Motion to adjourn.

Dianne Duggan, Chairperson

Requests for persons with disabilities who need assistance to participate in this meeting should be made to the City Clerk's office by calling 608-882-2266 with as much advance notice as possible.

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

City of Evansville Public Safety Committee Regular Meeting Wednesday, April 7, 2021 at 6:00 p.m. Meeting held virtually due to COVID-19 Guidelines

MINUTES

- 1. Call to Order at 6:00pm, by Dianne Duggan, Public Safety Chair.
- 2. Roll Call.

Members	Present/Absent	Others Present
Alderperson Dianne Duggan, Chair	P	Bill Hurtley, Mayor
Alderperson Bill Lathrop	P	Jamie Kessenich, EMS Chief
Alderperson Erika Stuart	P	Chris Jones, Lieutenant
		Darnisha Haley, City Clerk
		Leah Hurtley, Deputy Clerk

- 3. Motion to approve the agenda, by Duggan, seconded by Lathrop. Approved unanimously.
- 4. Motion to approve the March 3, 2021 Public Safety regular meeting minutes and approve them as printed, by Lathrop, seconded by Duggan.
- 5. Citizen appearances other than agenda items listed. None
- 6. Old Business.
 - A. Discussion and possible motion to recommend to Common Council updated Ordinance 2021-03

 Amending Chapter 6 Alcohol Beverage. Motion made by Lathrop, seconded by Duggan. Motion

 Carried. Darnisha brought the Amended Alcohol Beverage ordinance back due to Bill's request to have classifications added to the ordinance. Option 1 and Option 2 offered within the packet and presented to the committee. Bill requested to proceed with option 1.
 - B. Motion to recommend to Common Council Ordinance 2021-04 for updates to Animal Ordinance. Motion made by Stuart, seconded by Lathrop. Motion Carried. Lathrop requested a grammatical correction to 14-8 2 or more persons, grammatical correction.
 - C. Discussion on EMS and Police Wants & Needs Assessment. Lathrop requested this be on the agenda and supports the need. His opinion would be to continue the topic and have EMS and the Police Department do more of the initial needs assessment ourselves as a cost savings option. Duggan supports the idea to do more homework on our end and then present it to council for direction. Chief Reese and Jamie has the accreditation best practices already and is something that they could put down on paper. Jamie wanted to reiterate again that what she is asking for is not glorified stuff and they do not even have a building that can fit the ambulance in without hitting the walls. In addition, that the current EMS building does not have a building that is legal to sleep in. Duggan reported that Council maybe did not fully support the need but she was purposely waiting to pursue the topic until elections were over and also for the hiring of the new City Administrator. Reese and Kessnich are to sit down and discuss the beginning steps. Lathrop suggested that his incumbent also tour to see what conditions they are working with.

7. New Business.

A. Discussion on Place of Last Drink Cooperative Agreement between Janesville Mobilizing 4 Change and Evansville Police Department. Chief Reese presented the topic. Sharing this is an agreement that

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"EVPD" has been doing for a number of years. If approved, Jill will be working on gathering data of OWI and drugged driving, from the county and state patrol. EVPD will then provide this information to Janesville Mobilizing 4 Change. In exchange for providing this data, they offer a stipend of \$1,000.00. Reese explained the information is used to help identify the establishments that may be overserving. Howent on to say that in Evansville we already know those because we have so few but it is nice to see. Duggan asked if the effort is worth the stipend. Reese said it is not hard to do and the information is helpful and worthwhile. Duggan will bring to council as informational as there is no motion to take and the Chief is the one to sign.

B. Motion to approve the application for a Street Use License for Creekside Place Cruise Night for the period beginning May through September 2021: <u>Motion made by Stuart, seconded by Lathrop.</u>
Motion Carried.

Thursday, May 6, 2021 Thursday, June 3, 2021 Thursday, July 1, 2021 Thursday, August 5, 2021 Thursday, September 2, 2021

C. Motion to approve the Temporary Class "B" Retailer's License Application for Evansville Home Talent Baseball Club Inc. (Evansville Jays) for the period beginning April through September 2021 at Lake Leota Park, Upper Diamond: Motion made by Lathrop, seconded by Stuart. Motion carried.

Sunday, June 6, 2021 Thursday, June 17, 2021 Sunday, June 20, 2021 Thursday, July 15, 2021 Sunday, July 25, 2021 Thursday, July 29, 2021 Thursday, August 5, 2021

D. Motion to approve the Original Operators License application(s) for: (approved by Police Chief Reese unless otherwise noted). Duggan requested applicants #1-3 to be separate from 4&5

#1-3 Motion was made by Stuart, seconded by Lathrop, motion carried.

#4-5 Motion made by Stuart, seconded by Duggan, but recanted immediately as Chairperson Duggan meant to second for denial. Duggan voted in opposition, seconded by Lathrop. Motion denied. Stuart asked for clarification from Chief Reese if his "not recommend" stance was due to the nature of the offenses or failure to disclose the information within the application. Chief Reese shared that Ms. Vanthournout had left off information from her underage drinking that she had just received and found guilty of on 9/14/2020. He felt that it was recent enough that she would remember that. Mr. Oner has some outstanding charges in Green County from 10/2020 for Manufacturing/Delivering THC, and second degree Reckless Endangering Safety. He has had one charge dismissed, one conviction, and one felony charge is still pending. With a long driving record.

- 1) Sarah K. Gay
- 2) Marci L. McCaffrey
- 3) Forrest P. Johnson
- 4) Jonathan I. Oner (not recommended)
- 5) Hannah Vanthournout (not recommended)

- E. Fire District calls and City of Evansville residents. Lathrop requested to add this topic as public record from his experience after serving his term on the Evansville Fire Board. The City of Evansville provides about 60% to the financial support and about 60% of number of calls, excluding mutual aid from other departments. The Board of Trustees of the district includes a member from each of the 6 townships involved and the City has 2 seats. He wanted the committee to be aware of the funding and the activity versus the control discrepancies. Lathrop feels this could be a problem when it comes to the district's policies regarding response fees in particular carbon monoxide responses to charge \$150 vs the standard fee of \$500.00. They expect the \$500 for the natural gas odors and leaks. Lathrop understands that there could be a greater risk when it comes to natural gas; however, we are creating a negative incentive for someone not calling in a gas leak when in fact should. This falls unfairly on city residents because in the last 3 years there have been 33 calls for natural gas odors and leaks, of which 30 where in the city. This particular fee non-reimbursable through insurance and the resident will be responsible for the fee. Lathrop shared his concern with the Fire District Committee but also wanted to emphasis this matter at Public Safety and the city as they may want to discuss and address in the future. Chief Kessnich reported she shares the same concern, stating people do have a fear to call in the event if it is a false alarm and they will be stuck with the large fee.
- 8. Evansville Emergency Medical Services Report. Chief Kessnich shared her written monthly report. Which included ambulance maintenance issues within the last 24 hours. She had a scheduled repair service after one of the ambulances had hit the side of the St. Mary's garage and yesterday while on a service call, a service light came on the second ambulance and it sent it into "shut down mode" causing it to be towed. Thankfully, the repairs ended up being minor, but it left Evansville and the surrounding area without an ambulance. Kessnich reached out to the Chief from the City of Janesville and they allowed her temporary use of one of their ambulances. Kessnich expressed her gratification to the City of Janesville. Lathrop thanked Jamie for her resourceful quick actions and proposed a formal thank you from the City of Evansville to the City of Janesville. Kessnich said she would appreciate that effort and expressed the importance of keeping these strong relationships. Chairperson Duggan would like Jamie to draft a letter of appreciation that Dianne will present to Mayor Hurtley to have him sign.
- 9. Evansville Police Department Report. Chief Reese gave the written monthly report covering the training for officers, community outreach, updates in the department, staffing matters, and accreditation. Duggan asked if the resignation of Officer Wendt had anything to do with the City or anything we could have to prevent him from leaving. Chief Reese confirmed it had nothing to do with the department. Chief Reese just asked for the committees understanding of possible overtime pay while they navigate through the replacement transition. Duggan understood.

Duggan recapped actionable items prior to the next meeting. Chairperson Duggan would also like to officially thank Bill Lathrop for his time spent sitting on the Public Safety Committee and all of his hard work especially navigating through the Covid-19 pandemic and often times asking hard questions that needed to be asked. Duggan expressed her gratitude for him being here and stepping up to take the open spot. Stuart also expressed her appreciation as well.

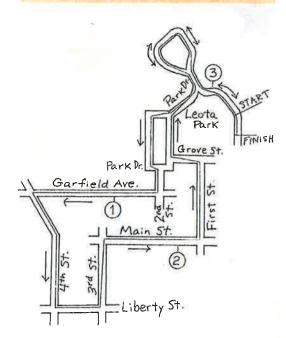
- 10. Meeting Reminder: Next regular meeting scheduled for Wednesday, May 5, 2021 6:00 p.m.
- 11. Motion to adjourn at 6:52 p.m, made by Stuart, seconded by Duggan. Motion carried.

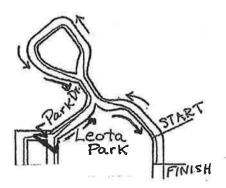


10K / 5K / 1 Mile Run - Walk

Lake Leota Park Evansville, Wisconsin

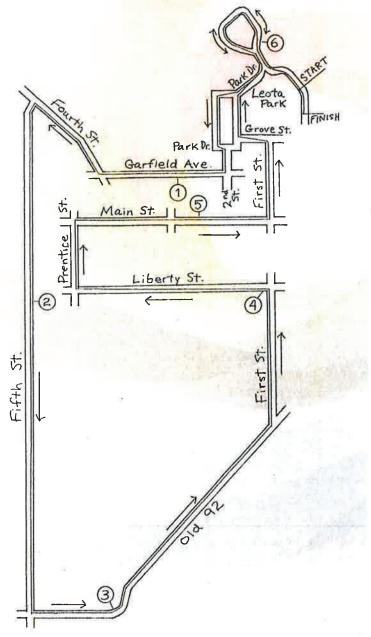
5K Course Map





One Mile Run-Walk Course

10K Course Map



AT.

m representing the Evansville 4th of July Fun Run. Each year we appear before the committee to confirm the racecourse through the city streets, ask about any issues with road construction, confirm where our racers will park, and ask for assistance from EMS and the police department. We have had between 350 to 600 racers in past years. We have no idea what this year will bring, but we are hopeful for numbers in the 300's once again.

The city has always given us full support for everything we've asked, but we don't want to take it for granted which is why we wish to appear in "person" at the safety meeting.

- 1. All race information can be found on the website if anyone is interested in learning more: www.runsignup.com/Race/WI/Evansville/Evansville4thofjulyrunwalk
- 2. Our event will take place on July 4th at 8:30am. We will begin race setup at 6AM at Lake Leota Park and throughout Evansville. Clean-up will be completed by 11:30am.
- 3. I've attached a map of the race routes. The 1Mile race stays inside the boundaries of the park. The 5k and 10k leave the park via 2nd street and return via Grove. Every year the city undertakes some street constructions that sometimes affect our certified course, and we will make modifications as necessary. We place our own volunteers at about every turn on the course as well as orange cones and mile markers along the route to aid in navigation for runners and to alert motorists. We have never asked for traffic closures outside of the park, but we ask our volunteers to stop traffic intermittently if there is a large "clot" of runners crossing an intersection. I can point out those areas if you wish. Our volunteers are identifiable by their shirts, and this year we will have them wearing hi vis yellow vests.
- 4. We would like EMS to support the race by having an ambulance available at the park between 8:15-9:45am (approx.). Obviously emergencies come first. I can give you the history of this relationship and how EMS has helped in the past.
- 5. We would like Police assistance in closing Antes Dr near the lake, the 2nd street entrance to the park, and the Grove street entrance to the park between 8:30 and 9:30am. We've never asked for this specific help before. We are hopeful there will be manpower this year. Obviously emergencies come first and we understand this is the most demanding part of the year for the police force. I can give you the history of what we've asked and received from the police in the past at the meeting.

Dan Winter
4th of July fun run



Public Safety Meeting Agenda--4th of July fun run

sages

Dan Winter < Dan@yourlifecircle.net>

Sat, Apr 24, 2021 at 10:53 AM

To: "leah.hurtley@ci.evansville.wi.gov" <leah.hurtley@ci.evansville.wi.gov>

Cc: Amy Eager <amygorsucheager@gmail.com>

Hi Leah,

Thank you for returning my call about the May 5 public safety meeting agenda. I thought it might be easier to eMail vs calling back.

I'm representing the Evansville 4th of July Fun Run. Each year we appear before the committee to confirm the racecourse through the city streets, ask about any issues with road construction, confirm where our racers will park, and ask for assistance from EMS and the police department. We have had between 350 to 600 racers in past years. We have no idea what this year will bring, but we are hopeful for numbers in the 300's once again.

The city has always given us full support for everything we've asked, but we don't want to take it for granted which is why we wish to appear in "person" at the safety meeting.

Other than getting on the agenda, I have some logistical questions. "How" to attend the meeting (I assume I need a Zoom link?). Do I need to send you or the committee any items I wish to share ahead of time, or will I be allowed to use "screen share" to share maps, etc with the committee. Also I would wish to have some other committee members join the zoom meeting as I'm stepping down from the majority of my anizational duties for the run after about 10 years of involvement and I want some other to see how this meeting typically goes.

I'm sure I'm forgetting something....

My cell is 608 302-2213 in the event you prefer to call me back.

Thanks much!!!

Dan W



Dan Winter

Planning & Wealth Management Director

604 Pleasant St Suite 110

Beloit, WI 53511

Ph: 608 365-2115

608 313-8484

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Leah Hurtley <leah.hurtley@ci.evansville.wi.gov>

Tue, Apr 27, 2021 at 3:46 PM

To: Dan Winter < Dan@yourlifecircle.net>

Cc: Dianne Duggan <dianne.duggan@ci.evansville.wi.gov>

Hello Dan

I have cc'd Public Safety Chair Dianne Duggan on this email for transparency sake in the event I miss something she would like to see ahead of time.

It would be wonderful if you could have documentation provided ahead of time to make the information part of the permanent packet. It also gives the committee time to look over in the event they have more specific questions. This month's meeting will be heavy with all of the annual alcohol renewals so I would recommend to Dianne that your agenda item be added for discussion and possible motion towards the top of the agenda.

Suggested information to include could be:

- -Dates/Times
- Routes or maps
- Specific requests from EMS and the Police Department including road closures.

In order to make it into this month's packet it would be wonderful if you could have this information to me by the end of the day Thursday., April 29th. The Agenda with Packet will be accessible no less than 24 hours prior to the May 5th Meeting at 6:00pm.

Information on when and how to join can be found here: https://www.ci.evansville.wi.gov/life_in_evansville/city_events_calender/?eid=774

Please let me know if you have any questions or concerns.

Thank you,

Leah Hurtley, Deputy Clerk City of Evansville 31 S Madison St, PO Box 529 Evansville, WI 53536 (608) 492-0942

[Quoted text hidden]

Dan Winter < Dan@yourlifecircle.net>

Tue, Apr 27, 2021 at 5:12 PM

To: "leah.hurtley@ci.evansville.wi.gov" <leah.hurtley@ci.evansville.wi.gov>

Cc: "dianne.duggan@ci.evansville.wi.gov" <dianne.duggan@ci.evansville.wi.gov>, Amy Eager <amygorsucheager@gmail.com>, Steve Eager <seager@sbcp.bank>, "Ann Elliott (bellselliott@gmail.com)" <bellselliott@gmail.com>

Thank You Leah.

To answer your questions:

- 1. All race information can be found on the website if anyone is interested in learning more: www.runsignup.com/Race/WI/Evansville/Evansville4thofjulyrunwalk
- 2. Our event will take place on July 4th at 8:30am. We will begin race setup at 6AM at Lake Leota Park and throughout Evansville. Cleanup will be completed by 11:30am.
- 3. I've attached a map of the race routes. The 1Mile race stays inside the boundaries of the park. The 5k and 10k leave the park via 2nd street and return via Grove. Every year the city undertakes some street constructions that sometimes affect our certified course, and will make modifications as necessary. We place our own volunteers at about every turn on the course as well as orange cones and mile markers along the route to aid in navigation for runners and to alert motorists. We have never asked for traffic closures outside of the park, but we ask our volunteers to stop traffic intermittently if there is a large "clot" of runners crossing an intersection. I can point out those areas if you wish. Our volunteers are identifiable by their shirts, and this year we will have them wearing hi vis yellow vests.

4. We would like EMS to support the race by having an ambulance available at the park between 8:15-9:45am (approx.).

Obviously emergencies come first. I can give you the history of this relationship and how EMS has helped in the past.

5. We would like Police assistance in closing Antes Dr near the lake, the 2nd street entrance to the park, and the Grove street entrance to the park between 8:30 and 9:30am. We've never asked for this specific help before. We are hopeful there will be manpower this year. Obviously emergencies come first and we understand this is the most demanding part of the year for the police force. I can give you the history of what we've asked and received from the police in the past at the meeting.

h or Diane, let me know if you would like any more specific details before the meeting. I will be out of town after April 28th, returning Mary 2nd, but I will be able to respond to a text or phone call at 608 302-2213.

Thank you very much!

Dan Winter

(CC Amy Eager, Steve Eager, Ann Elliot)

[Quoted text hidden]



Course Map.pdf 1350K

Dianne Duggan <dianne.duggan@ci.evansville.wi.gov>
To: Leah Hurtley <leah.hurtley@ci.evansville.wi.gov>
Cc: Dan Winter <Dan@yourlifecircle.net>

Wed, Apr 28, 2021 at 2:22 PM

Thanks, Leah and Dan.

I look forward to chatting about this at the next public safety meeting.

Dianne [Quoted text hidden] 

PSC Meeting May

sages

Patrick Reese <p.reese@ci.evansville.wi.gov>
To: Leah Hurtley <leah.hurtley@ci.evansville.wi.gov>

Cc: "Dobbs, Joanie" <dobbsj@evansville.k12.wi.us>, Darnisha <darnisha.haley@ci.evansville.wi.gov>

B(1)(2)(3)

Mon, Apr 12, 2021 at 2:36 PM

Good afternoon Leah,

For the next PSC meeting will you please add Ms. Dobbs to the agenda to speak about the following:

May 15th High School Homecoming dance (outdoors w/ music) 6-10PM

June 4th High School Commencement 6:30P-8:30P (outdoors w/ HS Band) Rain date June 5th

June 8th Middle School Dance (Outdoors with music) 6-8PM Rain date June 9th

Thank you,

Chief Patrick Reese
Evansville Police Department
10 West Church Street Evansville WI 53536

Phone: 608.882.2292 Fax: 608.882.2295 www.ci.evansville.wi.gov



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Leah Hurtley <leah.hurtley@ci.evansville.wi.gov>
trick Reese <p.reese@ci.evansville.wi.gov>

Dobbs, Joanie" <dobbsj@evansville.k12.wi.us>, Darnisha <darnisha.haley@ci.evansville.wi.gov>

I sure will. Do you happen to have locations of said events?

Thank you,

Mon, Apr 12, 2021 at 3:02 PM

Leah Hurtley, Deputy Clerk City of Evansville 31 S Madison St, PO Box 529 Evansville, WI 53536 (608) 492-0942

[Quoted text hidden]

Dobbs, Joanie <dobbsj@evansville.k12.wi.us>

To: Leah Hurtley <leah.hurtley@ci.evansville.wi.gov>, Patrick Reese <p.reese@ci.evansville.wi.gov>

Cc: Darnisha <darnisha.haley@ci.evansville.wi.gov>

8th grade Recognition is at the Middle School on the large blacktop area just off of First Street.

Prom will be in the parking lot at the HS.

Commencement will be held on the football field.

Joanie Dobbs JC McKenna Middle School Principal (608) 882-3302 (office) (608) 313-4477 (virtual office)

From: Leah Hurtley <leah.hurtley@ci.evansville.wi.gov>

Sent: Monday, April 12, 2021 3:02 PM

To: Patrick Reese <p.reese@ci.evansville.wi.gov>

Cc: Dobbs, Joanie <dobbsj@evansville.k12.wi.us>; Darnisha <darnisha.haley@ci.evansville.wi.gov>

Subject: Re: PSC Meeting May

[Quoted text hidden]

Mon, Apr 12, 2021 at 3:39 PM



Evansville Home Talent Baseball

13816 W. Northridge Drive Evansville, Wisconsin 53536 Tel: 608-882-4626 www.evansvillehometalent.org

May 3, 2021

City of Evansville – Public Safety Committee 31 S. Madison St, PO Box 76 Evansville, WI 53536

Dear Public Safety Committee:

The Evansville Home Talent Baseball Club, Inc. (aka Jays) is applying for a Temporary Class "B" Retailer's License. This application is the same as pervious applications submitted since the 2011 season.

Please find enclosed:

- Application Form AT-315
- Exhibit A Officer/Manager/Operator Information
- Exhibit B Location of Premises
- Exhibit C Name and Dates of Event.

Check #182 (\$10) has been provided to the City for this application.

I will plan on attending the next Public Safety Committee meeting on May 5, 2021 via phone or virtual method.

If there are any questions regarding this application before the May meeting, please feel free to contact me at 608-575-4359 or email jonfrey17@gmail.com.

Sincerely,

Jon Frey General Manager



APPLICATION FOR TEMPORARY CLASS "B"/"CLASS B" RETAILER'S LICENSE

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00	Application Date: May 3, 2021
☐ Town ☐ Village	County of Rock
The named organization applies for: (check appropriate box(es).)	
A Temporary Class "B" license to sell fermented malt beverages	s at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
☐ A Temporary "Class B" license to sell wine at picnics or similar	
	• • • • • • • • • • • • • • • • • • • •
at the premises described below during a special event beginning _ to comply with all laws, resolutions, ordinances and regulations (st and/or wine if the license is granted.	May 21, 2021 and ending Sept 30, 2021 and agrees tate, federal or local) affecting the sale of fermented malt beverages
1. ORGANIZATION (check appropriate box) X Bona fide Club Chu	urch Lodge/Society Veteran's Organization Fair Association
(a) Name Evansville Home Talent Baseball Club, Inc.	; (aka Jays)
(b) Address 13816 W Northridge Drive, Evansville, W	I 53536
(Street) (c) Date organized January 12, 2005	☐ Town ☐ Village χ City
	12
(d) If corporation, give date of incorporationApril 9, 201	
(e) If the named organization is not required to hold a Wiscons box: X	sin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this
(f) Names and addresses of all officers:	
President See Exhibit A	
Vice President	
Secretary	
Treasurer	
(g) Name and address of manager or person in charge of affai	r: See Exhibit A
2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WI	ILL BE SOLD:
(a) Street number See Exhibit B	
(b) Lot	Block
(c) Do premises occupy all or part of building?	
., .	this application, which floor or floors, or room or rooms, license is to
cover:	this application, which hoof of hoofs, or footh of fooths, lectise is to
3. NAME OF EVENT	
(b) Dates of event	
DECLA	RATION
The Officer(s) of the organization, individually and together, declare	under penalties of law that the information provided in this application
is true and correct to the best of their knowledge and belief.	
\bigcap \bigwedge	Evansville Home Talent Baseball Club, Inc (aka Jays) (Name of Organization)
May 2 2024	(Name of Organization)
Officer May 3, 2021 (Signature/date)	Officer(Signature/date)
y (Signature/date)	, ,
Officer(Signature/date)	Officer(Signature/date)
Date Filed with Clerk	Date Reported to Council or Board
Data Crantad by Caynail	Lianna Na
Date Granted by Council	License No.

AT-315 (R. 5-11)

EXHIBIT A

Application Date: May 3, 2021

Evansville Home Talent Baseball Club, Inc. (aka Jays)

Temporary Class "B" malt beverages Retailer's License Application

Form AT-315

Item 1f Name and address of officer:

Jon M Frey, President/General Manager 13816 W Northridge Drive Evansville, WI 53536 City of Evansville Operator's License No. 19/21-10 Birth Date: 12/30/1976

Item 1g Name and address of managers or person in charge of affair:

Same as above.

EXHIBIT B

Application Date: May 3, 2021 Evansville Home Talent Baseball Club, Inc. (aka Jays) Temporary Class "B" malt beverages Retailer's License Application

Form AT-315 Item 2 - Location of premises where beer will be sold:

Lake Leota Park Upper Diamond Area
Address: Burr W Jones Circle, Evansville, WI 53536
Premises defined by white dashed line noted below in Figure 1



EXHIBIT C

Application Date: May 3, 2021

Evansville Home Talent Baseball Club, Inc. (aka Jays)

Temporary Class "B" malt beverages Retailer's License Application

Form AT-315

Item 3a Name of the event:

Evansville Jays Home Talent Baseball Games

Item 3b Dates of event:

May 21, 2021 thru September 30, 2021



City of Evansville



www.ci.evansville.wi.gov

Tuesday, May 04, 2021

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

Issuance of Temporary Class "B" License

At the April 7th 2021, Public Safety meeting, a motion was made as written by committee. The motion to approve a temporary class "B" license for the dates listed. The motion encompassed the specific dates indicated on Mr. Frey's Evansville Jays application. When we received Mr. Frey's additional date request, which was not indicated within the motion or his original application. It prompted additional steps into this matter since the Clerk's office does not have the authority to issue a license according to City of Evansville's Municipal Code on Alcohol Beverage Sec 6-44.

Sec. 6-44. Temporary class "B" (picnic) beer license or temporary "class B" (picnic) wine license.

Picnic licenses may be issued by the council or the public safety committee under Wis. Stats. § 125.26(6). Application therefor shall be filed at least 30 days prior to the date such license is intended to be used, but applications may be accepted within such 30-day period if the applicant agrees in writing to pay the cost of any special meeting of the council or the committee called for the purpose of acting upon such application.

The Clerk's Office and I felt as though our hands were tied and it would be necessary to bring it to the Chairperson's attention. The steps that were taken were verified by Municipal Code, Wisconsin State Statute and at the recommendation of Jason Lee, Special Agent, State of Wisconsin Alcohol and Tobacco Enforcement. The AT-315 Application for Temporary Class "B"/"Class B" Retailer's License does not allow open-ended application dates, which is why the motion was written to include Mr. Frey's specific requested dates. Unfortunately, we understand that in the past, this was permissible; however, it appears to be incorrect.

In an effort to resolve this issue, and for an immediate solution, it is my recommendation that Mr. Frey list specific dates on a new application for committees approval, as the dates become scheduled the committee will have already given their approval and as we receive payment, then we can issue the license.

Also note the following:

- 1) All beer MUST be purchased through a distributor.
- 2) Jon & Karen Frey both currently have an operator licenses that expires 6/30/2021, this is a reminder that it needs to be renewed. The renewal application date is May 14th to ensure that you have a valid licenses prior to the expiration date.

Sincerely,

Dornisha Haley

Darnisha Haley City Clerk

(1)01

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City of Evansville Public Safety Committee Regular Meeting Wednesday, February 3, 2021 at 6:00 p.m.

Wednesday, February 3, 2021 at 6:00 p.m. Meeting held virtually due to COVID-19 Guidelines

MINUTES



2. Roll Call.

Members	Present/Absent	Others Present
Alderperson Dianne Duggan,		
Chair	P	Patrick Reese, Police Chief
Alderperson Bill Lathrop	P	Jamie Kessenich, EMS Chief
Alderperson Erika Stuart	P	Chris Jones, Lieutenant
8		Jeremy Schmidt, Officer
		Trevor Tway, Officer
		Darnisha Haley, City Clerk
		Leah Hurtley, Deputy Clerk

- 3. Motion to approve the agenda, by Duggan, seconded by Stuart. Approved unanimously.
- 4. <u>Motion to waive the reading of the minutes from the January 6, 2021 regularly scheduled Public Safety</u>

 <u>Meeting minutes and approve them as printed</u> by Lathrop, seconded by Stuart. Lathrop and Duggan requested grammatical revisions to the paragraph 8(2) and 9. Approved unanimously.
- 5. Citizen appearances other than agenda items listed. None
- 6. Old Business.
 - A. Discussion on a 4-way stop at the intersection of E Main and Water St. Chief Reese reported topic discussion at a department head meeting. Municipal Services Director Chad Renly looked into the 4-way stop with Lieutenant Jones and Chief Reese. Staff determined that the state would not allow the stop without a considerable amount of money invested into redoing the intersection. Chief Reese's recommendation would be to table the discussion unless directed otherwise. Lathrop questioned accident quantity in relation to other areas in town. Chief disclaimed there has been no formal study and Evansville does not have a large number of accidents in general, however there does seem to be more accidents at that intersection, guessing maybe five accidents in last 7 years. Lieutenant Jones concurred with maybe a few more. Jones also added his main concern is more less the truck routes with the long wait times trying to take a right towards Janesville. Jones reported the state's concern with potential backups and importance with the timing of the stoplight on Hwy 14 and County M. Duggan proposed to consider a special study should there be another incident, until then, this topic is tabled.

7. New Business.

- A. Motion to approve the Original Operators License application(s) for: (approved by Police Chief Reese unless otherwise noted).
 - 1) Motion was made to approve the Original Operators License application for Sawyer M Sendelbach, by Stuart, seconded by Duggan, Motion carried.

70(1)

- 2) Motion was made to approve the Original Operators License application for Kari A Fehrenbacher, by Stuart, seconded by Duggan, Motion carried.
- 3) Motion was made to discuss the approval of the Original Operators License application for Amber L Dienberg (not recommended), made by Duggan, seconded by Lathrop. Amber Dienberg attended. Duggan asked why she left off several felonies and misdemeanors off her application. Dienberg claimed that she did not intentionally leave them off rather she misread the question as the question stated "have you been convicted" which she says she has not as they have all been dismissed and she has had a license issued to her by the city since her convictions. Duggan asked for details of the items not disclosed. Dienberg stated Endangerment and Battery charges in 2007. The only conviction she received was a non-criminal ordinance violation for a disorderly conduct in 2008. Duggan said she was ok with approving the license with her explanation. Stuart had additional questions on the previously issued license she received from the city. Dienberg stated eight or 9 years ago, she received a license to serve at Good Speed Gas & Go. Lathrop asked Chief Reese for comments on his nonrecommendation. Chief explained information left off the application on the conviction of the rock county ordinance disorderly conduct, likely due to a plea bargain from the following charges: delinquency of a child, battery, disorderly conduct, and intentional cause to bodily harm to a child (felony). No further questions by the committee. Duggan voted for the approval of the Original Operators License, Lathrop and Stuart opposed, motion denied. After the vote of opposition, applicant then asked if there was anything that could be done to change the committee's minds. Duggan proposed a 90-day provisional. Lathrop and Stuart were ok with a provisional Duggan instructed Dienberg to resubmit another application for an Original License with the \$25.00 fees for another background check and she must disclose all information that she should have originally reported, Dienberg will need to return to the May Public Safety Meeting.
- B. Discussion for updates to Animal Ordinance. Lieutenant Jones pointed out two separate conflicting ordinances and both ordinances were created to accomplish the same goal however, one has more strict guidelines with the 2+ persons. 14 8 says "Disturbing the peace prohibited. No person may keep a Pet which disturbs the peace by loud or unusual noises at any time of the day or night." 14-33(3) says, "Harboring certain dogs or cats prohibited. 3. Habitually makes noise to the annoyance of any two or more other persons." 14-8 seems to cover any animal and 14-33 is more specific to dogs and cats. Leah read Attorney Mark Kopp's response. Duggan supported Lathrop's feedback, that the ordinance as it stands is unnecessarily complex. Chairperson Duggan expressed, Sec 14.33 is specific to the dogs and cats area but even a sentence within 14.8 referring to Sec 14.33, and wants Sec 14.8 clarified while separate to have consistent standards. Lathrop proposed Sec 14.8 to cover details everywhere in the ordinance with respect to noise and disturbing the peace. The language on disturbing the peace in Sec 14.8 and then refer elsewhere to Sec 14.8 silencing other areas where it references to noise. Lieutenant Jones will work on updating the language with his recommendations for next meeting.
- C. Discussion on K9 Officers and fundraising by Officer Schmidt and Officer Tway. (Officer Tway left the meeting to respond to a service call.) Chief Reese summarized staff's interest to get a K9 Officer and wanted to gage interest of the committee. Schmidt reported higher volumes of drug related calls pertaining to drugs and the obstacles they face without having probable cause, which a K9 officer would allow. In reply, the Lathrop summarized that with the change to laws, the K9 would allow for additional legal options currently not available. Lathrop asked about the overall costs as well as annually thereafter. Officer Schmidt estimated the startup costs could be around \$60,000, depends on donations and type of K9 and the level of training of the officers and perhaps \$500.00/year thereafter.

Duggan questioned insurance. Officer Schmidt will investigate this further. Lathrop asked about service life. Schmidt estimated perhaps 8-9 years. Chief Reese acknowledged the biggest expense to the city would be the training time and wages as training and certification would need to be done monthly. Chief Reese will research insurance, wages, training, union and its members in addition to how it may affect the City's insurance. Chief Reese will create a presentation for council input at either a regular Common Council meeting, or the Special Common Council meeting in May.

- **D.** Discussion on resolution/ordinance guidelines for issuance of Alcohol Beverage Licensees in the City of Evansville. Chief Reese explained his goal, along with City Clerk Darnisha Haley was to provide guidance on whether or not to approve nonrecommendations and have a streamlined process in place. Question on whether it should be Resolution vs Ordinance. Darnisha's suggestion was to issue recommended applicants right away as well as a fee increase of \$10.00 to cover the cost of the background check. The committee agreed unanimously to move forward with implementation of proposed recommendations. Darnisha and Chief Reese will work together and present it back to the committee for approval to send to Council.
- **E. Discussion on Boy Scout event at Lake Leota.** Chief Kessnich informed the committee that she was approached with a volunteer request for a private event to demonstrate lifesaving skills. After much discussion and in light of COVID-19 guidelines, the committee agreed unanimously to not support city endorsement of said event.
- 8. Evansville Emergency Medical Services Report. Chief Kessnich gave a verbal report as her computer was down. 48 calls for service. 3 weeks post second dose of Covid shots. Discussed the desire for a larger garage and the inability to maintain proper vehicle maintenance in the winter due to the less than a foot clearance. Chief Kessnich proposed a possible solution could be to remove the center of the garage. Committee granted Jamie permission to seek quotes on the potential removal of the center garage door.
- 9. Evansville Police Department Report. Chief Reese gave the written monthly report covering the training for officers, community outreach, updates in the department, staffing matters, and accreditation. Bill Lathrop asked what he could do for Police Department and EMS in terms of space and working conditions. Chief asked for consideration of a joint building in the long term. Stuart shared the concern over other high priority items within the city. Duggan asked the Chief Reese to perform a needs assessment, especially with references with fire code violations. Chief Reese will work on this over the next few months.
- 10. Meeting Reminder: Next regular meeting scheduled for Wednesday, March 3, 2021 at 6:00 p.m.
- 11. Motion to adjourn at 7:47 p.m., made by Duggan, seconded by Lathrop.

Respectfully submitted, Leah Hurtley, Deputy Clerk City of Evansville

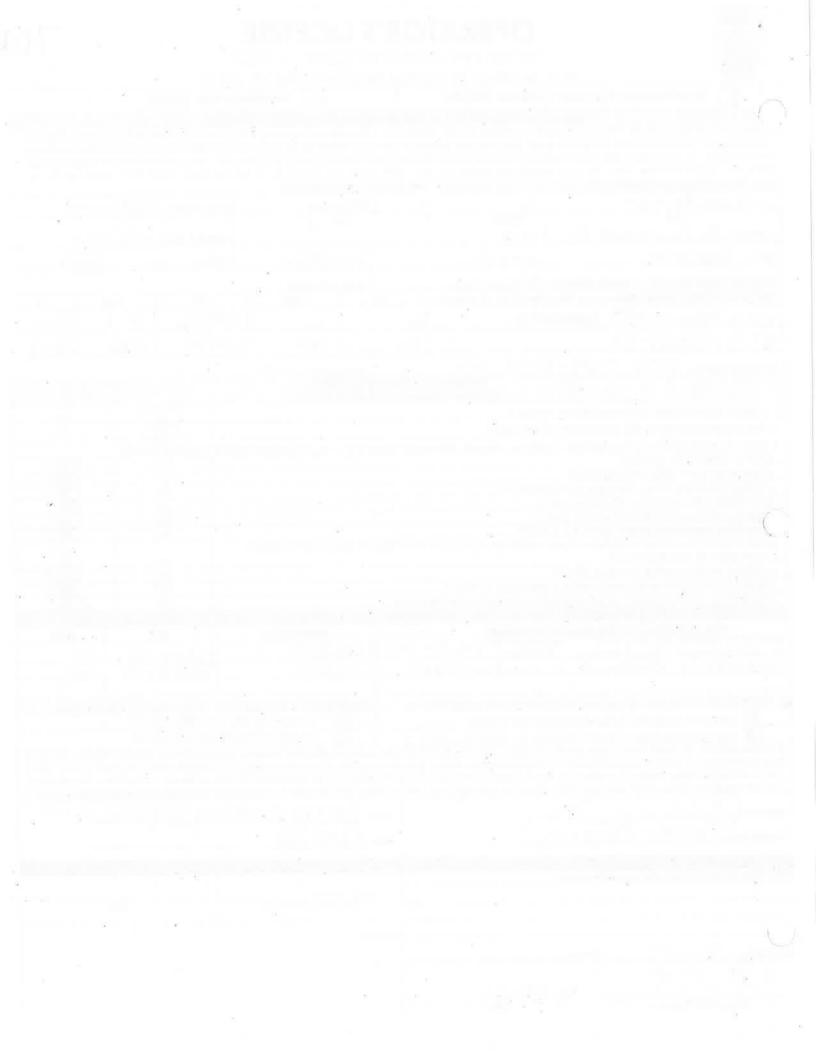


OPERATOR'S LICENSE

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

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

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the information. If you are unsure about	now to respond to any questions on t	his form, che	ck with the City Clerk for c	arification.	You can obt	ain informatio	n regarding your
arrest and conviction record from th https://www.wicourts.gov/casesearch.ht	tm (CCAP may not provide comprehe	nsive list of a	Which you interacted, or	the Wisi	consin Circu	it Court Acc	ess website at:
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a) Any underage alcohol violation?					Ye		(Nó)
 b) Operating a motor vehicle while intoxi 					Ye		(No)
c) Selling or furnishing alcoholic beverage					Ye		(No)
d) Permitting underage person on license					Ye	s	(No)
Allowing persons on licensed premises					Ye	s	(No)
Any alcohol related violation other than					Yes		(NO)
g) Sale of legal or illegal drugs to include	prescription medications or possession	n of any illega	il drugs to include prescrip	tion			
medications not prescribed to you? h) Fighting, disorderly conduct, assault, or	V-W2				Yes	5	No
i) Resisting arrest, interfering with a police					Yes		CNO
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OPERATOR'S LICENSE

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

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for each YES response above, you must	identify at violations below. Attach add	itional sheets if n	ecessary or continu	ue on the back of t	his application.	SAIN W. LEW
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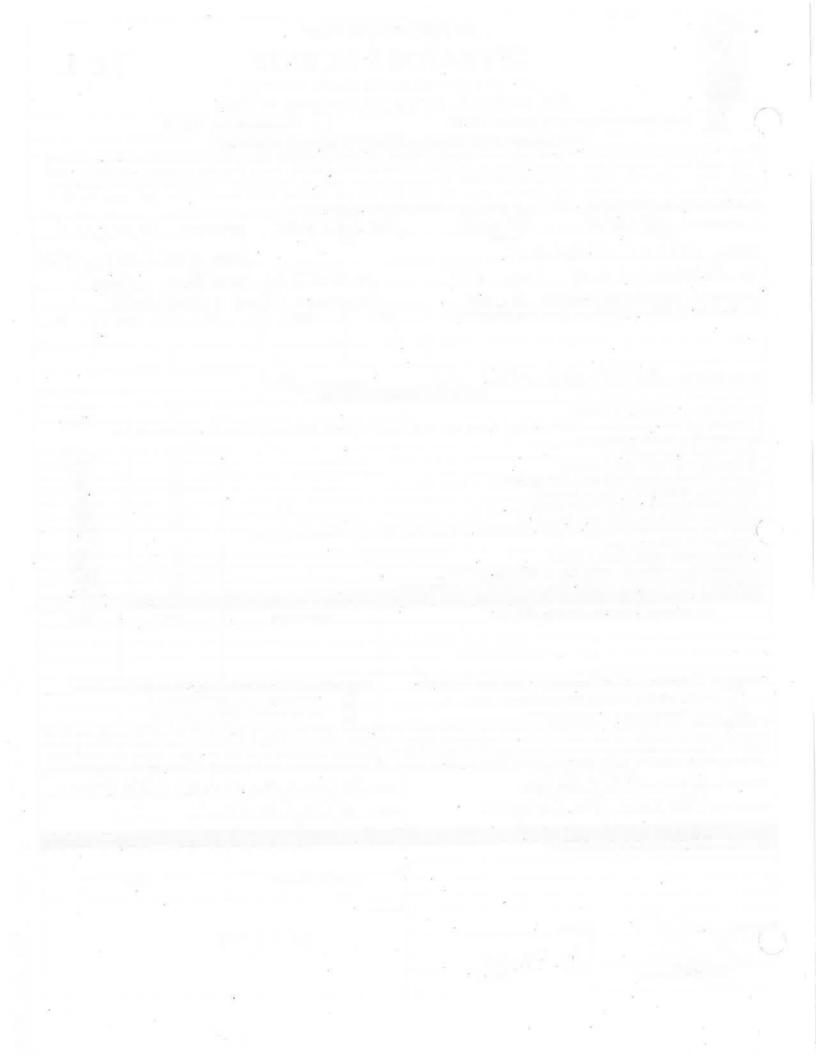


APPLICATION FOR OPERATOR'S LICENSE

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

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New/Renewal Operator's License: \$35.00		Provis	ional Fee	: \$15.00		
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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		(Na
f) Any alcohol related violation other than a, b, c, d, and e?				Yes		(No)
;) Sale of legal or illegal drugs to include prescription medications or possession of any	h Irnalli v	rues to include proceduti		Yes	_	(No)
medications not prescribed to you?	y megai a	rugs to include prescription	on		3	
h) Fighting, disorderly conduct, assault, or battery?				Yes		No)
i) Resisting arrest, interfering with a police officer or obstructing an officer?				Yes	- 5	No)
j) Any crime or ordinance violation not listed above other than traffic or parking tickets	c2			Yes		(No)
5. For each YFS response in #3 your must identify all violations below that the	31	The continue because of the state of		Yes	(No)
5. For each YES response in #3, you must identify all violations below. Attach addition	al sneets	if necessary or continue	on the back	of this applicat	tion.	High arxives
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE		MONTH/YEAR		CITY		STATE
	_					
unit is a second of the second						
Within the last two (2) years, did you have and/or complete one of the following:	A	ttach certificate of comp	letion for Re	sponsible Alcol	nol Servers C	ourse
Successfully completed a Responsible Alcohol Servers Course		An alcohol age	nt for a retail	alcohol license	3	
Held an Operator's License issued in Wisconsin		The second secon		alcohol license		
6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person statements herein are complete, true and correct. I further understood a full health and	who mae	n and almost the forces	tare of recal	arearior incerise		
do further agree to comply with all laws, resolutions, ordinances, and regulations, feder	al, state	or local affecting the sale	of fermented	malt heverage	s and intoxic	ating liquos
		0 4 000 10			Sand Intoxic	ating ildubis:
Signature: West / Children	Email: (amenin	01114	uke lo	2(0) (5)	mall
Printed Name (ARMEN) MOTO TURE		1//11/2	111	1	-	11.7/
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FOR MUNICIPALITY USE (ONLY BEI	OW THIS LINE				
lice Department Recommendation and Comments:						
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Police Chief's Signature Date						
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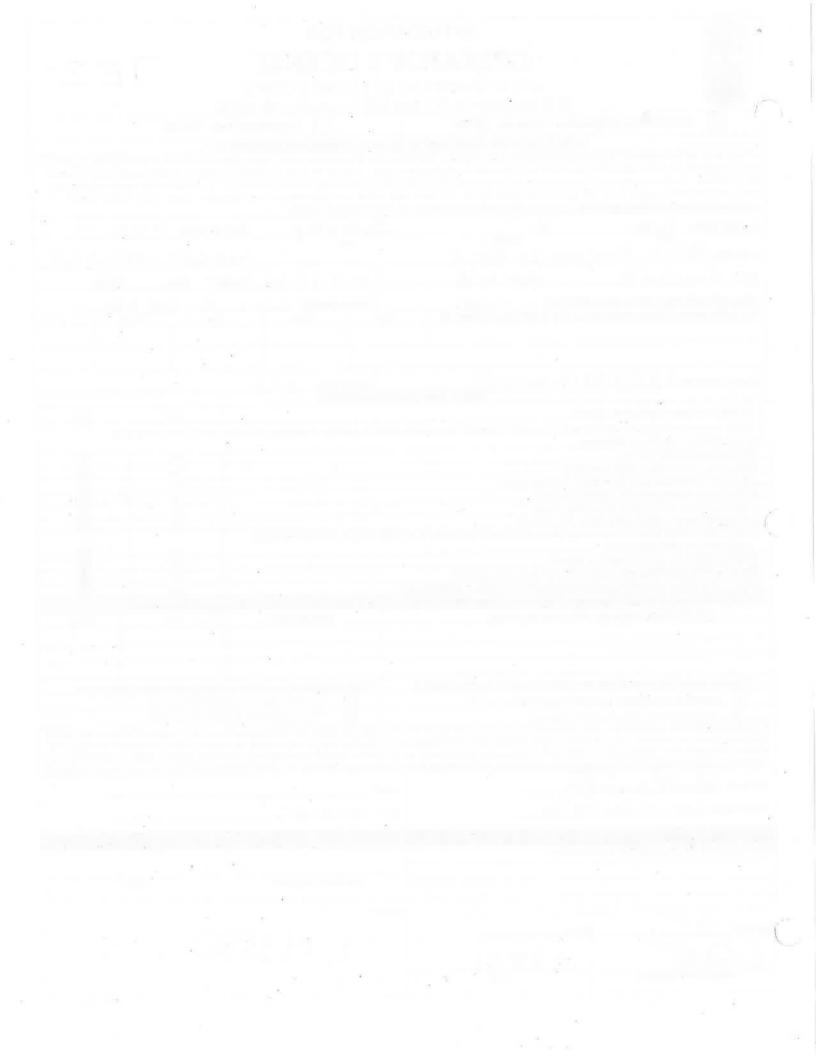
APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

7EZ

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

New/Penewal Operator's Licenses, C2F 00			22220	4	_	
New/Renewal Operator's License: \$35.00				e: \$15.0	0	
NOTE: APPLICATION FEE WILL NOT BE	REFUNDE	D IF DENIED OR WITH	DRAWN.			
A Police check will be completed. Please read carefully and answer honestly. Falsification cannot reapply for a 6 month period from date of denial. If you have any doubt as to	ation and/o	f misrepresentation may	be groun	ds for deni	al of license/p	ermit. Applicant
the information. If you are unsure about how to respond to any questions on this for	m, check w	ith the City Clerk for clari	ication V	ou can obta	ain information	rogording upon
arrest and conviction record from the police department and/or the court	with which	n vou interacted or t	ne Wisco	nsin Circu	it Court Acce	ss website at:
https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive li	ist of all arr	ests/convictions).			_	TO TRADUITO DE
1. LEGAL NAME: LISC. A	Sin	nentag	DATE	OF BIRTH:	7.	
First saidale	-011	Last	DATE	JF BIKTH.		
ADDRESS: 6			PHON	F: 1		
CITY: EVANSUILLE STATE: WI		= 3 1	1.11014			
CITY: EVANSUITE STATE: WIL	ZI	p: 53536	Gende	r: Mal	e Eer	nalg
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?	Fo	rmer Name(s): L	· 0 .	A 1	110 6 11	0
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State		Zip	From	To
		State		LIP	Prom	То
Driver's License No	Is	ulng State: 🔾 🕽	_			
ARREST AND CO	NVICTION	RECORD				
2. Have you ever been convicted of a felony?		1		Ye.	s	(170)
3. Within the past ten (10) years, have you been arrested for, received a summons to	appear in	court for, or forfeited a l	ond for a	ny of the f	ollowing in the	
City or Evansville or the State of Wisconsin?		.,		y or ene r	one on the	
a) Any underage alcohol violation?				Ye	s	প্রত
b) Operating a motor vehicle while intoxicated?				Ye:	5	(No)
c) Selling or furnishing alcoholic beverages to underage person?				Yes	S	(10)
d) Permitting underage person on licensed premises? e) Allowing persons on licensed premises after closing?				Yes	5	(No)
f) Any alcohol related violation other than a, b, c, d, and e?				Yes		MO
g) Sale of legal or illegal drugs to include prescription medications or possession of an	u illogal de	res to include executation		Yes	5	(N9)
medications not prescribed to you?	y megarori	igs to include prescription	١	Vac		-
h) Fighting, disorderly conduct, assault, or battery?				Yes		(10)
i) Resisting arrest, interfering with a police officer or obstructing an officer?				Yes		(Mg)
j) Any crime or ordinance violation not listed above other than traffic or parking ticket						10.110
				Yes		(NO)
		f necessary or continue	on the bac	Yes k of this ar	oplication.	(NO)
		f necessary or continue of	on the bac	k of this ag	oplication.	
For each YES response in #3, you must identify all violations below. Attach addition			on the bac	Yes tk of this ag	oplication.	STATE
For each YES response in #3, you must identify all violations below. Attach addition			on the bac	k of this ag	oplication.	
5. For each YES response in #3, you must identify all violations below. Attach addition			on the bac	k of this ag	oplication.	
5. For each YES response in #3, you must identify all violations below. Attach addition TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	nal sheets	MONTH/YEAR		ck of this ag	pplication,	STATE
5. For each YES response in #3, you must identify all violations below. Attach addition TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE Within the last two (2) years, did you have and/or complete one of the following:	nal sheets	MONTH/YEAR	tion for R	ck of this ag	pplication.	STATE
5. For each YES response in #3, you must identify all violations below. Attach addition TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE Within the last two (2) years, did you have and/or complete one of the following: Successfully completed a Responsible Alcohol Servers Course	nal sheets	MONTH/YEAR	tion for R	ck of this ag	pplication.	STATE
Successfully completed a Responsible Alcohol Servers Course Held an Operator's License issued in Wisconsin Held an Operator's License issued in Wisconsin	nal sheets i	MONTH/YEAR ach certificate of comple An alcohol agen The sole proprie	tion for R	cr Cr Responsible all alcohol li	Alcohol Serve	STATE rs Course
Successfully completed a Responsible Alcohol Servers Course Held an Operator's License issued in Wisconsin CERTIFICATION: I do hereby swear, under penalty of periury, that Lam the person.	Att	MONTH/YEAR ach certificate of comple An alcohol agen The sole proprie	tion for R	ck of this ap CIT Responsible ail alcohol li	Alcohol Serve	STATE rs Course
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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 C. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person statements herein are complete, true and correct. I further understand a full backgrouseration of this application. Additionally, I understand that this application may be denied do further agree to comply with all laws, resolutions, ordinances, and regulations, fede signature: Licenter Sourcest Grant Comments: FOR MUNICIPALITY USE	who made nd investig d if it conta ral, state or Email:	MONTH/YEAR ach certificate of comple An alcohol agen The sole proprie and signed the foregoir ation may be conducted ns any falsification-and the local affecting the sale of	tion for R t for a reta tor of reta g applicat by the Eva at I will not fermente	esponsible ail alcohol li ail alcohol li tion for an ansville Poli ot be able t ed malt bev	Alcohol Serve icense cense operator's lice ce Department o reapply for a erages and into	state rs Course nse, and that all prior to consid-





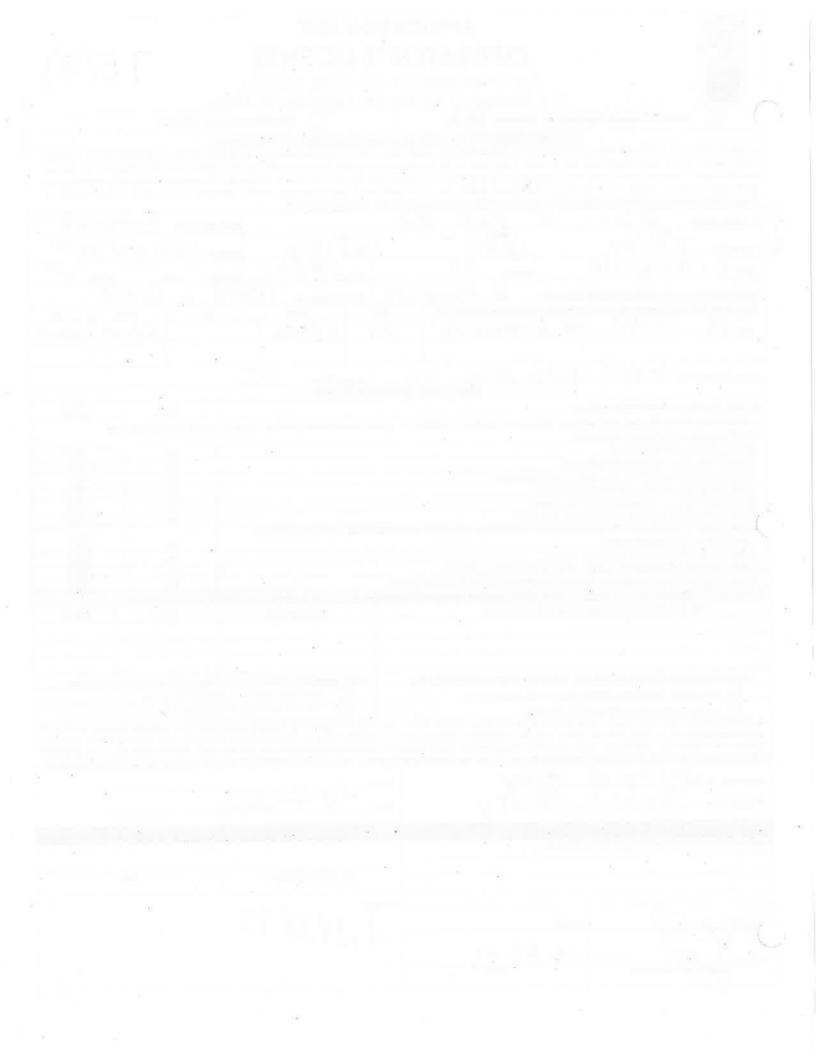
CITY OF EVANSVILLE CITY CLERK'S OFFICE 31 S. Madison St, PO Box 529, Evansville, WI 53536

7 E(3)

New/Renewal Operator's License: \$35.00

Provisional Fee: \$15.00

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NOTE: APPLICATION FEE WILL NOT BE	REFUND	ED IF DENIED OR WITH	DRAWN.		
A Police check will be completed. Please read carefully and answer honestly. Falsifica	ation and	or misrepresentation may	be grounds for d	ental of license/per	mit. 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 sc	pecific incident it i	s recommended the	t vou disaloso
I the information. If you are unsure about how to respond to any questions on this form	m. check i	with the City Clerk for clari	ification You can d	ahtain information r	onardina vous
arrest and conviction record from the police department and/or the court	with whi	ich you interacted, or t	the Wisconsin Ci	rcuit Court Access	website at:
https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive li	ist of all a	rrests/convictions).			
1. LEGAL NAME:			DATE OF BIRTI	4:	
, Middle	11	Last	1		
ADDRESS: TRUCY LYNN	H	ELLEY	PHONE: L -		5 5 A
FVANSILIE III	T		FIIOIVE, C -		_
CITY: EV TTVSV 11 E STATE:		ZIP: クラグム	Gender:	Male Femi	ale
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 6 MONTH	1.8	TO	2110V 1	CIOUD	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		Former Name(s): / K	001 1	· CIUUD	
O CO	City	State	Zip	From	To
299 FRANKLINST. EVANSVITE	WI	53536		2012	2020
					10,10
Driver's License No.:		Issuing State: W	T		
ARREST AND COL					
2. Have you ever been convicted of a felony?	WICHO	IN RECORD			
				Yes	(No)
3. Within the past ten (10) years, have you been arrested for, received a summons to	o appear i	in court for, or forfeited a	bond for any of th	e following in the	
City of Evansville or the State of Wisconsin?					
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? 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 an				Yes	(No)
medications not prescribed to you?	y illegal d	rugs to include prescriptio	1.00	· ·	0
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 ticket	ts?			Yes Yes	No No
5. For each YES response in #3, you must identify all violations below. Attach addition		e lé macronarie de annilleure			CND
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	ilus sinder		on the back of the		
The state of the s	-+	MONTH/YEAR		CITY	STATE
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Within the last two (2) years, did you have and/or complete one of the following:		ttach certificate of comple	ation for Possessi	ble Aleshal Carrier	
Successfully completed a Responsible Alcohol Servers Course	-+-		t for a retail alcoh		Course
Held an Operator's License issued in Wisconsin			etor of retail alcoh		
6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person statements berein are complete, true and correct I further understand a full believe	who mad	de and signed the foregoin	ng application for	an operator's licens	ie, and that all
statements herein are complete, true and correct. I further understand a full backgroun eration of this application. Additionally, I understand that this application may be denied to further agree to comply with all laws agreed to be supplyed to the same to comply with all laws agreed to be supplyed to the same to the same to be supplyed to the same to the same to be supplyed to the same to be su	d if it con	igation may be conducted	by the Evansville	Police Department p	orior to consid-
I do further agree to comply with all laws, resolutions, ordinances, and regulations, feder	ral, state	or local affecting the sale o	of fermented mait i	ne to reapply for a b	month period.
- Dudy & Hellen			in remember mare	beverages and meda	reating riquors.
Signature: Thereof	Email:				
Printed Name: TRUDY L. HELLEY	Date:	4-9-2	021		
Trined Hallie, The Company of the Co	Date:	110			
FOR MUNICIPALITY USE				5.00	
Police Department Recommendation and Comments:	ONLY BE	LOW THIS LINE			
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4-29-2(l '				
Police Chief's Signature Date					15

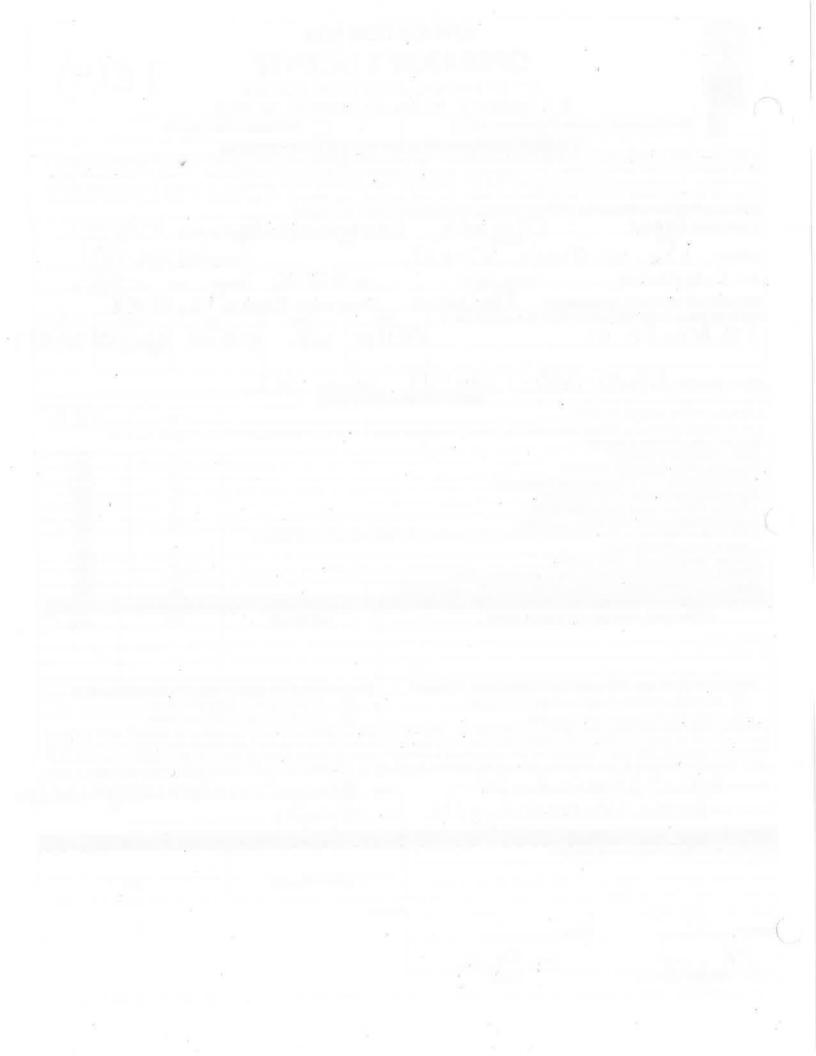




CITY OF EVANSVILLE CITY CLERK'S OFFICE 31 S. Madison St. PO Box 529, Evansville, WI 53536

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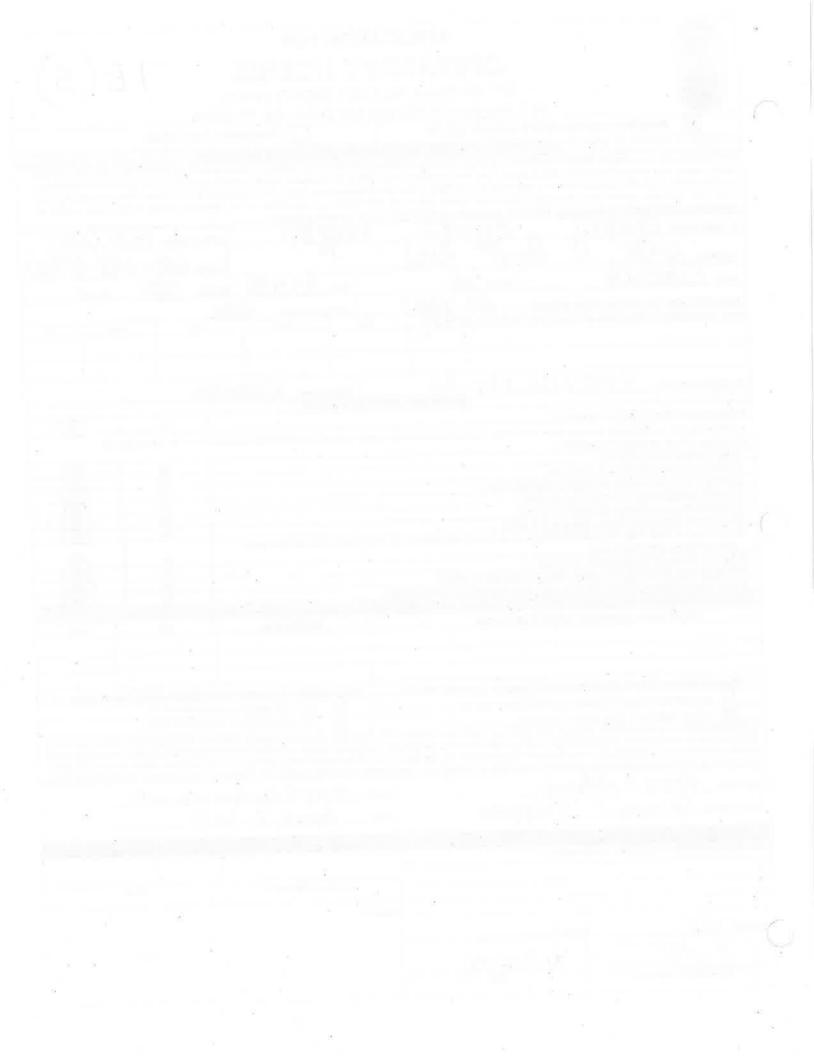
New/Renewal Operator's License: \$35.00				ional Fee	\$15 M	,	
NOTE: APPLICATION FEE WILL NO	T DE DECL	NDED IT			. 713.00	E Co	
A Police check will be completed. Please read carefully and answer honestly. For	alcification	NULU IF	DENIED OR WIT	MDRAWN.		1 - 6 11 - 1	
the information. If you are unsure about how to respond to any questions on the	t as to wheth his form, che	er to inc	ude the facts of a s	pecific incid	ent it is rec	commended the	t you disclose
arrest and conviction record from the police department and/or the c https://www.wicourts.gov/casesearch.htm (CCAP may not provide compreher	cou rt with v	which vo	u interacted or	the Wiscon	sin Circuit	Court Acces	website at:
1. LEGAL NAME: DIAME Elizabeth	Ne	nev	0	DATE O	BIRTH:		
ADDRESS:		Las		PHONE	Ĺ	- H 1"	
CITY: EVANSUILLE STATE: WT		ZIP:	53536	Gender	Male	Ferm	ale
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 3 /2 ULC	N	Forme	r Name(s): Ke	inm	121	HVER	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City		State	Zi	р /	From	To
348 Bree Or M	W! 14	205	LITT	C3C	63	1111128	112 00000
	17 11 7 3	Oil	W	0.00	-	upunor	120001
						J.	
Driver's License No.:	2 2	Issuing	State: W]	~			
ARREST AN	D CONVICT			_			
2. Have you ever been convicted of a felony?	CONTRACT	TOTA ILL	- CAD				
					Yes		(No)
Within the past ten (10) years, have you been arrested for, received a summ City of Evansville or the State of Wisconsin? Any underage alcohol violation?	ons to appea	ar in cou	t for, or forfeited a	bond for ar	y of the fo	llowing in the	0
b) Operating a motor vehicle while intoxicated?					Yes		WO
c) Selling or furnishing alcoholic beverages to underage person?					Yes		Suo
d) Permitting underage person on licensed premises?					Yes		(No
e) Allowing persons on licensed premises after closing?					Yes		(Aug)
f) Any alcohol related violation other than a, b, c, d, and e?					Yes		CNO
g) Sale of legal or illegal drugs to include prescription medications or possession	of any illega	drugs t	include proceinti	on	Yes		(No)
medications not prescribed to you?	or drift mega	ii di dga (i	include prescripti	011	Yes		(Ng)
h) Fighting, disorderly conduct, assault, or battery?					Yes		(46)
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 in #3, you must identify all violations below. Attach as	dditional she	ets if ne	essary or continue	on the back	of this ap	plication.	
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE			MONTH/YEAR	I	CIT		STATE
							JIAIC
		-					
Military the last true (2) years all down to the last true (2)		TT III II C					2.1
Within the last two (2) years, did you have and/or complete one of the follow	wing:		certificate of comp				Course
Successfully completed a Responsible Alcohol Servers Course	wing:		An alcohol age	nt for a retai	l alcohol lic	ense	Course
Successfully completed a Responsible Alcohol Servers Course Held an Operator's License Issued in Wisconsin			An alcohol age The sole propr	nt for a retai	l alcohol lid l alcohol lid	ense ense	
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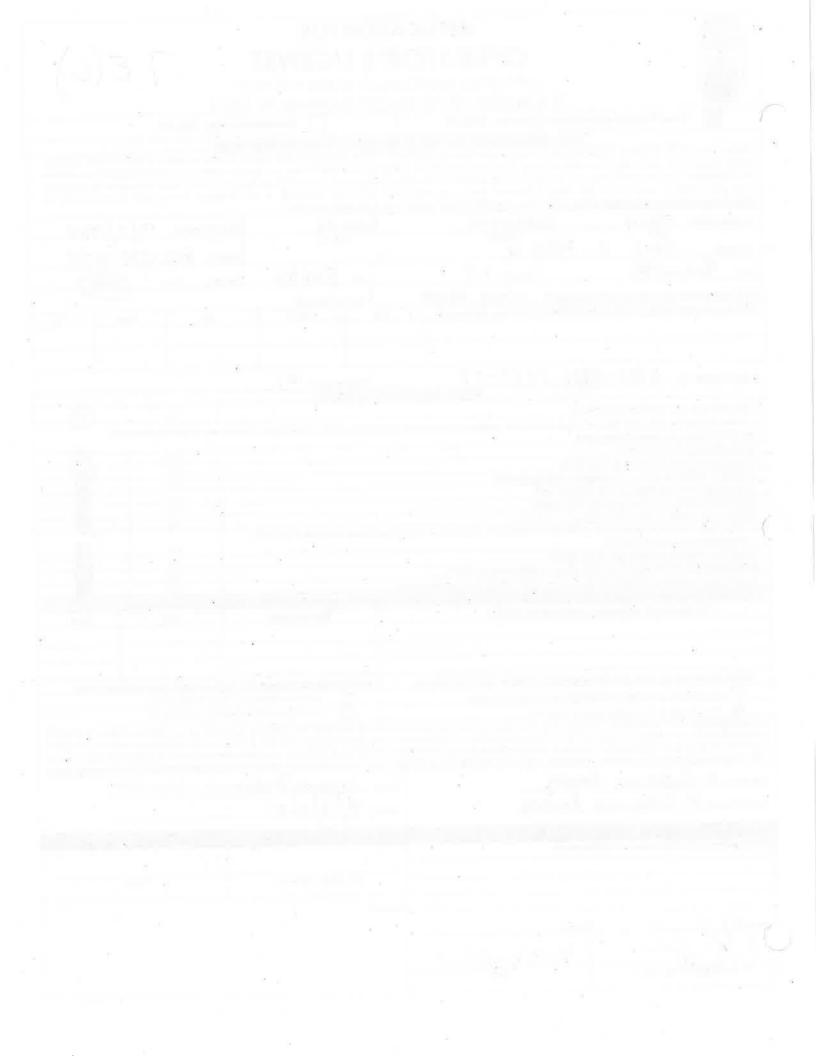
		Prov	isional Fee: \$15.0	00	
A Police check will be completed. Please read carefully and assure	BE REFUNDED IF DE	TEXT VICTOR			
A Police check will be completed. Please read carefully and answer honestly. Falsi cannot reapply for a 6 month period from date of denial. If you have any doubt as	fication and/or misre	presentation	may be prounds for deni	ial of licenses (0.00000
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	e list of all arrests/cor	victions).	The Proposition Circuit	it court Access	website
1. LEGAL NAME: GYRAOVU A BYAND I	tto 1000	00	the service of a service to 1	7	
· First / / Middle / A	- Le light	VI	DATE OF BIRTH:	L	
ADDRESS:	Just		,		
Filonovilla			PHONE.	010	
CITY: LIVE STATE: JAV	ZIP: 5	3531			
HOW LONG HAVE YOU WITH AT ARRIVE TO A CO.	Zir.		Gender: (Male	e Femal	e
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 22 LICENS	Former Na	me(s):	VONE_		
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip	Perdus	-
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Oriver's License No.:	Issuing Sta	W/C	CONSIN		
ARREST AND CO	ONVICTION RECOR	104	WIIDIT	74 7 7 7 7 7 7 7 7 7 7	
. Have you ever been convicted of a felony?	The state of the s	A STATE OF THE STA	Marie Ma	March 1975	100
. Within the past ten (10) years have you been arrested for			Yes	(No)
. Within the past ten (10) years, have you been arrested for, received a summons tity of Evansville or the State of Wisconsin?	to appear in court for	, or forfeited	a bond for any of the fol	lowing in the	
a) Any underage alcohol violation?				and the	
b) Operating a motor vehicle while intoxicated?			Yes	- 1	(No)
c) Selling or furnishing alcoholic beverages to underage person?			Yes		No
Permitting underage person on licensed premises?			Yes		No)
Allowing persons on licensed premises after closing?			Yes		No)
Any alcohol related violation other than a, b, c, d, and e?			Yes		No.
Sale of legal or illegal drugs to include executable				-	No)
Sale of legal or illegal drugs to include prescription medications or possession of an medications not prescribed to you?	ry illegal drugs to Incli	de prescripti	on	- 4	140
) Fighting, disorderly conduct, assault, or battery?	***		Yes		NO
Resisting arrest, interfering with a police office			Yes		No)
Resisting arrest, interfering with a police officer or obstructing an officer?			Yes		No. of Concession, Name of Street, or other Persons, Name of Street, or ot
Any crime or ordinance violation not listed above other than traffic or parking ticket	ts?				No >
For each YES response in #3, you must identify all violations below. Attach addition TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	nal sheets if necessar	v or continue	on the back of this soul	Charles Town	No)
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	Mo	NTH/YEAR	100000000		10.5
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4000					
Within the last two (2) years, did you have and/or complete one of the following:	Attack as alf		Post on a little with the same of the		
Successfully completed a Responsible Alcohol Servers Course	Attach certific	ate of compl	etion for Responsible Ale	cohol Servers Cou	irse
Held an Operator's License issued in Wisconsin			t for a retail alcohol licer		
	☐ Th	e sole proprie	etor of retail alcohol licen	se	
ERTIÉICATION: L do baraba					. 1 11
ements herein are complete true and repeatly of perjury, that I am the person	who made and signer	the foregoing	ig application for an one	arataria linana	
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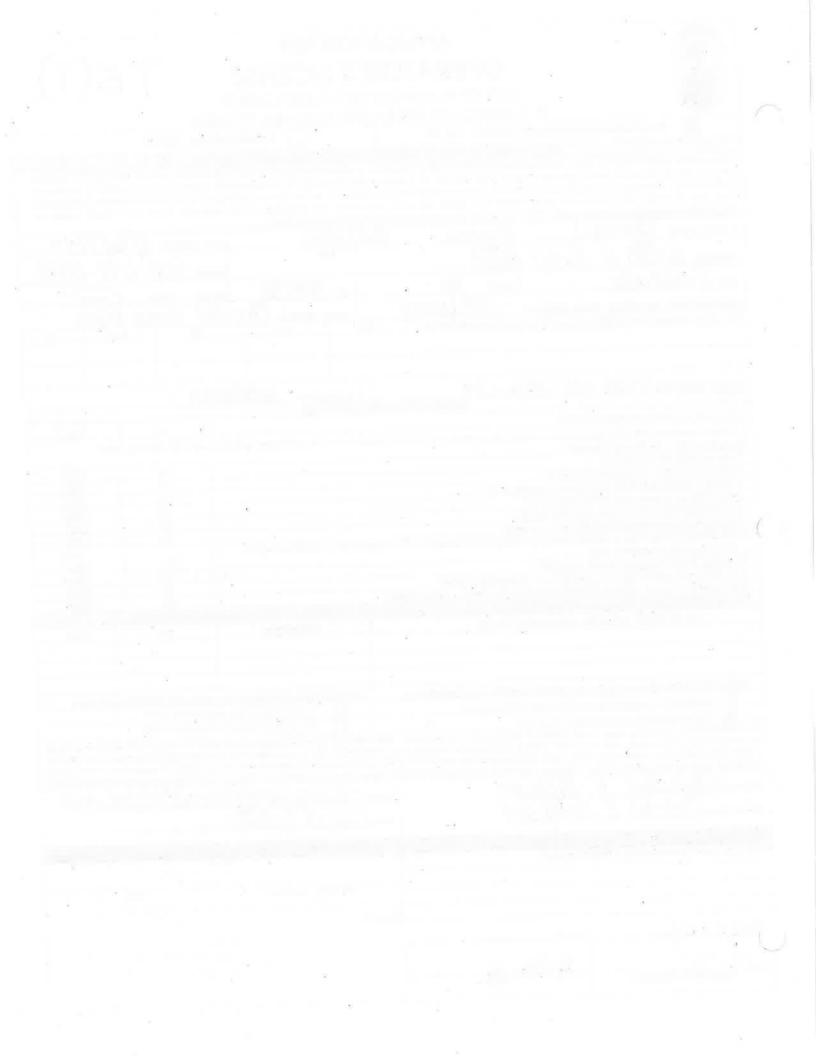
New/Renewal Operator's License: \$35,00	OX 32					
				e: \$15.00		
NOTE: APPLICATION FEE WILL NOT B	E REFUN	DED IF DENIED OR WITH	HDRAWN		5 E15	BAP III
A Police check will be completed. Please read carefully and answer honorty. Entitle	entine an	41-4-4			license/nerr	nit Applicant
			the Wisco	onsin Circuit C	ourt Access	website at:
The provide completionave	list of all	arrests/convictions).				
1. LEGAL NAME: Mary Catherine	R	poney	DATE	OF BIRTH:	, ,	
First Middle		Last	DATE	OF BIRTH:		
ADDRESS:		886	nuon	/	W.5	
CITY: Quansville STATE WI			PHON	E; (
CITY: Wansville STATE: W		ZIP: 53536	Gende	er: Male	Femal	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? almost 28 475		100 (c) (c) (c)		ividic.	(remai	_
Prior Street Address if Above Address is a		Former Name(s):				
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State		Zip	From	То
						1
Deliverde Userna Wei		1411				
Driver's License No.:		Issuing State: W				
ARREST AND CO	ONVICTIO	ON RECORD				
2. Have you ever been convicted of a felony?				Vac		1
3. Within the past ten (10) years, have you been arrested for received a summer of	4			Yes		(No)
3. Within the past ten (10) years, have you been arrested for, received a summons t City of Evansville or the State of Wisconsin?	to appear	in court for, or forfeited a	bond for a	any of the follow	ving in the	
a) Any underage alcohol violation?						
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		(Na)
e) Allowing persons on licensed premises after closing?				Yes		(N)
f) Any alcohol related violation other than a, b, c, d, and e?				Yes		(N)
g) Sale of legal or illegal drugs to include prescription medications or possession of an		La Contraction of the Contractio		Yes		(NO)
medications not prescribed to you?	iny illegal (drugs to include prescription	n			6
h) Fighting, disorderly conduct, assault, or battery?	-			Yes		(G)
i) Resisting arrest, interfering with a police officer or obstructing an officer?				Yes		
J) Any crime or ordinance violation not listed above other than traffic or parking ticke	44-7			Yes		(No)
For each VFS response in #3 you must like the all relationship to the	ers			Yes		(NO)
5. For each YES response in #3, you must identify all violations below. Attach addition	onal sheet	s if necessary or continue	on the bac	k of this applica	tion.	
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE		MONTH/YEAR		CITY		STATE
			-			
White At Land (a)						
Within the last two (2) years, did you have and/or complete one of the following:	1	Attach certificate of comple	etion for R	esponsible Alco	hol Servers C	Ourse
Successfully completed a Responsible Alcohol Servers Course		An alcohol agen	t for a reta	ail alcohol license	0	ourse
Held an Operator's License issued in Wisconsin		The sale proprie	tor of rot-	ail alcohol license		
. CERTIFICATION: I do hereby swear under penalty of period, that I am the many	n tubo ma	4				
tatements herein are complete, true and correct. I further understand a full backgrou ration of this application. Additionally, I understand that this application may be depicted.	n wno ma	de and signed the foregoir	ng applicat	ion for an opera	ator's license,	, and that all
ration of this application. Additionally, I understand that this application may be denie to further agree to comply with all laws, resolutions, ordinances, and regulations, foldoning	ed if it con	tains any faisification and t	by the Eva	insville Police De	partment pri	or to consid-
do further agree to comply with all laws, resolutions, ordinances, and regulations, fede	eral, state	or local affecting the sale of	f fermente	of malt hoverage	pply for a 6 m	ionth period.
M Catharina Rooman	1			1/41		ating ilquors.
gnature: M. Catherine Rooney	Email:	crooneya s	harm	n-law.	com	
rinted Name: M. Catherine Rooney		4/13/2021				
	Date:	1/13/2021				
ce Department Recommendation and Comments:	E ONLY BE	LOW THIS LINE				
se separtment recommendation and comments:			Paid	Yes		
			0.1	100		
		City Clerk's Signature		or to mark the	Date	
W .						
	Receipt	#				
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Poved: Denled:	1		1400			11 22
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4-29-21			6.18	Lat-Militie (F		=
Police Chief's Signature Date			Jen 2	1, 7021, 43:3	(C)54	
Suce				As annual model		





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New/Renewal Operator's License: \$35.00	DOX 52	_		
P		Provis	ional Fee: \$15.0	0
NOTE: APPLICATION FEE WILL NOT A Police check will be completed. Please read carefully and answer honestly. Fall	T BE REFUNI	ED IF DENIED OR WIT	HDRAWN.	第八年本年
cannot reapply for a 6 month period from date of day. I all	isilication and	or misrepresentation ma	be grounds for danis	of license/seeming
			rification. You can obtain	in Information rounding
https://www.wicourts.gov/casesearch.htm (CCAD may not analyor the con	urt with wh	ich you interacted, or	the Wisconsin Circuit	Court Access wobsite
https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensi	live list of all a	rrests/convictions).		COURT ACCESS MEDSILE
1. LEGAL NAME: Christal RIVORIO	Hola	oson		
ADDRESS // OFFICE	1	Last	DATE OF BIRTH:	4
ADDRESS:	•	STEER		
CITY: EVANS VULLE STATE: WI		1.14	PHONE:	
STATE: WI		UP: 53536	Gender: Male	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 23) AONYS	-	N	Gender: Male	(Female)
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		ormer Name(s): ())	ristal KIKO	in thonn
To To Hubitess is cess frian 5 Years State Zip From To	City	State	Zip	
				From To
		1		
Driver's License No.:		1 /6		
APPROPRIEST OF THE PROPERTY OF	Is	suing State: INS	Consin	
2 Have you are been a facility of the second	CONVICTION	RECORD	TOTAL SERVICE STATE	10 - 10 to 10 - 10 to
c. Have you ever open convicted of a felony?			CHI CHANGE CHANGE	7
3. Within the past ten (10) years, have you been arrested for, received a summon	= to =====1		Yes	(No)
3. Within the past ten (10) years, have you been arrested for, received a summons City of Evansville or the State of Wisconsin?	s to appear in	court for, or forfeited a t	ond for any of the folio	owing in the
a) Any underage alcohol violation?				2
b) Operating a motor vehicle while intoxicated?			Yes	(No)
c) Selling or furnishing alcoholic beverages to undersee parcent			Yes	(No.)
of 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 ca			Yes	(No)
gi sale of legal or illegal drugs to include prescription medications and			Yes	(No)
medications not prescribed to you?	any illegal dru	gs to include prescription		
h) Fighting, disorderly conduct assault or hatton?			Yes	No
i) Resisting arrest, interfering with a police officer or obstruction of			Yes	(No.2
If the of ordinalice violation not listed above other than the			Yes	(No.
For each YES response in #3; you must identify all violations below. Attach additional type of ARREST, SUMMONS, VIOLATION OR CHARGE	(ets?		Yes	(No)
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	ional sheets if	necessary or continue or	the back of this applic	ation.
STANCEST, SOMMONS, VIOLATION OR CHARGE		MONTH/YEAR	CITY	
				STATE
Within the last two (2) warm did				
Within the last two (2) years, did you have and/or complete one of the following:	Atta	ch certificate of completi	on for Basnonsible Alex	Luc I
		An alcohol agent f	or a retail alcohol licens	moi Servers Course
Held an Operator's License Iround in William				
		The sole proprieto	r of retail alcohol licens	e
CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person atements herein are complete, true and correct. I further understand a full background ation of this application. Additionally, I understand that this application may be denied further agree to comply with all levels to further agree to comply with all levels.	n wno made a	ind signed the foregoing	application for an oper	ator's license, and that a
ation of this application. Additionally, I understand that this application may be denie	ed if it contain	on may be conducted by	the Evansville Police De	epartment prior to consid
ation of this application. Additionally, I understand that this application may be denie further agree to comply with all laws, resolutions, ordinances, and regulations, federature:	eral, state or in	or ally raisification-and that	I will not be able to rea	pply for a 6 month period
enature: DUSUAU P NODOOO		Conditieding the sale of the	rmented malt beverage	es and intoxicating liquors
The state of the s	Email:	DOUDLASONA	11 offe 11/2	stand pam
inted Name: COVICTOL & Hollow COV		0.10 17 2	MAIC MILL	TURGO (C)
N. WARDEN	Date:	Drive 1,00	71	
	3	7		
e Department Recommendation and Comments:	ONLY BELOW	/ THIS LINE	THE RESERVE	
- Topartment recommendation and Comments:			13 0 10	
	1		Coly of Evansvill	O.
	Clé	u Clask's Classes	2 MI 1.758 1.79 2.3 2	5
		y Clerk's Signature		Date
	Possies #			
want.	Receipt #		****	
Denied:			Receipt: 1.143920	its or
1.6				
4-70 71			CHRISTAL RIVERA	
Police Chief's Signature			Apr 21, 2021 (13:	X4M
Date				
			90	





CITY OF EVANSVILLE

Operator's License Application

City Hall 31 S. Madison St PO Box 76 Evansville, WI 53536 7E(8)

				25			
Prov	isional License	\$15.00	Original License \$	25.00	Renewal Li	cense \$25.00	
J _O First	Shua	Michae!	Bloss V	s license)	Date of E	Birth	
Addr	ess	10000	-	**		WI	535
	Street		C	lity		State Zip	Code
	hone No.:	b-0			er: Male	Female [
Curre	nt Driver's Licer	nse No.:	· · · · · · · · · · · · · · · · · · ·	r- Issuer	in the State	of WI	1
		(If no currer	nt DL, Provide the L	ast Valid Driv	er's License	No.)	
1) 2)	In the last 2 year Certified Responsion No Constitution No Con	may result in may result in may result in ars, have you he insible Beverage Original application apply for a Property of the United States in the United States in many results in the United States in many results in many r	to questions 3-5 belosportation or visit (a delay or denial of) seld a valid Wisconsing Server's Training Continuous require a continuous require a continuous (60 Day) Liculations and additional (70 convicted of any tes?	CCAP's websinour application Operator's Linuse? Oy of either doese? I \$15.00 fee felony or miss	te at http://on. Answer Alicense or com cument.	wcca.wicourts LL questions be pleted a Wisco	s.gov. elow. onsin
4)	Within the last 1	LO years have y	ou been cited and/o	r convicted of			
	Yes No Sourt:	If yes, state n	ville or State of Wisco	onsin? if applicable t	he conviction	date and nam	ė of
	regula	ating the sale of	ou been cited and/or of fermented malt be ature of offense and	verages or int	oxicating liqui	ors?	

I hereby apply for a license to serve Fermented Malt Beverage and Intoxicating Liquors, subject to the limitations imposed by Section 125.32 (2) and 125.68 (2) of the Wisconsin State Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted me. I understand that the Provisional License expires 60 days after issuance and the Original License expires on the second June 30th after issuance (unless revoked prior to expiration).

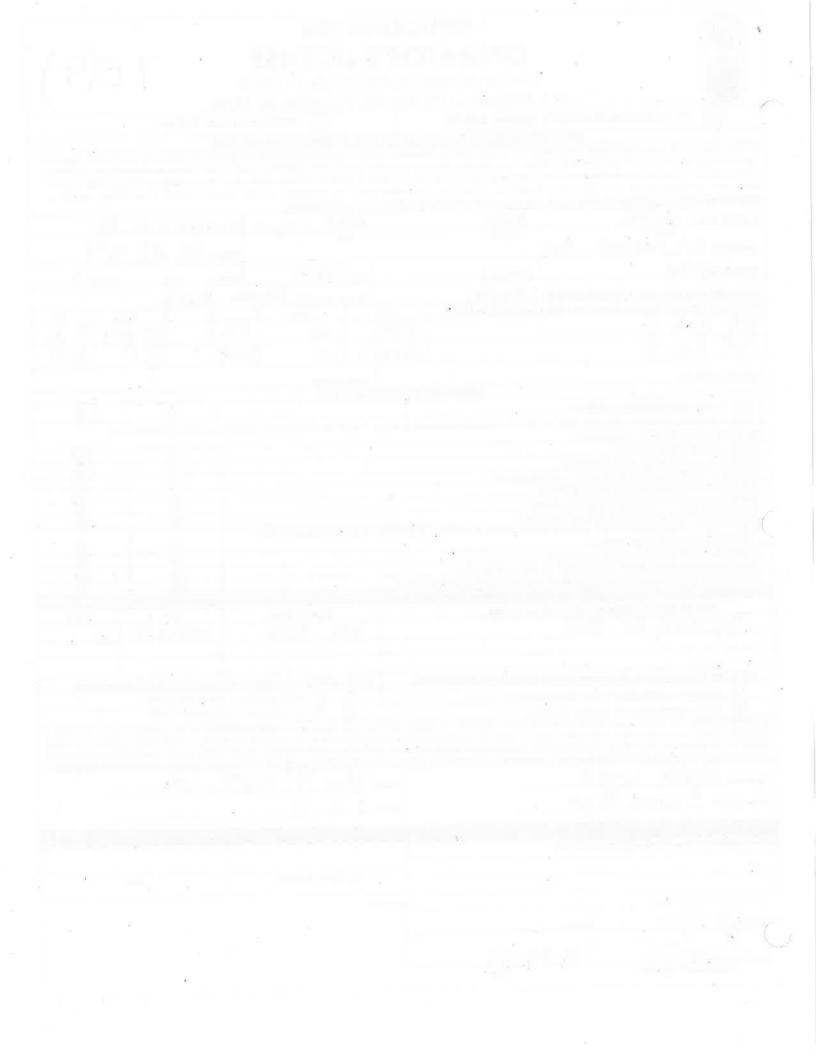
I certify that I am a citizen of this application are true and may result in the denial of the second control	d correct, and I agree	that any miss	tatements o	r omissions of	f material fact
Date: 4-3-21	Signature of Appli	cant:	h Mi	W	
	•				
Provisional License Rece					
Police: Recommend	Non-Recommend	Signatu	ire/Date:		
Reason for Non-Recommend	dation if Applicable:				
Lic No Issue Da					
Operator's License Recommend	eipt # 1,1450 F	axed	Inj	tials	
Police: Recommend	Non-Recommend	Signat	ure/Date:	1	4-29-21
Reason for Non-Recommend	dation if Applicable:	ν,			
Public Safety Committee: Reason for Denial:					II II
Lic No.	Issue Date:	- see east of the see	-		
Signature/Date:		<i>I</i>			1907



CLERK'S OFFICE

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

New/Renewal Operator's License: \$35.00 Provisional Fee: \$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: DATE OF BIRTH: ADDRESS: PHONE: ~ ZIP: 53534 HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? & MONTH Former Name(s): Prior Street Address if Above Address is Less Than 5 Years State Zip From To City beloit Wi 901 30 Driver's License No.: Issuing State: ARREST AND CONVICTION RECORD 2. Have you ever been convicted of a felony? Yes Ng 3. 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 in the City of Evansville or the State of Wisconsin? a) Any underage alcohol violation? Yes b) Operating a motor vehicle while intoxicated? Yes c) Selling or furnishing alcoholic beverages to underage person? Yes d) Permitting underage person on licensed premises? Yes e) Allowing persons on licensed premises after closing? Yes f) Any alcohol related violation other than a, b, c, d, and e? g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription Yes medications not prescribed to you? Yes h) Fighting, disorderly conduct, assault, or battery? Yes N i) Resisting arrest, interfering with a police officer or obstructing an officer? Yes j) Any crime or ordinance violation not listed above other than traffic or parking tickets? Ye S. For each YES response in #3, 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 STATE Within the last two (2) years, did you have and/or complete one of the following: Attach certificate of completion for Responsible Alcohol Servers Course Successfully completed a Responsible Alcohol Servers Course An alcohol agent for a retail alcohol license Held an Operator's License issued in Wisconsin The sole proprietor of retail alcohol license 6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification-and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors. FOR MUNICIPALITY USE ONLY BELOW THIS LINE Police Department Recommendation and Comments: City Clerk's Signature Date Receipt # Receipt L. 19375 THE RESIDENCE OF THE PERSON. Police Chief's Signature

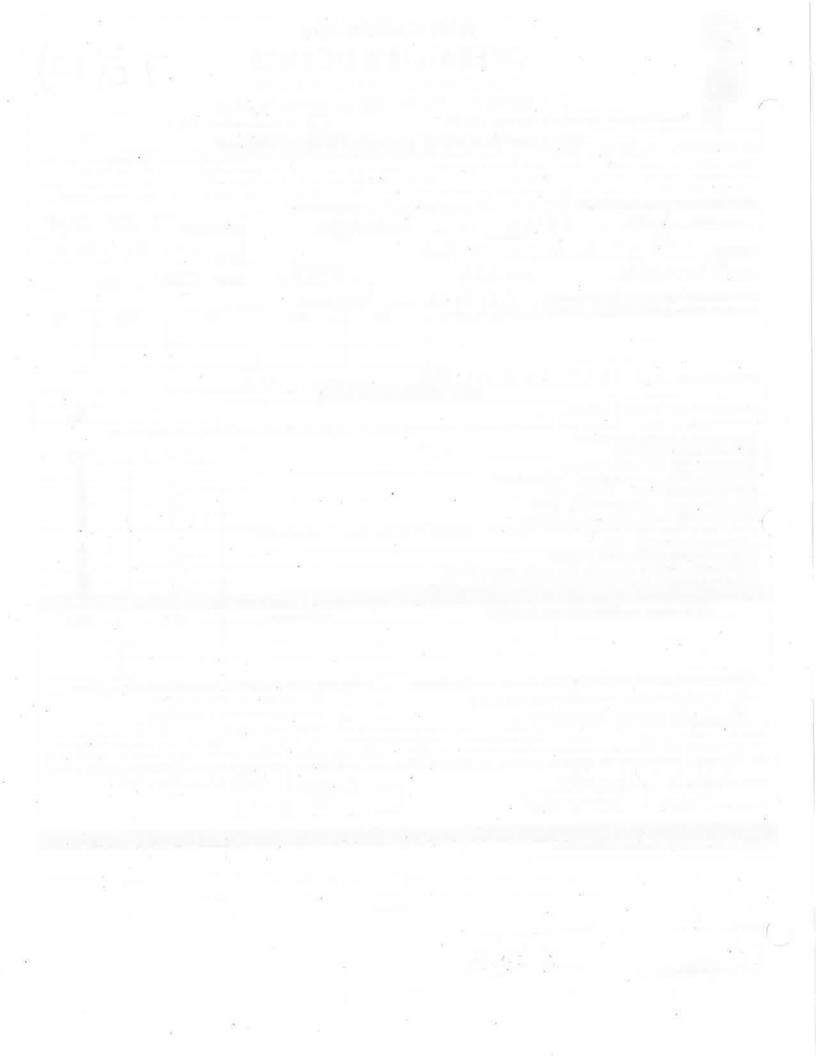




CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

New/Renewal Operator's License: \$35.00	JA 327, L		ional Fee:	\$15.00	
NOTE: APPLICATION FEE WILL NOT BE	REFLINDED	E DENIED OR WIT	UDD AWAI		
A Police check will be completed. Please read carefully and answer honestly. Faisifica cannot reapply for a 6 month period from date of denial. If you have any doubt as to the information. If you are unsure about how to respond to any questions on this forr arrest and conviction record from the police department and/or the court of https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive lies).	whether to in m, check with	nisrepresentation miclude the facts of a the City Clerk for cla	ay be ground: specific incide	ent it is recommend	led that you disclose
	chnei			T T	
First Middle - 1		st	DATE OF	BIRTH: '	
ADDRESS:	7		PHONE:		ار
CITY: EVOURS VILLE STATE: WIT.	ZIP:	53536	Gender:	Male	Female
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 26 445	Form	er Name(s):			
Prior Street Address If Above Address is Less Than 5 Years State Zip From To	City	State	Zip	Fre	om To
					10
Driver's License No.:	Issuin	g State: W	T		
ARREST AND COM	NVICTION RE				
2. Have you ever been convicted of a felony?				Yes	100
3. Within the past ten (10) years, have you been arrested for, received a summons to	appear in cou	irt for, or forfeited :	bond for am	of the following is	n the
The state of the state of Asistonismi.		voly or rorrented t	DOTIG TOT BIN	or the following in	n the
a) Any underage alcohol violation? b) Operating a motor vehicle while intoxicated?				Yes	10
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	v illegal drugs	n include prescripti	nn	Yes	No
medications not prescribed to you?	1 11000	- prescripti	J.,	Yes	No
h) Fighting, disorderly conduct, assault, or battery?				Yes	No
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	s?			Yes	(NO)
5. For each YES response in #3, you must identify all violations below. Attach addition	nal sheets if ne	cessary 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 comp	letion for Res	ponsible Alcohol Se	ervers Course
Successfully completed a Responsible Alcohol Servers Course					
Held an Operator's License issued in Wisconsin		1 The sole propr	etor of retail.	alcohol license	
6. CERTIFICATION: I do hereby swear, under penalty of perjury that I am the person	who made an	d signed the forego	ing application	n for an operator's	ilicense and that al
eration of this application. Additionally, I understand that this application may be denied do further agree to comply with all laws, resolutions, ordinances, and regulations, feder					
	on state of roc				
ignature: 10m2 / Jammor	Email:S	10HN 164	86 CV	narter, n	61
rinted Name: John C: Jehnelder	Date	4-8-	71		
	Date:	1 0			
FOR MUNICIPALITY USE	ONLY BELOW	THIS LINE			
ice Department Recommendation and Comments:		THIS CINE			
			SEIG F	31	
	City	Clerk's Signature	1/12	Dat	e
	Receipt #				
Denied:					ETTE SHOT SH
/ 1/ //			9800-029	5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	25 25
4-29-21			(et :-	and a com	
Police Chief's Signature Date			410 00	100 01000	

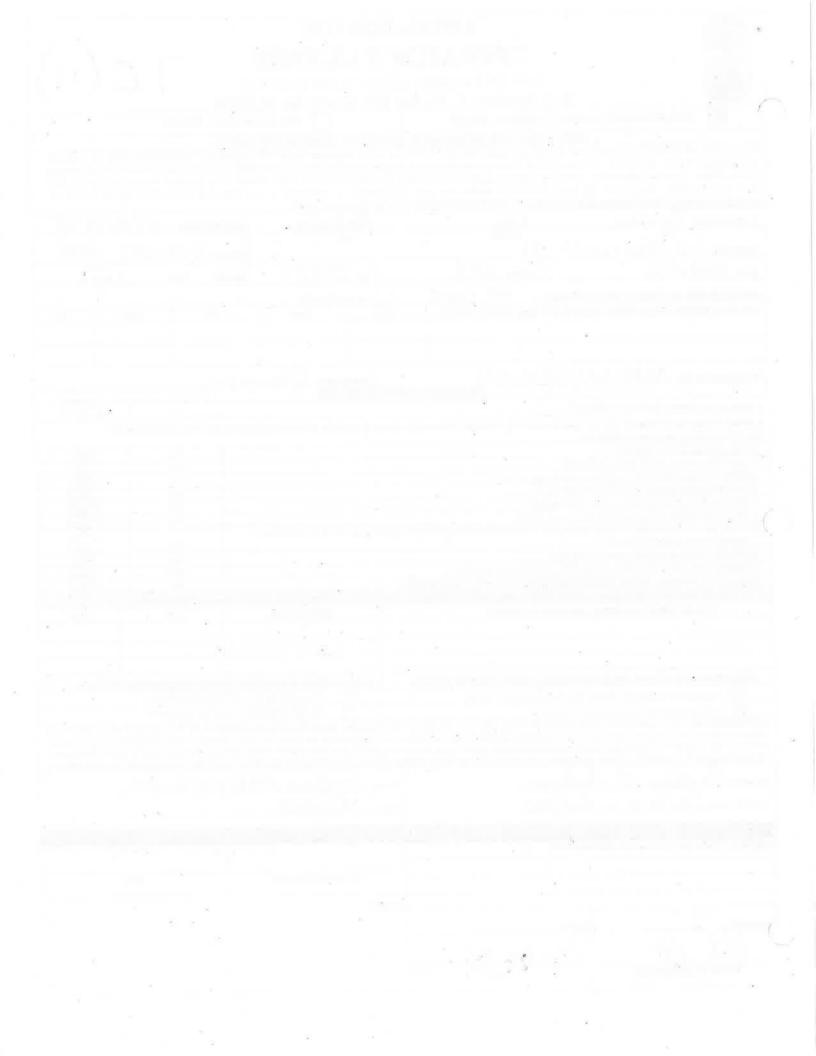




CITY OF EVANSVILLE CITY CLERK'S OFFICE 31 S. Madison St, PO Box 529, Evansville, WI 53536

7 E (11)

New/Renewal Operator's License: \$35.00			Pro	ovisional F	Fee: \$15.0	00	
NOTE: APPLICATION FEE WILL NOT	BE REFU	NDED I	DENIED OR	WITHDRAW	/N.		71-1-V-
A Police check will be completed. Please read carefully and answer honestly. Fal cannot reapply for a 6 month period from date of denial, if you have any doubt a the information. If you are unsure about how to respond to any questions on this arrest and conviction record from the police department and/or the cohttps://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehens	Isification are as to wheth s form, checurt with w	nd/or m er to ind ck with to which w	isrepresentation is in the city Clerk for the city	on may be gro	ounds for den	ecommended the	at you disclose
1. LEGAL NAME: Candace Lee		0	drews	DAT	TE OF BIRTH:		•
First Middle		La	st	Un.	L OF BIRTH.		E.
ADDRESS:				PHO	DNE: (~
CITY: FOOTVILLE STATE: WI		ZIP:	53537	Ger	nder: Ma	ale (Ferr	rale
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 20 Years		Form	er Name(s):				
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City		State		Zlp	From	To
							_
^			20.00				
Driver's License No.: ARREST AND	CONNECT	Issuin	g State: LU	15cons	in		
2. Have you ever been convicted of a felony?	CONVICT	IUN RE	COKD		T v		1
3. Within the past ten (10) years, have you been arrested for, received a summo	ns to annea	r in cou	et for or forfe	ited a bond fo		es following in the	(No)
City of Evansville of the State of Wisconsin?			it ioi, or ione	ited a build it	n any or the	ronowing in the	
a) Any underage alcohol violation? b) Operating a motor vehicle while intoxicated?					Ye	es	(No)
c) Selling or furnishing alcoholic beverages to underage person?						es es	(No)
d) Permitting underage person on licensed premises?	2		++-		Ye	es	(No)
e) Allowing persons on licensed premises after closing?					Ye		(No.)
f) Any alcohol related violation other than a, b, c, d, and e? g) Sale of legal or illegal drugs to include prescription medications or possession of	of novillana	I day as I	a ta di di basa		Ye	25	(No)
medications not prescribed to you?	or any mega	i arugs i	o include pres	cription	Ye	25	(NA)
h) Fighting, disorderly conduct, assault, or battery?					Ye		
i) Resisting arrest, interfering with a police officer or obstructing an officer? j) Any crime or ordinance violation not listed above other than traffic or parking to	11				Ye		(No.)
5. For each YES response in #3, you must identify all violations below. Attach add	litional the	ats if no	cossary or con	tinua on the	hack of this a	es lle state	(No)
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE		445 17 110	MONTH/YE			ITY ITY	STATE
			1				JINIE
Within the last two (2) years, did you have and/or complete one of the follow	ing:	Attach	certificate of	completion fo	r Responsibl	le Alcohol Server	s Course
Successfully completed a Responsible Alcohol Servers Course			An alcoho	ol agent for a	retail alcohol	license	
Held an Operator's License issued in Wisconsin			The sole p	proprietor of r	etail alcohol	license	
6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the perstatements herein are complete, true and correct. I further understand a full backge attempts application. Additionally, I understand that this application may be did of urther agree to comply with all laws, resolutions, ordinances, and regulations,	ground inve enied if it co	istigatio intains :	n may be cond	lucted by the	Evansville Pol	lice Department	prior to consid-
/·- // A			Α.				acating iiquors.
	Emai		undrews 1/1/202	OISE	gmaile	com	
Printed Name: <u>Candace L. Andrews</u>	Date	:	111202	1	-		
FOR MUNICIPALITY	LISE ONLY	BELOW	THIS LINE		2		
plice Department Recommendation and Comments:	OSE CIVET	DLLOW	THIS LINE	i i	d (6):		
					161, 137,4	continue	8
		City	Clerk's Signat	ure	J	Date	-
	Receip	t#					
proved Denied:							S TOLENIES
7) 0 /				205		0.00	75
4-29-21				nd.	A 12 197	S. Ford	
Police Chief's Signature Date					15, 12		
							N



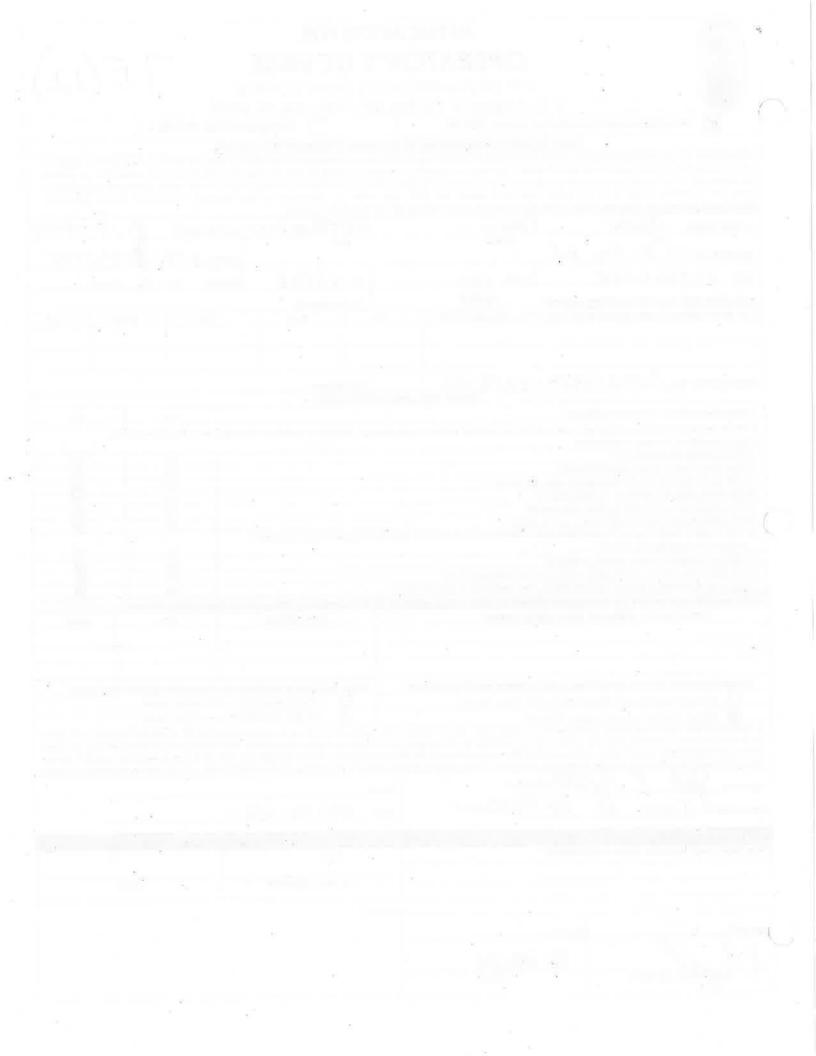


CITY OF EVANSVILLE CITY CLERK'S OFFICE

7 E(12)

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

New/Renewal Operator's License: \$35.00		Provision	onal Fee:	\$15.00		
NOTE: APPLICATION FEE WILL NOT	BE REFUN	DED IF DENIED OR WITH	DRAWN.	<u> </u>		_
A Police check will be completed. Please read carefully and answer honestly. Falsi cannot reapply for a 6 month period from date of denial. If you have any doubt as the information. If you are unsure about how to respond to any questions on this arrest and conviction record from the police department and/or the count https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehension)	ification and to whether form, checourt with w	d/or misrepresentation may er to include the facts of a sp k with the City Clerk for clari hich you interacted or t	be grounds pecific Incider	nt it is recomme	ended that you disclose	e
1. LEGAL NAME: JOHN PAUL	5	PETTERSON	DATE OF	RIPTH		-
First / Middle ADDRESS:		Last	PHONE:	, -		8
CITY: EVANSUILLE STATE: CUI,		ZIP: 53536	Gender:	Male X	Female	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 1993	44	Former Name(s):				
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip		From To	
						_
Driver's License No.:		Issuing State:				
ARREST AND	CONVICTI	ON RECORD				
2. Have you ever been convicted of a felony?				Yes	NG	
3. Within the past ten (10) years, have you been arrested for, received a summon City of Evansville or the State of Wisconsin?	s to appea	in court for, or forfeited a	bond for any	of the followin	g in the	
a) Any underage alcohol violation?				Yes	Ng	
b) Operating a motor vehicle while intoxicated?				Yes	Na.	_
c) Selling or furnishing alcoholic beverages to underage person?				Yes	Nyc	
d) Permitting underage person on licensed premises? e) Allowing persons on licensed premises after closing?				Yes	M.	
f) Any alcohol related violation other than a, b, c, d, and e?				Yes	NDK	
g) Sale of legal or illegal drugs to include prescription medications or possession of	f any illogal	device to include proceedable		Yes	300	
medications not prescribed to you?	r amy megai	arugs to include prescriptio	n	Yes	2	
h) Fighting, disorderly conduct, assault, or battery?				Yes	DAG.	_
i) Resisting arrest, interfering with a police officer or obstructing an officer?				Yes	<u>>√6</u>	
j) Any crime or ordinance violation not listed above other than traffic or parking tio	ckets?			Yes	N/IS	_
5. For each YES response in #3, you must identify all violations below. Attach add	itional shee	ts if necessary or continue	on the back o	of this application	on.	
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	ng:	Attach certificate of comple	etion for Res	ponsible Alcoho	ol Servers Course	
Successfully completed a Responsible Alcohol Servers Course		An alcohol agen	t for a retail a	alcohol license		
Held an Operator's License issued in Wisconsin		☐ The sole proprie				
 CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the perstatements herein are complete, true and correct. I further understand a full backgration of this application. Additionally, I understand that this application may be dedo further agree to comply with all lays, resolutions, ordinances, and regulations, fermances. 	round inve	stigation may be conducted	by the Evans	ville Police Depa	artment prior to consid	d-
ignature: Joh Petterson	- 1	:				
rinted Name: JOHN P. DEHERSON		04-02-20	21	las .		
FOR MUNICIPALITY L	USE ONLY	ELOW THIS LINE				
ice Department Recommendation and Comments:	OJE ONET E	ELOW THIS LINE	186 1 8			
		0) 01 11 0		- Ingapania In		_,
		City Clerk's Signature		A STREET	Date	
	Receipt	:#				
proyed: Denied:			-	and the same		
(1) A 4-29-21	E.	e 2	基本	. 1 493 million No.		
Police Chief's Signature Date			ent 75	. kekt malu	Įų.	



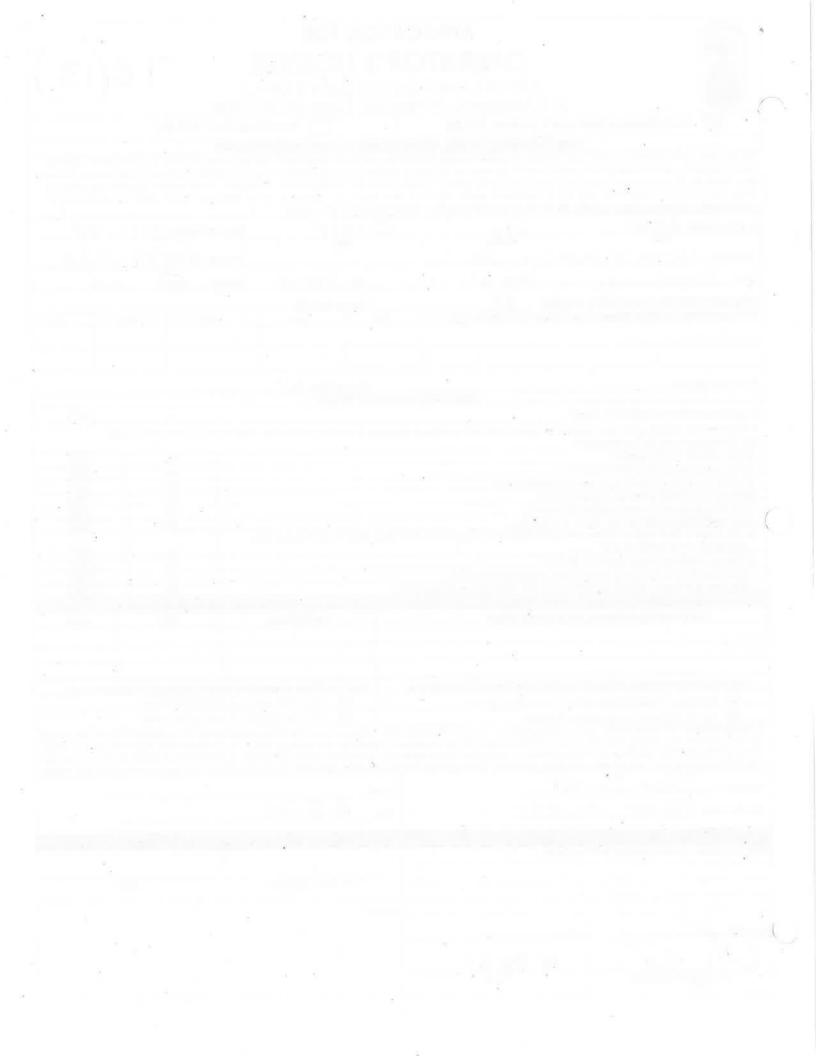


CITY OF EVANSVILLE CITY CLERK'S OFFICE

7 E(13)

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

New/Renewal Operator's	License: \$35.00		Pro	ovisional Fe	e: \$15.00		
NOTE: AP	PLICATION FEE WILL NOT BE	REFUND	ED IF DENIED OR	WITHDRAWN		1544	7-11-11
A Police check will be completed. Please read careful cannot reapply for a 6 month period from date of dethe information. If you are unsure about how to respartest and conviction record from the police of https://www.wicourts.gov/casesearch.htm (CCAP)	ally and answer honestly. Falsificential. If you have any doubt as to pond to any questions on this for the court	ation and, whether m, check with whi	or misrepresentation to include the facts with the City Clerk for interacted	on may be ground of a specific income clarification.	inds for denial o	nmended that	you disclose
1. LEGAL NAME: ALLAN	1 = 1	1/.,	Inco	- L			
First	Middle	HU	Last	DATE	OF BIRTH:		
ADDRESS: /				PHOI	NE.		
CITY: EVANSULLE	STATE: W/		ZIP: 53536			Female	e
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?	50		Common Name (a)				
Prior Street Address if Above Address is Less Than 5		City	Former Name(s): State	-	Zip	From	To
		Gity	State		Zip	rroin	То
	2.		ľ				
			10 500	,			
Driver's License No.:	ADDECT AND CO		ssuing State: K				
2. Have you ever been convicted of a felony?	ARREST AND CO	INVICTIO	N RECORD		T		
					Yes		(No)
Within the past ten (10) years, have you been arrolled of Evansville or the State of Wisconsin?	ested for, received a summons to	o appear i	in court for, or forfei	ited a bond for	any of the follo	wing in the	
a) Any underage alcohol violation?					Yes		(No)
 b) Operating a motor vehicle while intoxicated? c) Selling or furnishing alcoholic beverages to under 					Yes		NO
d) Permitting underage person on licensed premises	ige person?				Yes		NO
e) Allowing persons on licensed premises after closing	ng?				Yes 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	n medications or possession of ar	ny illegal d	rugs to include pres	cription	100		0.0
medications not prescribed to you?				· ·	Yes		(No)
h) Fighting, disorderly conduct, assault, or battery?	7				Yes		(No)
 i) Resisting arrest, interfering with a police officer or j) Any crime or ordinance violation not listed above of 	obstructing an officer?				Yes		No
5. For each YES response in #3, you must identify all	ulalations below Attach addition	ts?			Yes	and the latest and	(No)
TYPE OF ARREST, SUMMONS, VIOLATION	OR CHARCE	mai sneet				cation.	TO SHEET WAS A
The state of the s	TOR CHARGE		MONTH/YE	AR	CITY		STATE
	35 - H-49						
The state of the s							
Within the last two (2) years, did you have and/or		A	ttach certificate of	completion for	Responsible Ald	cohol Servers C	ourse
Successfully completed a Responsible Alcol	nol Servers Course		An alcoho	ol agent for a re	etail alcohol licer	ise	Marco
Held an Operator's License issued in Wisco	nsîn				etail alcohol licen		
statements herein are complete, true and correct. I fu	of perjury, that I am the persor	and invest	igation may be cond	lucted by the F	vancuilla Dalica I	Janzelmant ne	ing to consid
eration of this application. Additionally, I understand to do further agree to comply with all laws, resolutions,	nat this application may be denie	ed if it cont	tains any faisification	rand that I will	not be able to re	annly for a 6 n	anoth nation
	oranionees, and regulations, rede	Tai, state	or local affecting the	sale of fermer	ited mait bevera	ges and intoxic	ating liquors.
Signature: Clean Hurst	8	Email:					
Printed Name: ALLAN HURS	57	Date:	4.8-3	21			
		Date:	1 0				
	FOR MUNICIPALITY USE	E ONLY BE	LOW THIS LINE	-		-	
lice Department Recommendation and Comments:			TO THIS LINE	Desta	Tree.		
		-		S-91	d lo:		
		-	City Clerk's Signat	ure	CHI IS THUS	Date	
		-	^				
		Receipt /	‡ ₁₀				
proyed: Denied:				24.4	11 11 11 14 14 15 16 11 14 14 16		H - 1 - 1 - 1 - 1 - 1 - 1
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Police Chief's Signature	Date	1		171	Tay 2021 1	27.	
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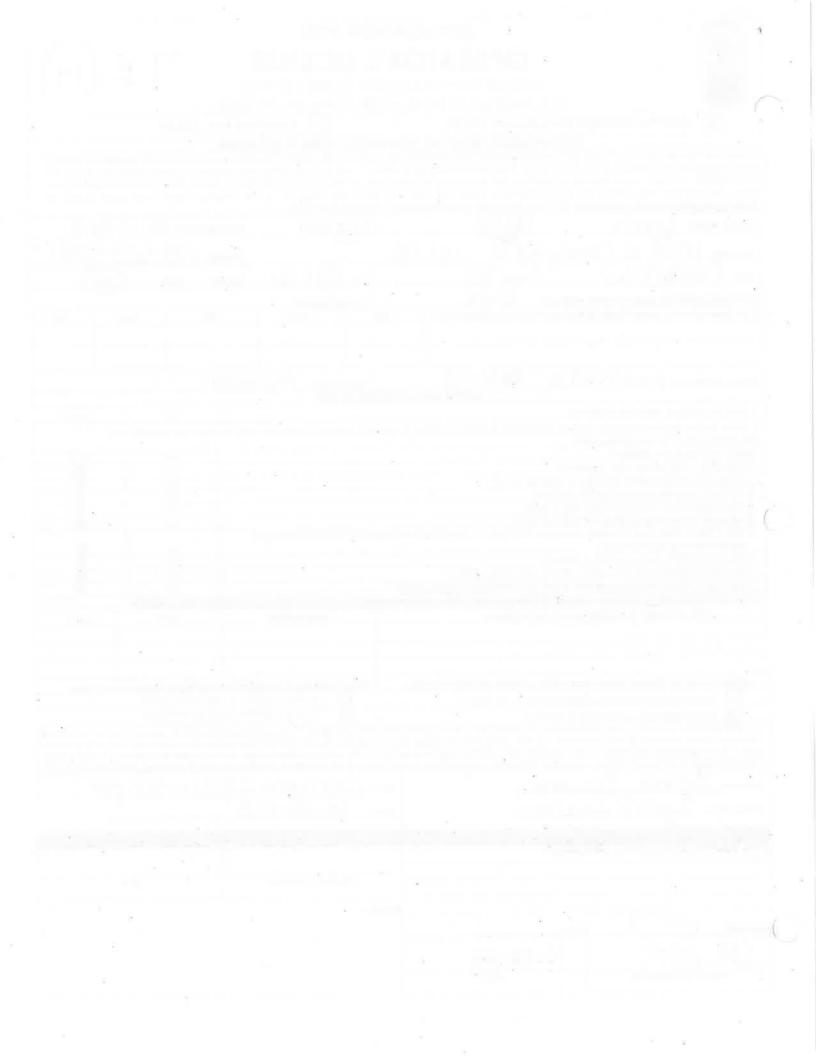
CITY OF EVANSVILLE CITY CLERK'S OFFICE
31 S. Madison St, PO Box 529, Evansville, WI 53536

7 E (14)

New/Renewal Operator's License: \$35.00

Provisional Fee: \$15.00

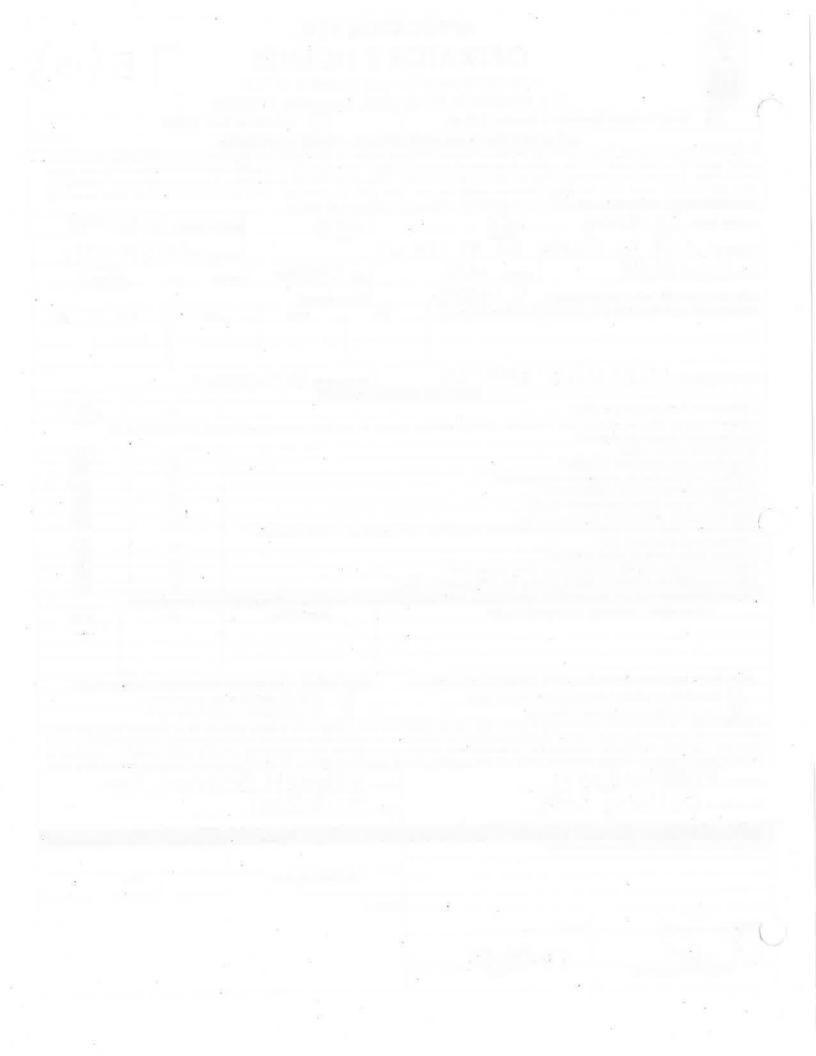
	- 1						
NOTE: APPLICATION FEE WILL NOT	BE REFU	NDED IF	DENIED OR WITH	DRAWN.			
A Police check will be completed. Please read carefully and answer honestly. Fall	sification ar	nd/or mi	srepresentation may	be groun	ds for denial	of license/perm	it. Applicant
cannot reapply for a 6 month period from date of denial. If you have any doubt a	as to wheth	er to incl	lude the facts of a so	secific incid	lent it is reco	ommended that	vou disclose
the information. If you are unsure about how to respond to any questions on this	s form, chec	ck with th	he City Clerk for clari	ification Y	ou can obtair	n information rec	rarding your
arrest and conviction record from the police department and/or the co	urt with v	vhich vo	ou Interacted, or t	he Wisco	nsin Circuit	Court Access	website at:
https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehens	ive list of al	arrests/	(convictions).			020	
1. LEGAL NAME: LYDIA MARIE		1	VCAN	lessesson.	o tractaints		^
		-	irsen	DATE	F BIRTH:		
. First . Middle	-	Las	t —				(4)
ADDRESS:				PHONE	: L	W. L.	
Evanosvilla jala	-		CAMAI			-	2
CITY: EVANSYILL STATE: WI		ZIP:	53536	Gende	r: Male	(Female	e 1)
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 10 UTS							
		Forme	r Name(s):				
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City		State	2	lip	From	To
					1		
Driver's License No.:		Iroulas	State: WISC	onsi			
	CONTRACT			יוכויט	1		
ARREST AND	CONVICT	ION REC	LOND				_
2. Have you ever been convicted of a felony?					Yes		(No)
3. Within the past ten (10) years, have you been arrested for, received a summo	ns to anne:	ar in cour	rt for or forfaited a	hond for a	nu of the fal	llouring in the	
City of Evansville or the State of Wisconsin?	ms to appe	21 111 COU	rt for, or forteled a	gong for a	uh ot tue tot	rowing to rus	
a) Any underage alcohol violation?					A4700		
b) Operating a motor vehicle while intoxicated?					Yes		(No)
					Yes		TIO)
c) Selling or furnishing alcoholic beverages to underage person?					Yes		(A)
d) Permitting underage person on licensed premises?					Yes		Q _b
e) Allowing persons on licensed premises after closing?					Yes		(
f) Any alcohol related violation other than a, b, c, d, and e?					Yes		0
g) Sale of legal or illegal drugs to include prescription medications or possession of	of any illega	I drugs t	a include prescriptio	n l			
medications not prescribed to you?			o mondo pri assiripato		Yes	13	6
h) Fighting, disorderly conduct, assault, or battery?					Yes		
i) Resisting arrest, interfering with a police officer or obstructing an officer?							10
j) Any crime or ordinance violation not listed above other than traffic or parking t	tickote2				Yes		Ne
					Yes		Ne'
5. For each YES response in #3, you must identify all violations below. Attach add	ditional she	ets if ne	cessery or continue	on the bac	k of this app	lication.	
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 follow	1						
	ing:	Attach	certificate of compl				ourse
Successfully completed a Responsible Alcohol Servers Course			An alcohol ager	nt for a reta	ail alcohol lic	ense	
Held an Operator's License issued in Wisconsin			The sole proprie	etor of reta	ail alcohol lice	ense	
CENTIFICATION: I do hereby swear, under penalty of perjury, that I am the pe	erson who n	nado ano	t signed the foregoi	ng applicat	ing for an o	nasataria licanas	
tatements herein are complete, true and correct. I further understand a full back	ground inve	stigation	a signed the loregor	by the Eve	non for an o	perator's license	, and that all
ration of this application. Additionally, I understand that this application may be d	lenied if it c	ontains a	ny faisification-and t	bat I will o	ot he able to	reapply for a 6 n	or to consig-
do further agree to comply with all laws, resolutions, ordinances, and regulations,	federal, sta	te or loca	al affecting the sale of	of formente	ad malt have	reapply for a off	ation liquore
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ignature: // U) Ma Jaursen	Ema	ii: 10	iursens	20	char	ter ne	-
	92 41114				CITAL	100	•
rinted Name: NOCA LAUISED	Date	. ()	4-15-20	21			
	2						
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FOR MUNICIPALITY lice Department Recommendation and Comments:	OSE ONLY	BELLOW	I HIS LINE				and the same
Toper when the commendation and comments.				1314	Top:		
					AND THE PROPERTY.	0.1.4	
		City	Clerk's Signature	27	2 69 911 11	Date	
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4-29-21					TOW South	LEVENTAL.	
Police Chief's Signature Date				5	26 2 7	0.121 0 Egg	
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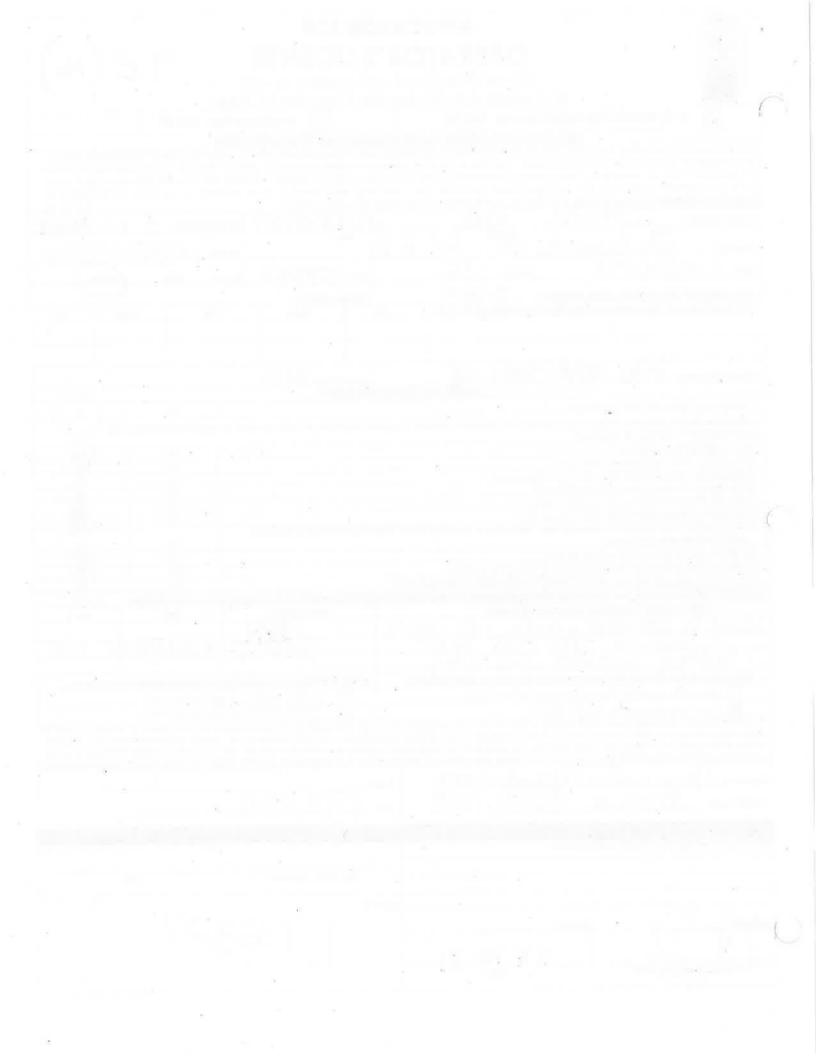
31 S. Madison St, PO Bo	OX 52	29, EVC	ansville, WI	53536	Ś		
New/Renewal Operator's License: \$35.00 Provisional Fee: \$15.00							
NOTE: APPLICATION FEE WILL NOT BE	REFLIE	UDED IE D	ENIED OF WITH	DRAWN			
A Police check will be completed. Please read carefully and answer honestly. Falsifica cannot reapply for a 6 month period from date of denial. If you have any doubt as to the information. If you are unsure about how to respond to any questions on this formarrest and conviction record from the police department and/or the court https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive li	ation are wheth m, chec	nd/or misr er to include k with the	epresentation may de the facts of a sp City Clerk for clari	be grour pecific inci	nds for denial dent it is reco	ommended the	at you disclose
The state of the s	ist of al	1		_			
1. LEGAL NAME: STITCHY Lee		Lon	19	DATE	OF BIRTH:		
First () Middle		Last	U				
ADDRESS:				PHON	E: (_		
CITY: ENOUSVILLE STATE: WI		710	3536		THE THE PARTY NAMED IN		
		ZIP:	2000	Gende	r: Male	Fem	nale)
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 5 HOYS		Former	Name(s):				
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City		State		Zip	From	То
						.,,	10
			8				4
A STATE OF THE STA			la ti	A restored	20 A 78 V	_	
Driver's License No.:		Issuing S	tate: Wis	cons	in		
ARREST AND CO	NVICT	ION RECO	ORD				
2. Have you ever been convicted of a felony?					Yes		(No)
3. Within the past ten (10) years, have you been arrested for, received a summons to City of Evansville or the State of Wisconsin?	о арреа	ar in court	for, or forfeited a	bond for a	iny of the fol	lowing in the	
a) Any underage alcohol violation?					Yes		Cho
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		(16)
f) Any alcohol related violation other than a, b, c, d, and e?					Yes		(NG)
g) Sale of legal or illegal drugs to include prescription medications or possession of an	ny illega	I drugs to i	nclude prescriptio	n			Name of the last o
medications not prescribed to you? h) Fighting, disorderly conduct, assault, or battery?					Yes		No
i) Resisting arrest, interfering with a police officer or obstructing an officer?					Yes		(Nd)
j) Any crime or ordinance violation not listed above other than traffic or parking ticket					Yes		(NG)
		27784			Yes		(No)
5. For each YES response in #3, you must identify all violations below. Attach addition	nai sne	ets # nece		on the ba	k of this app	Reation.	
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	_		MONTH/YEAR		CITY		STATE
						-	
Within the last two (2) years, dld you have and/or complete one of the following:		Attach co	rtificate of comple	ation for F	lannamalbla d	Vanhal G	A-W.
Successfully completed a Responsible Alcohol Servers Course			An alcohol agen				s Course
	-						
Held an Operator's License issued in Wisconsin 6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person statements herein are complete, true and correct I further understand a full behavior			The sole proprie	tor or ret	an alconorlice	anse	
statements herein are complete, true and correct. I further understand a full background are to the property of this application. Additionally, I understand that this application may be denied to further agree to comply with all lays, resolutions, ordinances, and regulations, federal signature: Printed Name:	ind inve	estigation rontains any te or local a	nay be conducted	by the Evan	ansville Police	e Department	prior to consid- 6 month period. xicating liquors.
FOR MUNICIPALITY USE	ONLY	BELOW TH	IS LINE				
lice Department Recommendation and Comments:				2.1	C. Tar		
				7.0	All 6		
	-	City CI	erk's Signature	145	- F-E-ISU	Date	
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V +1 = 2	Receip	ot #					
	Ī						
Denied:	1			1 15	er. d.let	194	8.5
1 CL 20 01					p Pvizgi		100
Police Chief's Signature Date					Sty 1.32		





7 E (16)

of 3, Middisort 31, FO BC	JX 32	27, Evansville, W	1 3333	6		
New/Renewal Operator's License: \$35.00 Provisional Fee: \$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 cannot reapply for a 6 month period from date of denial. If you have any doubt as to	ation a	nd/or misrepresentation ma	y be grou	inds for denial of li	anded that	compression and a second
I the information. If you are unsure about now to respond to any questions on this for	rm. chei	ck with the City Clerk for cla	rification	Vou can obtain info	ormation to	a
arrest and conviction record from the police department and/or the court https://www.wicourts.gov/cosesearch.htm (CCAP may not provide comprehensive in the police department and/or the court https://www.wicourts.gov/cosesearch.htm	with u	which you interacted or	the Wisc	onsin Circuit Cou	urt Access	website at:
07000	ist of al	arrests/convictions).				•
1. LEGAL NAME: CLASSIC COLOR	V	ardemoe	DATE	OF BIRTH:		
First Middle	~	Last				
ADDRESS:			PHO	VE:	11	Naghara.
CITY: EV CUSVIIL STATE: WI		ZIP: 5353(0	Gend	or: Male	6	1
			Gend	er: Male	Female	e)
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	City	State		Zip	From	To
			_			
Driver's License No.:		Issuing State: WI				
ARREST AND CO	NVICT	ION RECORD				_
2. Have you ever been convicted of a felony?		ION RECORD			7	$\overline{}$
				Yes	(No)
3. Within the past ten (10) years, have you been arrested for, received a summons to City of Evansville or the State of Wisconsin?	o appea	er in court for, or forfeited a	bond for	any of the followi	ng in the	
a) Any underage alcohol violation?				Vac		
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.Y
f) Any alcohol related violation other than a, b, c, d, and e?						(VO)
g) Sale of legal or illegal drugs to include prescription medications or possession of an	ıy illega	l drugs to include prescription	on	1.		
medications not prescribed to you? Yes					(No)	
h) Fighting, disorderly conduct, assault, or battery? Yes No					No	
i) Resisting arrest, interfering with a police officer or obstructing an officer? Yes No any crime or ordinance violation not listed above other than traffic or parking tickets? Yes				NO		
5. For each VES response in #3 you must identify all places below the state of the	LS?		1 00 E V2	Yes	(No)
 For each YES response in #3, you must identify all violations below. Attach addition TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE 	nal she		on the b	ck of this applicat	ion.	
lailed la control al	10	MONTH/YEAR	4	CITY		STATE
tailed to accurately check 1.D. whi	18	م مرم	0		× ×	
Evansuive OD did their		11		F VOMS	Villa	101L
uneces around the city			-i			KU1
Within the last two (2) years, did you have and/or complete one of the following:		Attach certificate of comp	lation for	Possonsible Alexb	al Camana C	C2000150.0
☐ Successfully completed a Responsible Alcohol Servers Course				tail alcohol license		ourse
Held an Operator's License issued in Wisconsin	$\overline{}$			tail alcohol license		
6. CERTIFICATION: I do bereby swear under penalty of parium, that I am the person			etor arre	tali alconoi license		
6. CÉRTIFICATION: I do hereby swear, under penalty of perjury, that I am the person statements herein are complete, true and correct. I further understand a full backgroup gration of this application. Additionally, hunderstand that this application.	ina inve	erigation may be conducted	hu tha Ex	cancuilla Dallea Dav		
eration of this application. Additionally, I direct stand that this application may be denied	ילו ול ול כר	notains any talsitication-and	that Lucill	nat ha abla ta raan	alufar - C -	and the comment that the
do further agree to comply with all laws, resolutions, ordinances, and regulations, fede	ral, sta	te or local affecting the sale	of fermen	ted malt beverages	and intoxic	ating liquors.
Signature: James Lande Work				74		- Augustina
Programme April Language	Emai	4 11 10 10				
Printed Name: JOD MINUL VONOR (NORE)	Date	: 04112120	21			
, , , ,						
FOR MUNICIPALITY USE	ONLY	BELOW THIS LINE				
lice Department Recommendation and Comments:						
	!					-
		City Clerk's Signature			Date	
	Receip	ot#				
proyed: Denied:		1 10	2~	$\mathcal{L} \cap \mathcal{O}$		
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04-29-21		1 1 7				
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Police Chief soignature Date		(5)				

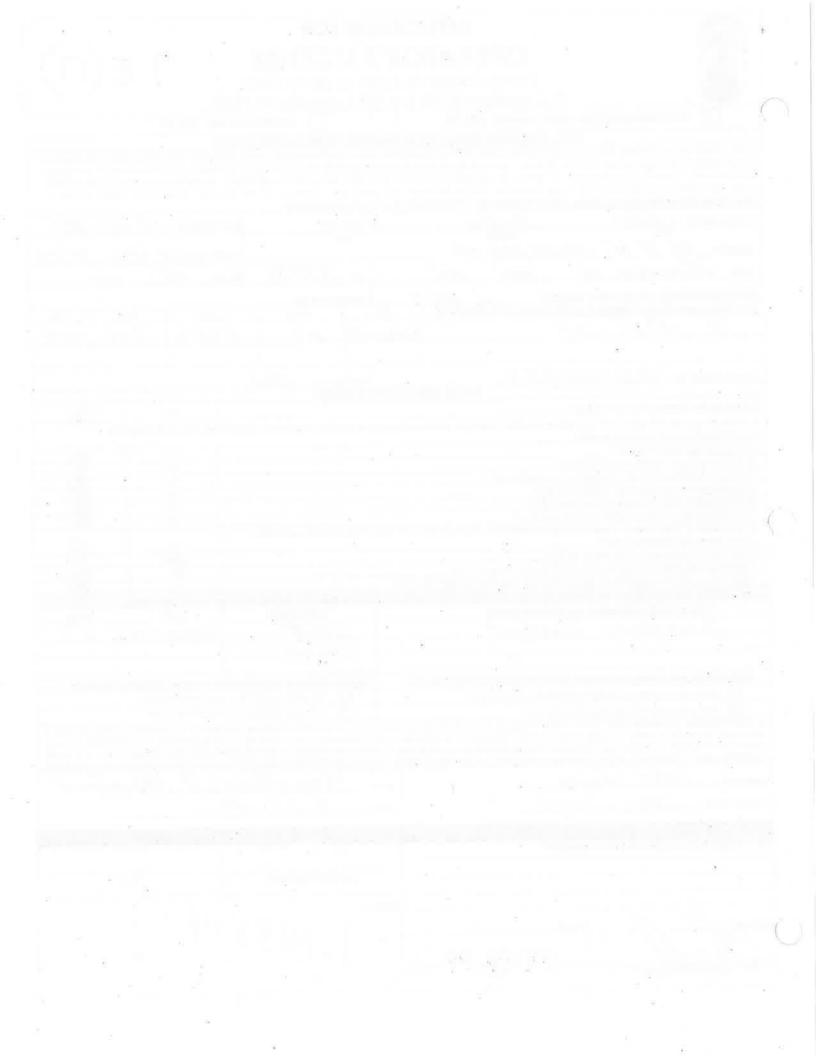




CITY OF EVANSVILLE CITY CLERK'S OFFICE

7 E(17)

31 S. Madison St, PO	BOX 27	9, Evans	ville, WI	53536		
New/Renewal Operator's License: \$35.00	Provisional Fee: \$15.00					
NOTE: APPLICATION FEE WILL NOT	BE REFUN	DED IF DENI	FD OR WITH	DRAWN		
A Police check will be completed. Please read carefully and answer honestly. Fals cannot reapply for a 6 month period from date of denial. If you have any doubt at the information. If you are unsure about how to respond to any questions on this arrest and conviction record from the police department and/or the country://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensing the control of the country of the co	sification and is to whether to whether the sife in th	d/or misrepreser to include the k with the City	sentation may e facts of a sp Clerk for clari	be grounds for pecific incident it	is recommended	that you disclose
1. LEGAL NAME: Saha 20165		Lara	19/	DATE OF BIRT	ru-	
First Middle		Last		DAIL OF BIK	111111111111111111111111111111111111111	
ADDRESS:				PHONE:		
CITY: EUROSUITE STATE: U		ZIP: 50	3536	Gender:	Male)	Female
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?	5	Former Name	e(s):		-	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City		State	Zip	From	1 To
31 11.11 34.	EL MIN	ille h	1	53530	6 201	8 2019
					001	
Driver's License No.:		Issuing State:	61	7		
ARREST AND	CONVICTI		700			
2. Have you ever been convicted of a felony?					Yes	(No)
3. Within the past ten (10) years, have you been arrested for, received a summon City of Evansville or the State of Wisconsin?	ns to appea	in court for, o	or forfeited a	bond for any of t	he following in t	he
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? d) Permitting underage person on licensed premises?					Yes	(No)
e) Allowing persons on licensed premises?					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	of any illegal	deuge to Inclue	la acassintia		Yes	No
medications not prescribed to you?	n arry mega	drugs to includ	ae prescriptio	n e	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 tio	ckets?				Yes	(No)
5. For each YES response in #3, you must identify all violations below. Attach add	itional shee	ts if necessary	or continue	on the back of th	is application.	
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE		MON	NTH/YEAR		CITY	STATE
DEDINELLY CONSUCT		20	11-	FIA	nsville	11 7:
		Que:	20		- Maria -	12.
1000			BUEN			
Within the last two (2) years, did you have and/or complete one of the following	ng:	Attach certific	ate of comple	tion for Respons	sible Alcohol Ser	vers Course
Successfully completed a Responsible Alcohol Servers Course				t for a retail alcol		
Held an Operator's License issued in Wisconsin		☐ The	e sole proprie	tor of retail alcol	nol license	
6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the perstatements herein are complete, true and correct. I further understand a full backgreration of this application. Additionally, I understand that this application may be de loo further agree to comply with all laws, resolutions, ordinances, and regulations, for Signature:	round inves	ntains any falsi e or local affect	e conducted	by the Evansville	Police Departme	ent prior to consid-
FOR MUNICIPALITY L	USE ONLY B	ELOW THIS LIN	NE			
lice Department Recommendation and Comments:						
	_					
1		City Clerk's	Signature		Date	
	Receipt	#		1		
Denied: 04-29-2(1.	143	814		
Polite-Chief's Signature Date	-	1 "	r _e ,			

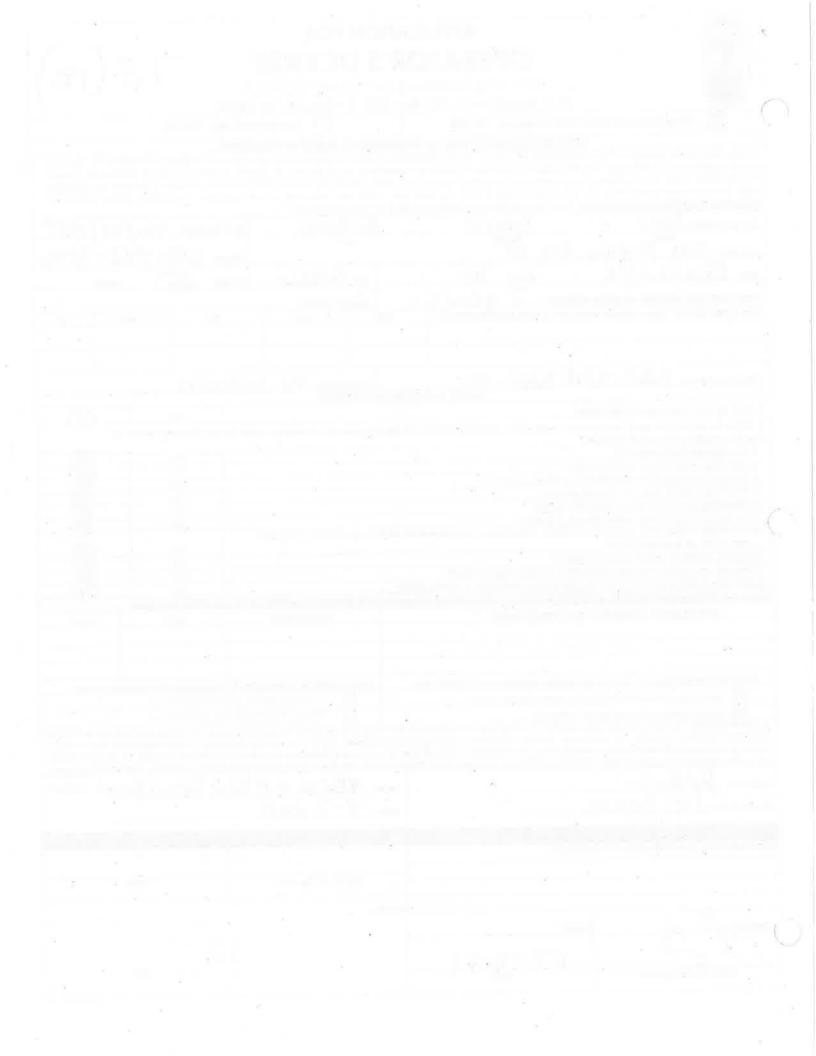




CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

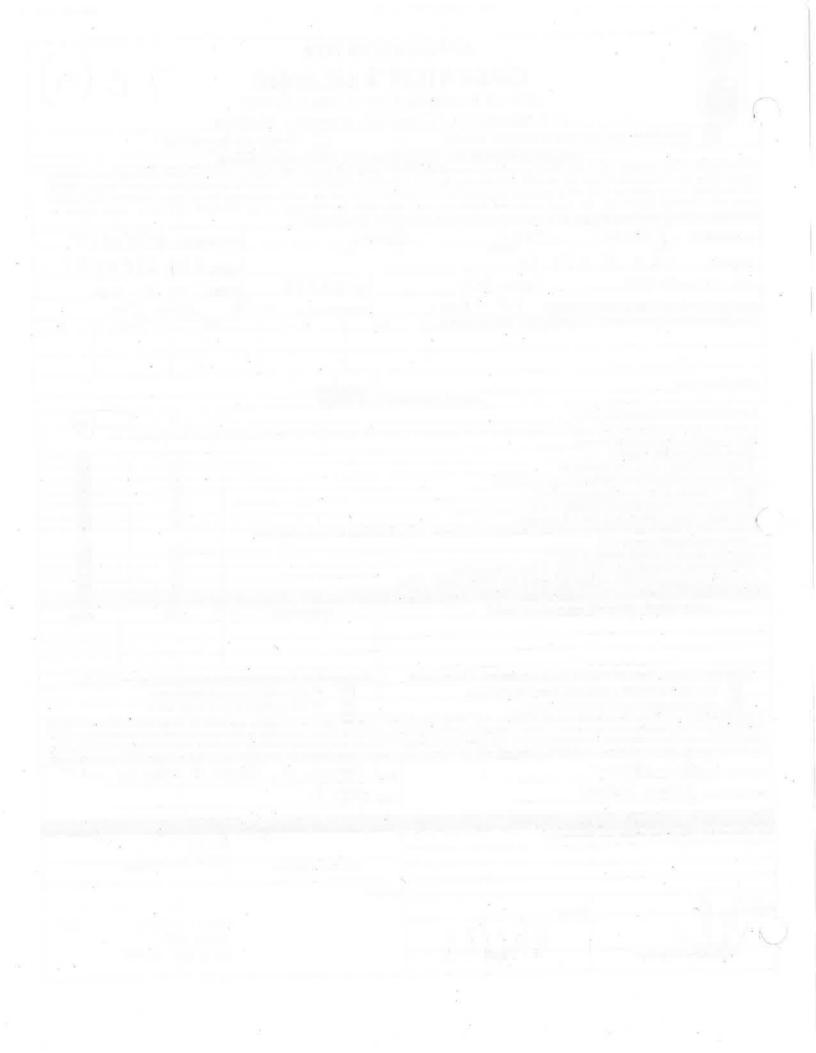
New/Renewal Operator's License: \$35.00			Provisi	onal Fee:	\$15.00		~
NOTE: APPLICATION FEE WILL NOT B	E REFUN	IDED IF DENIE	D OR WITH	IDRAWN.			
A Police check will be completed. Please read carefully and answer honestly. Falsificannot reapply for a 6 month period from date of denial. If you have any doubt as the information. If you are unsure about how to respond to any questions on this for arrest and conviction record from the police department and/or the court https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive	ication ar to whethe orm, chec	nd/or misrepresser to include the k with the City (entation man facts of a sp lerk for clar	y be grounds i pecific inciden	t it is recomm	mended that	you disclose
1. LEGAL NAME: JOE! David	1	2000iv	2	2475 05 5			0
ADDRESS: Middle		Last		PHONE:	BIRTH:		~ . (1
CITY: EVANSVILLE STATE: WI		ZIP: 535	36	Gender:	Male	- Femal	e
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	City		State	Zip		From	То
							*
Driver's License No.:	ONVICTI	Issuing State:	Wis	scons	in		
2. Have you ever been convicted of a felony?					Yes		(No)
3. Within the past ten (10) years, have you been arrested for, received a summons city of Evansville or the State of Wisconsin?	to appea	r in court for, or	forfeited a	bond for any	of the follow	ing in the	(NO)
a) Any underage alcohol violation?					Yes		(No)
b) Operating a motor vehicle while intoxicated?					Yes		(Nó)
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 a medications not prescribed to you?	any illegal	drugs to include	e prescriptio	n	Yes		(8)
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 tick	tets?				Yes		(No)
5. For each YES response in #3, you must identify all violations below. Attach additions	lonal shee	ets if necessary	or continue	on the back o	f this applica	tion.	
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE			TH/YEAR		CITY		STATE
H Control of the Cont							
Within the last two (2) wass alld you have a 1/2	_	10 407 107 117 1100	50 90 10				
Within the last two (2) years, did you have and/or complete one of the following: Successfully completed a Responsible Alcohol Servers Course		Attach certifica					ourse
		An:	alcohol agen	t for a retail a	lcohol license	2	
Held an Operator's License issued in Wisconsin		☐ The	sole proprie	etor of retail al	cohol license	2	
c. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person tatements herein are complete, true and correct. I further understand a full background eration of this application. Additionally, I understand that this application may be denied do further agree to comply with all laws, resolutions, ordinances, and regulations, fed	iad if it co	stigation may be	conducted	by the Evansy	ille Police De	partment pri	or to consid-
ignature:	Email	. Bec	Cicolo	Blue	Mil	Resid	(100
rinted Name: SOEL BESSICE	Date:	4-7				GO	· Out
FOR MUNICIPALITY US	SE ONLY E	ELOW THIS LIN	E.L.				
ice Department Recommendation and Comments:				Pa I io	,		
		City Clerk's S	lanet	- th - 01	Evansa (1.)	0	
		City Clerk's	ignature			Date	
	Receipt	#					
Denied:				Receipt BESSIN	: 1.143749 : 1667	11 - 1 - 10 1 - 1	71.19
Police Chief's Signature Date	-				2021 H0si	MA80	





7 E (19)

New/Renewal Operator's License: \$35.00	1	P-74	onal Fee	· \$15.00		
NOTE: APPLICATION FEE WILL NOT BE	REFUN	DED IF DENIED OF WITH	IDD ANA/RI			
A Police check will be completed. Please read carefully and answer honestly. Faisific cannot reapply for a 6 month period from date of denial. If you have any doubt as to the information. If you are unsure about how to respond to any questions on this for arrest and conviction record from the police department and/or the court https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive in the police department and/or the court https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive in the police department and/or the court https://www.wicourts.gov/casesearch.htm	ation and whetherm, check	I/or misrepresentation may r to include the facts of a si with the City Clerk for clari-	y be ground pecific incide	ent it is recomm	ended that	you disclose
recommendation of the second contract of the	BROC	7.	DATE		· · · · · ·	100
First Middle ADDRESS:	Signe	Last	PHONE:	· ·	/	
CITY: EUNWSUILLE STATE: CUI	78	ZIP: 53536	Gender		Female	e
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 18 5 SUPES		Former Name(s):	11	MKM.	tim	
Prior Street Address If Above Address is Less Than 5 Years State Zip From To	City	State	zl		From	To
			- "			-
					-	
Oriver's License No.:						
ARREST AND CO		Issuing State:				
2. Have you ever been convicted of a felony?	MANICIN	NA MECOND		Strate -	1	
3. Within the past ten (10) years, have you been arrested for, received a summons to City of Evansville or the State of Wisconsin?	o appear	In court for, or forfeited a	bond for an	Yes ny of the followin	ng in the	(No)
a) Any underage alcohol violation?				Yes		(B)
b) Operating a motor vehicle while intoxicated?	-			Yes		(NS)
c) Selling or furnishing alcoholic beverages to underage person?				Yes		6
d) Permitting underage person on licensed premises? e) Allowing persons on licensed premises after closing?				Yeş		(Q)
f) Any alcohol related violation other than a, b, c, d, and e?				Yes		NP
g) Sale of legal or illegal drugs to include prescription medications or possession of an	ny illegal i	drugs to include organistic	· ·	Yes	-	Wd .
incurations not prescribed to your	Bur	- Alla ta maiada bi dacribtio	41	Yes		(a)
h) Fighting, disorderly conduct, assault, or battery?				Yes		No
I) Resisting arrest, interfering with a police officer or obstructing an officer?				Yes		NO
)) Any crime or ordinance violation not listed above other than traffic or parking ticket	its?			Yes		1
s, for each YES response in #3, you must benefit all violetions ballow. Attach addition	nal shee	s if necessary or continue	on the back	of this applicat	on.	为新时间 (2015)
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE		MONTH/YEAR		CITY		STATE
		"				
Within the lest two (2) years, did you have and/or complete one of the following:	1	Attach certificate of comple	etion for Re	sponsible Alcoh	ol Servers C	ourse
Successfully completed a Responsible Alcohol Servers Course		An alcohol agen				
Held an Operator's License issued in Wisconsin		The sole proprie	etor of retail	alcohol license		
CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person tatements herein are complete, true and correct. I further understand a full backgrou ration of this application. Additionally, I understand that this application may be denied do further agree to comply with all laws, resolutions, ordinances, and regulations, fede	A IS IN AGA	teles es Eleides	by the Evan	isville Police Dep	artment pri	or to consid-
Ignature: Jam BM		Somes. A. 1				
rinted Name: JAMES BROUGS		11.1		- 01/11/	11010	
rinted Name:	Date:	7/11/21		130		
FOR MUNICIPALITY USE	E ONLY DE	LOW THIS LINE				
ice Department Recommandation and Comments:			r	I Too		
7	1			l To:	La	
		City Clerk's Signature	UI ', y	of Evanavil	Date	
	Receipt				-	
7 10	veceibe		(2/2 2/2)			
penled:				eipt: 1.14372 DKS JAMES	0	35.00
VPolice Chief's Signature			Apr	9, 2021, 02:	OSPM	

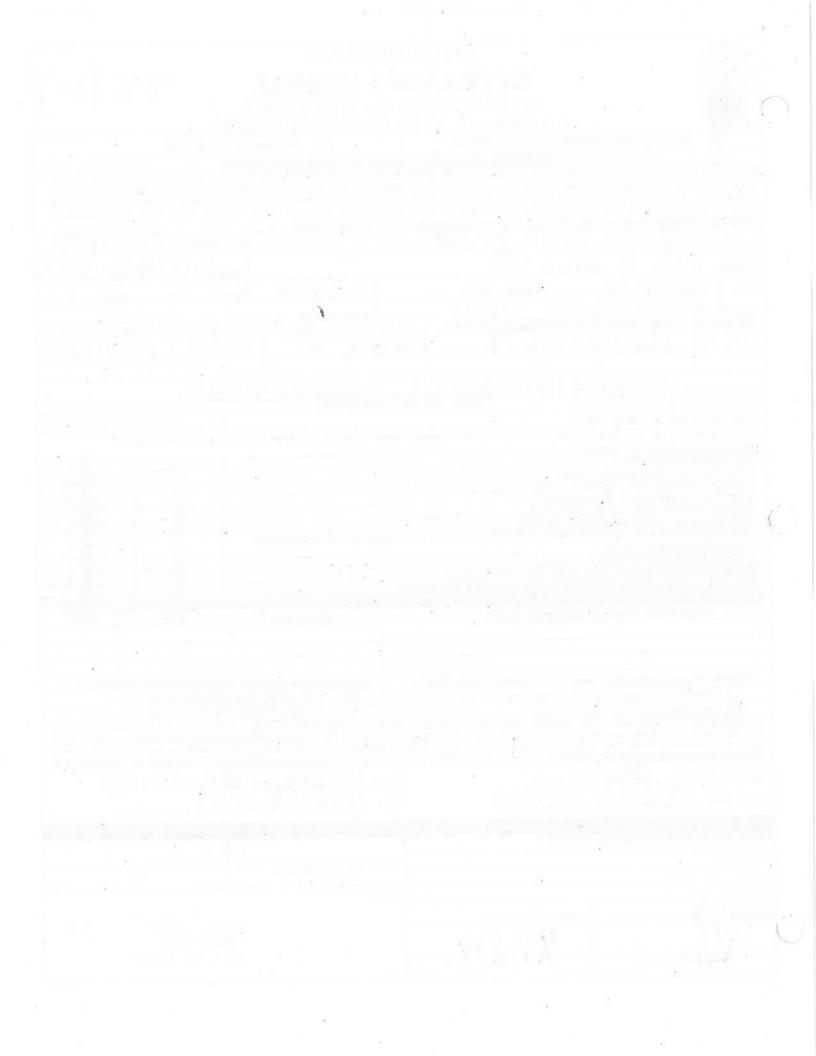




7 E (20)

New/Renewal Operator's License: \$35.00			Provisi	ional Fee: \$15.	00			
NOTE: APPLICATION FEE WILL NO	T BE REFUN	IDED IF	DENIED OR WIT	HDRAWN.	×			
A Police check will be completed. Please read carefully and answer honestly. For cannot reapply for a 6 month period from date of denial. If you have any doubt the information. If you are unsure about how to respond to any questions on the arrest and conviction record from the police department and/or the contract and conviction record from the police department and/or the contraction.	sisification and as to whether the sister with the court with the	d/or miser to Incit k with the	representation ma utle the facts of a se e City Clerk for cla	by be grounds for despecific incident it is a	recommended tha	t you disclose		
1. LEGAL NAME: JESSICA Marie Bridges	3	v		DATE OF BIRTH:	· C			
ADDRESS: O Middle		Last		1				
CITY: EVANSVILLE STATE: WI		ZIP:	53536	Gender: M	ale Fema	ale K		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? VEQ.Y		Former	Name(s):					
Prior Street Address If Above Address is Less Than 5 Years State Zip From To	City		State	Zip	From	То		
25 1/2 Montgomery Ct.	Evans	villa	Wi	53536	2019	3030		
Driver's License No.:	ب	lssuing		Sconsin				
2. Have you ever been convicted of a felony?	CONVICTI	ON REC	ORD	· · · · ·				
3. Within the past ten (30) years, have you been arrested for, received a summer City of Evansville or the State of Wisconsin?	ons to appea	r in court	t for, or forfelted a		following in the	(No)		
a) Any underage alcohol violation?				l v	es	(Na)		
b) Operating a motor vehicle while intoxicated? c) Selling or furnishing alcoholic beverages to underage person?				Y	es	SNO		
d) Permitting underage person on licensed premises?			,		es	No		
e) Allowing persons on licensed premises after closing?					e 6			
f) Any alcohol related violation other than a, b, c, d, and e?				T I	e 5	(NO)		
g) Sale of legal or illegal drugs to include prescription medications or possession medications not prescribed to you?	of any Illegal	drugs to	Include prescripti					
h) Fighting, disorderly conduct, assault, or battery?					es	No		
Resisting arrest, interfering with a police officer or obstructing an officer?					es	CNO		
Any crime or ordinance violation not listed above other than traffic or parking Foreach YES responsed #8, you must identify all violations below. Attach ad	tickets?	Willia and the	ALEST CONTRACTOR SECURITION	And Awar to the Nation of Con-	es	(No		
TYPE OF ARREST, SUMMONS, VIOLATION DR CHARGE	iomenane)	acs.m.neg	MONTH/YEAR	733	722.00			
			MONTHYTEAR		CITY STATE			

			-					
Within the last two (2) years, did you have end/or complete one of the follow	ving:	Attach c		letion for Responsib		Course		
Successibility Completed a Responsible Alcohol Servers Course				nt for a retall alcohol				
Held an Operator's License issued in Wisconsin CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the printed the penalty of perjury and control is the penalty berein are complete, byte and correct is further understand a full had		ᄆ	The sole propr	letor of retall alcohol	license			
statements herein are complete, true and correct. I further understand a full back eration of this application. Additionally, I understand that this application may be of do further agree to comply with all laws, resolutions, ordinances, and regulations,	kground inve	sti ga tion	may be conducted	by the Evansville Po	olice Department p	rior to consid-		
ilgnature: Bon K	Email	0 10	ridges	276am	1 S. S. S.	Cating liquors.		
Printed Name: JESSICC BVIDGES	Date	OA	pr1108	,2024				
FOR MUNICIPALITY	Y USE ONLY L	BELOW TI	III5 LINE					
lice Department Recommendation and Comments:			-	Pacid To:				
		Clay	lierk's Signature	5-23-31 Contacts	eville.			
		City	inis > Signatura		Date			
	Receipt	H		97				
Denled:								
11/12/21			550	Recripts 1.1 BRIDGES JES	IS (CA	35.00		
Police Chief's Signature Date				Apir 9, 2021	01 :5WW	- 1		



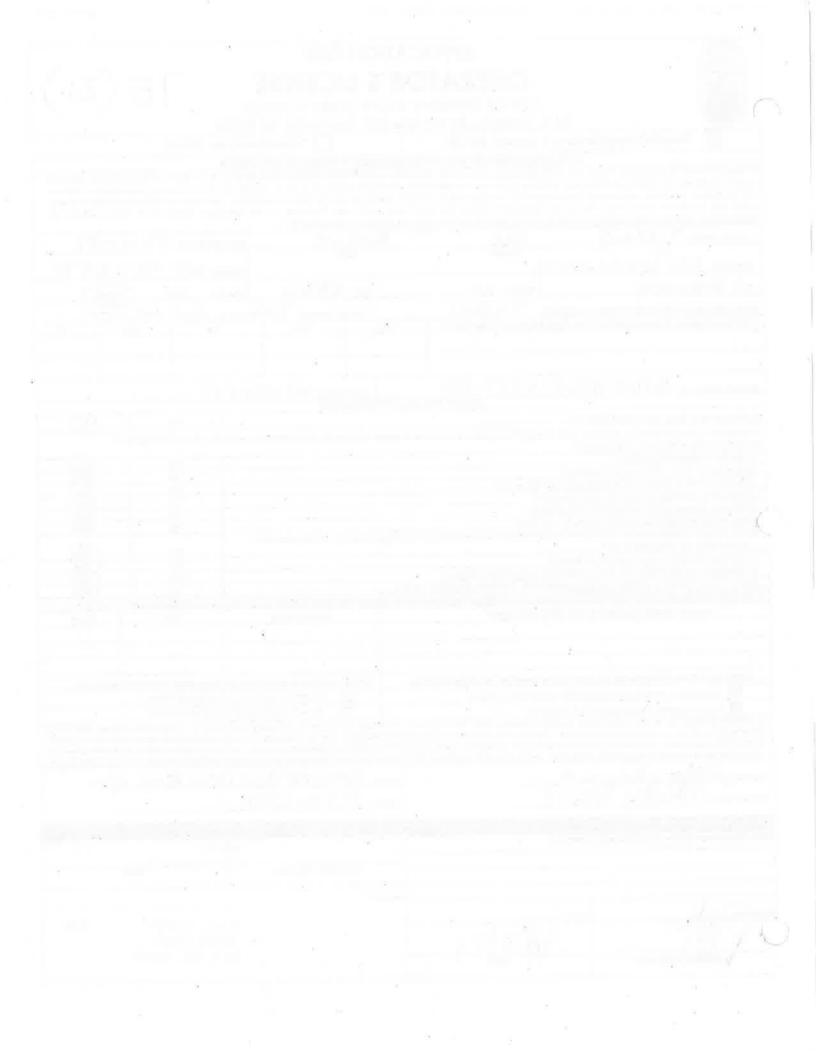


APPLICATION FOR OPERATOR'S LICENSE

7E (21)

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

New/Renewal Operator's License: \$35.00		Provisi	onal Fee	: \$15.0	0	
NOTE: APPLICATION FEE WILL NOT BE	REFUN	DED IS DENIED OF WITH	IDDAM/M	27.010		
A Police check will be completed. Please read carefully and answer honestly. Falsifica cannot reapply for a 6 month period from date of denial. If you have any doubt as to the information. If you are unsure about how to respond to any questions on this formattest and conviction record from the police department and/or the court whites://www.wicourts.gav/casesearch.htm (CCAP may not provide comprehensive list	whether, check	d/or misrepresentation may r to include the facts of a sign c with the City Clerk for clar block way interested	y be ground pecific incide	ent it is rec	ommended	that you disclose
1. LEGAL NAME: TIFTANY FAR	R	essive	DATE OF	BIRTH:	A -	_
ADDRESS: Middle		Last	PHONE:	19	* *	
CITY: EVANSINILE STATE: WI		ZIP: 53536	Gender			emale
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 1 YEARS		Former Name(s): Ti	Fany	Fal	Hari	ær
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	21		From	To
			-			
Driver's Licensa No.		Issuing State: WISC	onsir	7		
2. Have you ever been convicted of a felony?	NVICTI	ON RECORD				
				Yes		(No)
Within the past ten (10) years, have you been arrested for, received a summons to City of Evansville or the State of Wisconsin? Any underage alcohol violation?	о арреа:	in court for, or forfeited a	bond for an	y of the fo	illowing in th	
b) Operating a motor vehicle while intoxicated?				Yes		(%)
c) Selling or furnishing alcoholic beverages to underage person?	-			Yes		(No
d) Permitting underage person on licensed premises?		**		Yes		(No ')
e) Allowing persons on Ilcensed 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 medications not prescribed to you?	ıy illegəl	drugs to include prescriptio	In	Man		(No)
h) Fighting, disorderly conduct, assault, or battery?				Yes 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 ticket	ts7	•		Va-		\rightarrow
5. For each YES response in #3, you must Mentify all violations below. Attach adelition	nelshae	is it necessary or continue	on the back	of this ap	plication.	
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE		MONTH/YEAR		CIT		STATE
Windows and the second						
		×		02		
Within the last two (2) years, did you have and/or complete one of the following:		Attach certificate of compl	etion for Re	sponsible	Alcohol Serve	ers Course
Successfully completed a Responsible Alcohol Servers Course		An aicohol agen				
Held an Operator's License issued in Wisconsin		The sole proprie	etor of retal	alcohol lic	ensa	
E. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person statements herein are complete, true and correct. I further understand a full backgroun eration of this application. Additionally, I understand that this application may be denied do further agree to comply with all laws, resolutions, ordinances, and regulations, feder signature:	d IF It on	telns any falsification and to or local affecting the sale of the	hat I will no of fermented up De	t be able to malt beve	reapply for a drages and in	a 6 month period. toxicating liquors.
FOR MUNICIPALITY USE	ONING	ELOW THIS DAME			*-	
lice Department Recommendation and Comments:		GEOW HING LINE	Padd	Ed B		
4-			55	o t Kyapp		×
		City Clerk's Signature		11- 64-1019	Date	
	Receipt	H				
Police Chief's Signature Denled: Oate			BESS	pt: 1.14 IRE 70FF , 2021 (= YMA	3500



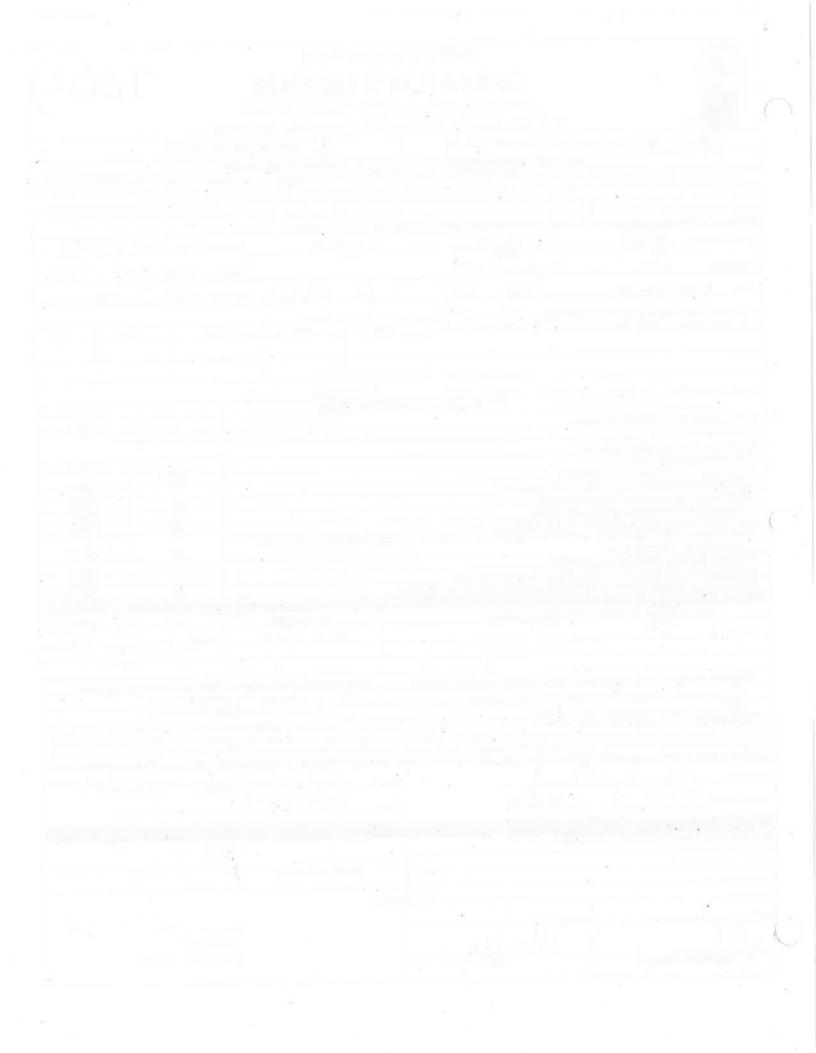


APPLICATION FOR OPERATOR'S LICENSE

7 E(22)

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

New/Renewal Operator's License: \$35.00	JA UZ	Dunitio, VVI				_
				ee: \$15.00		
NOTE: APPLICATION FEE WILL NOT BE A Police check will be completed. Please read carefully and appropriate page 1.	E REFUN	IDED IF DENIED OR WITHE	DRAWN	l.		
A Police check will be completed. Please read carefully and answer honestly. Falsific cannot reapply for a 6 month period from date of denial. If you have any doubt as to the information. If you are unsure about how to respond to any questions on this formation.						
			e Wisc	Onsin Circuit Court	mation regarding yo	oti
https://www.wicaurts.gov/casesearch.htm (CCAP may not provide comprehensive	list of all	arrests/convictions).		- Official Court	versa website	at:
1. LEGAL NAME: BRET KEITH	172	CHURCH				
First Middle	_	last	DATE	OF BIRTH: (
ADDRESS:						-
Annual Control of the			PHON	(E:	_	
CITY: EVAN LYPLE STATE: WIL		ZIP: 53533	Gend	er: (Male	Female	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 15 425		2011			Tarriore	
Prior Street Address If Above Address is Less Than 5 Years State Zip From To	Olm -	Former Name(s):				
The state of the s	City	State		Zip F	From To	3
					- 1	
Driver's License No.:		Issuing State: Lun	2			
AKNES: AND CO	NVICTI		-			_
2. Have you ever been convicted of a felony?				Vee		_
		to accept the second second		Yes	No	-
Within the past ten (10) years, have you been arrested for, received a summons to City of Evansville or the State of Wisconsin?	o appea	r in court for, or forfeited a be	ond for	any of the following	in the	
a) Any underage alcohol violation?			-	Va.	7-	
b) Operating a motor vehicle while intoxicated?				Yes (Yes)	(No.)	
c) Selling or furnishing alcoholic beverages to underage person?			_	Yes	(No)	
d) Permitting underage person on Ilcensed 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 an medications not prescribed to you? 	ny Illegal	drugs to include prescription				
h) Fighting, disorderly conduct, assault, or battery?		- V		Yes	(No)	
Resisting arrest, interfering with a police officer or obstructing an officer?			_	Yes	No No	
]) Any crime or ordinance violation not listed above other than traffic or parking ticket	Code			Yės	(No	
For each VES response in #3, you must identify all Michaelone below. Attach addition	Car Maria	A. Salar aria. J. Salar Salar Salar	15 Par 1 3 Co	Yes	L (No)	erne.
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	THE PERSON NAMED IN		nithe ba		Reservation in	20
Olush WTH		MONTH/YEAR		CITY	STATE	
- CO)	_	12/2015		DANE COUNTY	L WE	
Within the last two (2) years, did you have and/or complete one of the following:		Attach cartificate of complet	ion for I	Resnansible Alcohol	Samuer Course	_
Successfully completed a Responsible Alcohol Servers Course		An alcohol agent i	for a ret	all alcohol licence	Jaiveta Contag	-
Held an Operator's License issued in Wisconsin		The sale occupiete	ar of rot	all alcabal figures		_
CERTIFICATION: I do hereby tweat under populty of parties. About any the	who m					
tatements herein are complete, true and correct. I further understand a full backgroun ration of this application. Additionally, I understand that this application may be decised.	ind Inves	tigation may be conducted by	, applica v the Evi	an operator	"s license, and that	all
ration of this application. Additionally, I understand that this application may be denied to further agree to comply with all laws, resolutions, didinances, and regulations, federal	d if it cor	ntains any faisification and the	t) will n	ot be able to reapph	of a 6 month period	od.
to further agree to comply with all laws, resolutions, ordinances, and regulations, fede	eral, state	or local affecting the sale of t	ferment	ed malt beverages ar	nd Intoxicating liquo	ors.
gnature:	Emails	1 - 1				
Inted Name: 3257 K CHARCA				10-001411	Thaird'res	11.3
HIGH Name: DECT P CHURCH	Date:	_ 04 06	6			
ce Department Recommendation and Comments:	ONIAB	ELOW THIS LINE				
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VIA 411217 (CHUI	RCH BRET		
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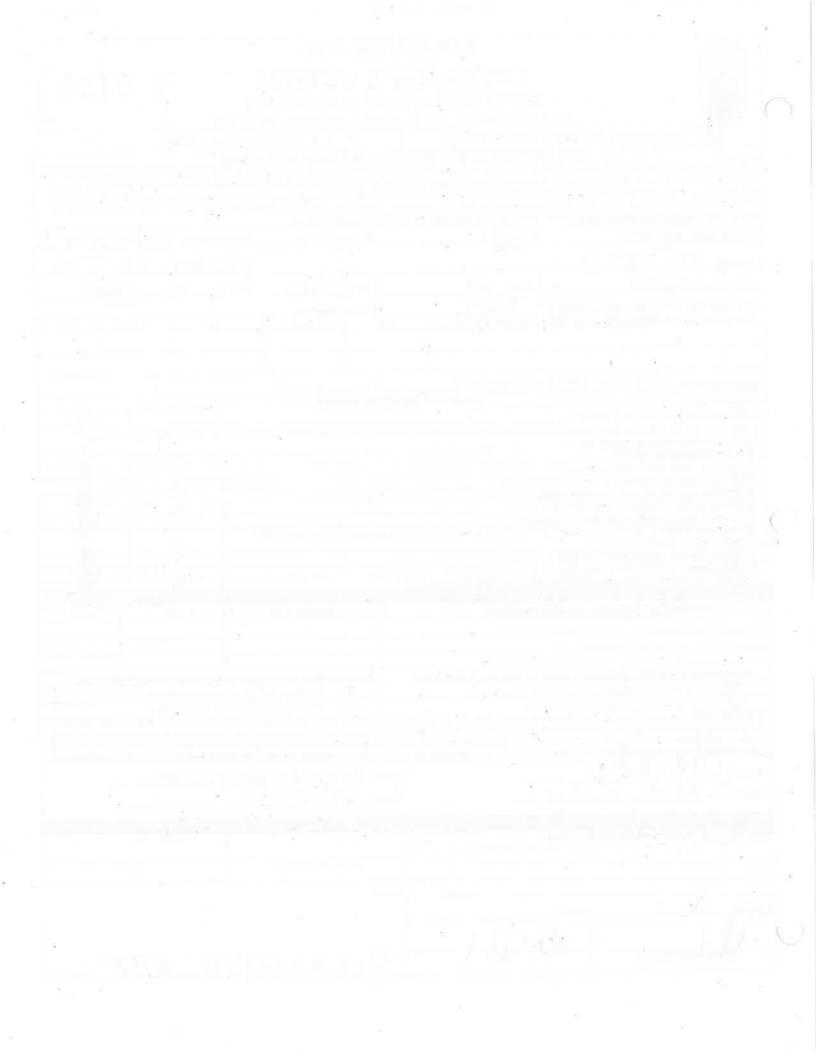


APPLICATION FOR OPERATOR'S LICENSE

7 E (23)

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

New/Renewal Operator's	License: \$35.00			Provisi	ional Fee	: \$15.00		
NOTE: AF	PLICATION FEE WILL NOT	BE REFUN	IDED IF	DENIED OR WITH	HDRAWN.			
A Police check will be completed. Please read careful cannot reapply for a 6 month period from date of de the information. If you are unsure about how to reservest and conviction record from the police of https://www.wicourts.gov/casesearch.htm (CCAP)	illy and answer honestly. Falsi mial. If you have any doubt as bond to any questions on this lepartment and/or the cou	fication and to whether form, checont with w	id/or mis er to inclu k with the	representation ma ude the facts of a se e City Clerk for cla	y be groun	dent it is reco	mmended that	you disclose
1. LEGAL NAME: FMGELA	Nicole :	7	Rin	iker	DATE	FBIRTH: C		
ADDRESS:	Middle		Lest		PHONI	ir (4
city: Evansville	STATE: WI		ZIP: 5	3536	Gende	r: Male	Femal	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?	5 yrs		Former	Name(s):				55
Prior Street Address if Above Address is Less Than 5	Years State Zip From To	City		State	1 2	lip	From	То
126			-					
**								
Driver's License No.:	/	0	Institute.	State: W				
1 (3 5 (4 5)	ARREST AND	CONVICTI	ON REC			-		
2. Have you ever been convicted of a felony?	- Filliagi Aijo	CONTROL	OIV MEC	ORD		100		
		-/				Yes	/	No)
3. Within the past ten (10) years, have you been arm City of Evansyille or the State of Wisconsin?	astea tar, receivea a summon	e to appea	r in Couri	for, or forfelted a	bond for a	ny of the follo	owing in the	
a) Any underage alcohol violation?					— т	Ves		\sim
b) Operating a motor vehicle while intoxicated?			-			Yes		(No.
c) Selling or furnishing alcoholic beverages to under	ege person?					Yes		(No.)
d) Permitting underage person on licensed premises	?				_	Yes		(M)
e) Allowing persons on licensed premises after closing	ng?					Yes	_	COA
f) Any alcohol related violation other than a, b, c, d,	and e?					Yes		(Mg)
g) Sale of legal or Illegal drugs to include prescription	n medications or possession of	any Illega	drugs to	include prescripti	on			
medications not prescribed to you?						Yes.		No
h) Fighting, disorderly conduct, assault, or battery? i) Resisting arrest, interfering with a police officer or			-			Yes		ALQ
Any crime or ordinance violation not ilsted above (obstructing an officer?					Yes		(MOY)
The state of the s	other than traine or parking the	Kets/	COLLEGE	NOT THE PLANE OF THE PARTY	National Sections	Yes	W. C. Marie Co.	(No)
5. Eon each YES response h.w.s., you must identify all	Algistious peigw. Witsch edg	tionalisha	ats it nac	sssary of continue	on the bac	k of this appl	cation.	を が は が は に に に に に に に に に に に に に
TYPE OF ARREST, SUMMONS, VIOLATION	OR CHARGE	-		MONTH/YEAR		CITY		STATE
						В.		
Within the last two (2) years, did you have and/or	complete one of the following	101	Attach	ertificate of comp	lation for B	nnneenlista Al	and Comment	2
Successfully completed a Responsible Alcoh	nol Servers Course	α.		An alcohol age	of for a reta	ill alcohol lice	CONOL SQLASIS (-сигве
Held an Operator's License Issued in Wiscon	iol held Could			The sale propr		Charles of the second	110.70.7	
6. CERTIFICATION: I do hereby swear, under penalty	of portune that I am the			-1	etor or reta	ili arconol irce	nse	
eration of the application. Additionally, I understand to do further agree to comply with a laws, resolutions,		nied if it co ederal, stat	stigation intains ar é or local	may be conducted by faistfication and affecting the sale	that I will no of fermente	insville Police of be able to r ed malt bevera		
Signatule:		Emal	1:_Our	riniker	Pama	il.con	1	
Printed Name: Angela Riniker			N	1/20-121	J	and the same of		
The tame the day is the sea	 ;	Date		110212				
	ECC SELECTION CLEAN LEVY	ISC CALLES				-//C-		
lice Department Recommendation and Comments:	FOR MUNICIPALITY U	JSE ONLY	SELOW I	MIZ CHNI:	-			
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		_	Clay	lerk's Signature			Dat-	
			City	New & Signature			Date	
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Pôlice Chiefe Signature	1717 (Date	-		# 1.14	1217	17 1	7000	
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For the license period beg	inning: 07/01/2021		16/30/2022	4	
of the ilderise benda beg	(mm dd y	ending:	06/30/2022 (mm dd yyyy)	TYPE OF LICENSE	
8	Town of		(mm od yyyy)	REQUESTED	FEE
o the Governing Body of	the: \ \ \ \ \ \ \ \ \ \ \ \ \	EVANSVILLE		Class A beer	\$ 100
o the develoring body of	City of			Class B beer	\$ 100
	City of 7			Class C wine	\$
ounty of ROCK		Alderma	nic Dist. No	Class A liquor	\$ 500
			ed by ordinance)	Class A liquor (cider only)	\$ N/A
ht				Class B liquor	\$
heck one: Individual		oility Company		Reserve Class B liquor	\$
☐ Partnership	○ ✓ Corporation	/Nonprofit Organiza	ation	Class B (wine only) winery	\$
omplete A or B. All mus	et complete C			Publication fee	\$ 15
				TOTAL FEE	\$ 1015
Individual or Partnersh	nip:				000
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5.	Legal description (omit if street address is	given on previous pag	je):				
6.	a. Since filing of the last application, has member, officer, director, manager or a organization licensee been convicted for violation of any federal laws, any W or municipality? If yes, complete pag	agent for either a lim F <mark>of any offenses</mark> (ex /isconsin laws, any la	ited liability company I xcluding traffic offense aws of other states, or	icensee, or s not relate ordinances	nonprofit d to alcohol) of any county	☐ Yes	√ No
	b. Are charges for any offenses present the named licensee or any other person					☐ Yes	✓No
7.	Except for questions 6a and 6b, have the by you on your last application for this lice					☐ Yes	√No
	- N		Ä.				
8.	Was the profit or loss from the sale of alcohors Evanshian Tay solven of the linear and 16					✓Yes	
						v res	□ No
		-1-11/24	1				
9.	Does the applicant understand they must [phone (608) 266-2776]	hold a Wisconsin Se	ller's Permit? , , , , ,	for Korean r		✓ Yes	☐ No
10.	Does the applicant understand that alcoho from the date of invoice and made available					✓ Yes	□No
11.	Is the applicant indebted to any wholesale	er beyond 15 days for	beer or 30 days for lic	uor?	*********	Yes	√ No
12.	Does the applicant owe municipal property (Note : Renewal of licenses may be denie assessments or other fees).					Yes	V No
bee app and voi this	AD CAREFULLY BEFORE SIGNING: Under truthfully answered to the best of the knowlication; that the applicant has read and made a correct. The undersigned further understand, and under penalty of state law, the application. Any person who knowingly promisely.	wledge of the signer. ade a complete answ ands that any license cant may be prosecut	The signer agrees that rer to each question, ar issued contrary to Chated for submitting false	he/she is the did that the a apter 125 or statements	ne person name inswers in each f the Wisconsin and affidavits i	d in the for instance Statutes n connect	oregoing are true shall be tion with
	ntact Person's Name (Last, First, M.I.) KAEL LAGE		Title / Member STORE OPERATION	S	Date 4/5/2021		
Sig	Julia J. Oackaus	ki	Phone Number		Email Address	J	
JUL	IA L. JACKOWSKI, SECRETARY FOR CASE	EY'S MARKETING CO	OMPANY		01		
	BE COMPLETED BY CLERK			l'			
Da	te received and filed with municipal clerk	Date reported to council / bo	oard	Date license g	ranted		
Lic	ense number issued	Date license issued		Signature of C	Clerk / Deputy Clerk		

AT-115 (R 5-19) Rec # 1.143938 # 615.00

Fell Number		_oronago _	icense App	Jiication	Applicant's Wisconsin Seller's Per	mit Number
For the license period beginning: O	(Submit to municipal clerk.				FFIN Number	~ · · · _ · ·
Town of Village of City of C	For the license period beginn	ning:07/01/20	₩ Lending: D	12012022		5 (6
To the Governing Body of the: Village of City of C	4		ar chang. O	(mm dd yyyy)	1	FEE
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Partnership Corporation/Nonprofit Organization Class B (wine only) winery S		(9)		,	Class B liquor	\$ 500
Publication fee S 15 TOTAL FEE S 15					Reserve Class B liquor	\$
Individual or Partnership: Indidual or Partnership: Individual or Partnership: Individual or Partnership: Indi	☐ Partnership	Corporation/No	onprofit Organiza	tion	Class B (wine only) winery	\$
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Cirist C	. Individual or Partnership	o:				~
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5.	Legal description (omit if street address is given o	n previous page	8 N Cty	2d m Evai	nsvu	65
	a. Since filing of the last application, has the nat member, officer, director, manager or agent for organization licensee been convicted of any for violation of any federal laws, any Wiscons or municipality? If yes, complete page 3	med licensee, a or either a limite or offenses (exc in laws, any law	ny member of a partne ed liability company lice luding traffic offenses to se of other states, or or	rship licensee, or any ensee, or nonprofit not related to alcohol) dinances of any county	☐ Yes	No
	b. Are charges for any offenses presently pend the named licensee or any other persons affili	ding (excluding ated with this lid	traffic offenses not rela ense? If yes, explain	ted to alcohol) against fully on page 3	☐ Yes	No No
7.	Except for questions 6a and 6b, have there bee by you on your last application for this license?	n any changes If yes, explain	in the answers to the o	questions as submitted	☐ Yes	₩ No
8.	Was the profit or loss from the sale of alcohol bevor Franchise Tax return of the licensee? If not, e	verages for the p	revious year reported o	on the Wisconsin Income	Yes	□No
				F.		
9.	Does the applicant understand they must hold a [phone (608) 266-2776]	Wisconsin Sell	er's Permit?	PA PERSONAL PROPERTY OF STREET	Yes	□No
0.	Does the applicant understand that alcohol beve from the date of invoice and made available for	erage invoices m inspection by lav	ust be kept at the licen v enforcement?	sed premises for 2 years	Yes	☐ No
1.	Is the applicant indebted to any wholesaler bey	ond 15 days for	beer or 30 days for liqu	Jor?	☐ Yes	No
2	. Does the applicant owe municipal property taxe (Note: Renewal of licenses may be denied pur assessments or other fees).	es, assessments suant to a local	, or other fees? ordinance, if the licens	ee owes municipal taxes,	☐ Yes	No
ap an hi	en truthfully answered to the best of the knowledge plication; that the applicant has read and made and correct. The undersigned further understands id, and under penalty of state law, the applicant residence in the application. Any person who knowingly provide an \$1,000.	ge of the signer. complete answithat any license	The signer agrees that er to each question, an issued contrary to Cha ed for submitting false information on this ap	he/she is the person named that the answers in each opter 125 of the Wisconsing statements and affidavits oplication may be required	ed in the f h instance n Statutes in connec	are true s shall be ction with
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	O BE COMPLETED BY CLERK late received and filed with municipal clerk Date re	ported to council / b	oard	Date license granted		
L		cense issued		Signature of Clerk / Deputy Cler	rk	
1	icense number issued			I STORY		

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official. Town To the governing body of: Village The undersigned duly authorized officer/member/manager of a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as located at appoints (Name of Appointed Agent) to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/ organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin? If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies). Yes Is applicant agent subject to completion of the responsible beverage server training course? How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Place of residence last year (Name of Corporation / Organization / Limited Liability Company) (Signature of Officer / Member / Manager) Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000 ACCEPTANCE BY AGENT hereby accept this appointment as agent for the (Print / Type Agent's Name. corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited fability company Agent's age Date of birth (Home Address of Agent) **APPROVAL OF AGENT BY MUNICIPAL AUTHORITY** (Clerk cannot sign on behalf of Municipal Official) I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed. Approved on

(Signature of Proper Local Official)

(Date)

(Town Chair, Village President, Police Chief)

					7 F G		
Renewal Alcohol	Beverage Lie	cense Ap _l	plication	Applicant's Wisconsin Seller's Per	mit Number		
(Submit to municipal clerk.		,		FEIN Number			
For the license period beginning	ng: 701-208	ending: 6	5-30-2022				
				TYPE OF LICENSE REQUESTED	FEE		
To the Governing Body of the:	☐ Village of	WANCH.	LIF	☑ Class A beer	\$ 100		
To the Governing Body of the	Willage of	V 1110 SV 1	LUL	Class B beer	\$ 100		
0				Class C wine	\$ 100		
County of ROCK		Alderman		Class A liquor	\$ 500		
		(if require	ed by ordinance)	Class A liquor (cider only)	\$ N/A		
Check one: Individual	☐ Limited Liability	Company		Class B liquor	\$ 500		
☐ Partnership	Corporation/No		ation	Reserve Class B liquor	\$		
∟ i aitiicisiiiþ	Corporation/Not	ipiolit Organiza	IIIOH	Class B (wine only) winery	_		
Complete A or B. All must c	omplete C.			Publication fee TOTAL FEE	\$ 15		
	- 5			TOTAL FEE	\$ 715		
A. Individual or Partnership: Full Name (Last)	- Carlotte	(Middle N	The Add to	00 00 00			
ruii Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)			
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)				
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)			
MADISON STRE	ET EXP, 11	VC	104 S. MHD	imited Liability Company (if different from ST-, EVAN). If fermented malt beverages a	SUILLE, W		
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)			
SEKHOW	PARMINDER	K	2844 GRAN	ITERD FITCHBO	AG W7-5		
All Officer(s) Director(s) of C					,		
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)			
SEKHON	PARMINDER			TE RD FITCHBU	1AG UST.5		
Vice President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	,,, 0, ,		
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)				
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, (City or Post Office, & Zip Code)			
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street (City or Post Office, & Zip Code)			
O SEKHON	JAY	S	246 200 81.	· SAW FRANSISCO,	CA 94105		
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	101		
	NEIL	S	2644 GR	City or Post Office, & Zip Code) ANITE RID (FITC)	HIBUAG, 4		
SEKHON							
SEKILOW.			.11	<i>E</i> ′	5		
	L- N- ONE	-		ne Number <u>603</u> – 88			

Directors / Managers Last Name SEKHOW

C. Business Ir	nformation
----------------	------------

	U-ONE	ALL-N-	Trade Name
--	-------	--------	------------

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?.... V

No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

	TORE BUILD	1100 47	
104	S. MADISON	STREET	

5. I	Legal description (omit if street address is given on	previous page	e):				
6. :	a. Since filing of the last application, has the name member, officer, director, manager or agent for organization licensee been convicted of any of for violation of any federal laws, any Wisconsin or municipality? If yes, complete page 3	either a limite offenses (exc laws, any lav	ed liability company lic cluding traffic offenses vs of other states, or or	ensee, or n not related dinances o	onprofit to alcohol) f any county	☐ Yes	Ď O No
	 Are charges for any offenses presently pendir the named licensee or any other persons affiliate 	ng (excluding ed with this lic	traffic offenses not relacense? If yes, explain	ited to alcoh	nol) against age 3. _,	☐ Yes	№ No
7.	Except for questions 6a and 6b, have there been by you on your last application for this license? If	any changes f yes, explair	in the answers to the o	questions a	s submitted	☐ Yes	⅓ №
	₹1f						
8.	Was the profit or loss from the sale of alcohol bever or Franchise Tax return of the licensee? If not, exp	ages for the polaring	previous year reported o	on the Wisco	onsin Income	₩ Yes	□ No
						owe St	
9.	Does the applicant understand they must hold a W [phone (608) 266-2776]	Visconsin Sell	er's Permit?			YoYes	□ No
10.	Does the applicant understand that alcohol bevera from the date of invoice and made available for ins	ge invoicés m spection by lav	nust be kept at the licen w enforcement?	sed premise	es for 2 years	Yes	□ No
11.	Is the applicant indebted to any wholesaler beyon	d 15 days for	beer or 30 days for liqu	Jor?		☐ Yes	₩No
12.	Does the applicant owe municipal property taxes, (Note: Renewal of licenses may be denied pursu assessments or other fees).	assessments ant to a local	or other fees? ordinance, if the licens	ee owes m	unicipal taxes,	☐ Yes	∑ No
app and voi this	AD CAREFULLY BEFORE SIGNING: Under penalen truthfully answered to the best of the knowledge plication; that the applicant has read and made a code correct. The undersigned further understands that d, and under penalty of state law, the applicant mags application. Any person who knowingly provides in \$1,000.	of the signer. omplete answat any license y be prosecut	The signer agrees that er to each question, an issued contrary to Cha ed for submitting false	he/she is th d that the a opter 125 of statements	e person name nswers in each the Wisconsin and affidavits i	d in the for instance Statutes n connec	aregoing are true shall be tion with
Co	ontact Person's Name (Last, First, M.I.) BARMINI)	ERK	Title / Member PRESIDE /		Date 4-12-	2021	
Sig	gnature Variables Sels		Phone Number		Email Address		
-							
_	D BE COMPLETED BY CLERK ate received and filed with municipal clerk Date repor	rted to council / bo	oard	Date license g	ranted		
Lie	cense number issued Date licens	se issued		Signature of C	lerk / Deputy Clerk		

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.
Town
To the governing body of: Village of EVANSUILLE County of ROCK
The undersigned duly authorized officer/member/manager of MADISON STREET EXPRESS (Registered Name of Corporation / Organization or Limited Liability Company)
a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
ALL-N-ONE (Trade Name)
located at 1045 MADISON STREET, EVANSUILLE, WISS
0
appoints PARMINDER SEKHON (Name of Appointed Agent)
2644 GRANITE RD, FITCHBURG, W2-53711 (Home Address of Appointed Agent)
to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?
Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies). CAMBRIDGE GAS, CAMBRIDGE, W2.
Is applicant agent subject to completion of the responsible beverage server training course? Yes No
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?
Place of residence last year 2644 GRANITE RD, FITCHBURG, WZ 537
FOR: MADISON STREET EXP INC
By: (Name of Corporation / Organization / Limited Liability Company)
(Signature of Officer / Member / Manager)
Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.
ACCEPTANCE BY AGENT
PARM IN DER SEKHON, hereby accept this appointment as agent for the
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.
Agent's age Gate) Date of birth Gate Date of birth Gate Control of Agent Control of Agen
2649 GRANITE RU FITCHBURG, WJ 53711 Date of birth
APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)
hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.
Approved on by Title
Approved onbyTitle

Renewal Alcohol Beverage License Application Applicant's Wisconsin Seller's Permit Number (Submit to municipal clerk. Read instructions on page 3.) FEIN Number For the license period beginning: Jule 102/ending: Jule 1000/ TYPE OF LICENSE FEE REQUESTED Town of To the Governing Body of the: Village of Class A beer 100 Class B beer \$ 100 City of Class C wine 100 Class A liquor \$ 500 County of Aldermanic Dist. No. Class A liquor (cider only) \$ N/A (if required by ordinance) Class B liquor \$ 500 Check one: Individual □ Limited Liability Company Reserve Class B liquor \$ Partnership Corporation/Nonprofit Organization Class B (wine only) winery \$ Publication fee \$ Complete A or B. All must complete C. TOTAL FEE \$ A. Individual or Partnership: Full Name (Last) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) B. LLC or Corporation (and Agent): Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. Agent Last Name (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Krisstin Olin medo All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company: President / Member Last Name (Middle Name) Home Address (Street, City or Post Office, & Zip Code) (First) Olin LOOI F 2nd Ave B 5. Vice President / Member Last Name Home Address (Street, City or Post (Middle Name) Dlin 603 E 2nd Ave amedo Secretary / Member Last Name (Middle Name) Home Address (Street, City or Post Office, (First) 601 E 2nd Ave, Brodheo lin Treasurer / Member Last Name (Middle Name) Home Address (Street, City or Post Office, & Zip Code, Olin Olmedo Directors / Managers Last Name Home Address (Street, City or Post Office, (Middle Name) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) C. Business Information 1. Trade Name Expussible Gas N Go Business Phone Number 608-882 99 Post Office & Zip Code Evansille 53536 2. Address of Premises 350 N. Union SY 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

5.	Legal description (omit if street address is give	n on previous page):	
6.	member, officer, director, manager or age organization licensee been convicted of for violation of any federal laws, any Wisco	named licensee, any member of a partnership licensee of the for either a limited liability company licensee, or nor any offenses (excluding traffic offenses not related to consin laws, any laws of other states, or ordinances of a	nprofit alcohol) any county
	 b. Are charges for any offenses presently p the named licensee or any other persons a 	ending (excluding traffic offenses not related to alcoho affiliated with this license? If yes, explain fully on pag	I) against e 3 Yes No
7.	Except for questions 6a and 6b, have there by you on your last application for this licens	peen any changes in the answers to the questions as the? If yes, explain	submitted Yes No
8.	Was the profit or loss from the sale of alcohol or Franchise Tax return of the licensee? If no	beverages for the previous year reported on the Wisconst, explain	sin Income Yes \(\sum \) No
9.	Does the applicant understand they must hol [phone (608) 266-2776]	d a Wisconsin Seller's Permit?	XYes □ No
10.	Does the applicant understand that alcohol be from the date of invoice and made available for	everage invoices must be kept at the licensed premises or inspection by law enforcement?	for 2 years
11.	Is the applicant indebted to any wholesaler b	eyond 15 days for beer or 30 days for liquor?	☐ Yes No
12.	Does the applicant owe municipal property to (Note: Renewal of licenses may be denied passessments or other fees).	exes, assessments, or other fees?	☐ Yes No icipal taxes,
becapi and voi this	en truthfully answered to the best of the knowle plication; that the applicant has read and made d correct. The undersigned further understand d, and under penalty of state law, the applicar	penalty provided by law, the undersigned states that ea edge of the signer. The signer agrees that he/she is the peraction and that the ansite that any license issued contrary to Chapter 125 of the state of the prosecuted for submitting false statements and designed materially false information on this application may	person named in the foregoing wers in each instance are true e Wisconsin Statutes shall be ad affidavits in connection with
	ntact Person's Name (Last, First, M.I.)	Title / Member Da	te .
Sir	Brenda J. Olin	Phoes: dent Phone Number En	nail Address
1	Brenda 5. Alin Junture Gunda 5. Deil	· v c (0 (00 ·	
TC	BE COMPLETED BY CLERK		
Da	ate received and filed with municipal clerk Date	e reported to council / board Date license gran	ted
Lie	cense number issued Date	e license issued Signature of Clerk	c / Deputy Clerk

	beverage t	icense Ap	plication	Applicant's Wisconein Callada Das	mir Number	7
(Submit to municipal clerk.	Read instruction	s on page 3.)		FEIN Number		_/(
For the license period beginn	ning: 07 01 202	1 markena a	C 35 3533	LENA INDINDIAL		
or the heartse perior begins	(mm del yyy	1 ending: <u>0</u>	(inm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE	**
To the Consense Dady of the	Town of	EVANSVILLE		☑ Class A beer	\$	1.00
To the Governing Body of the		ELASTING A TITLE		Class B beer	\$	2,00
	☑ City of □			Class C wine	\$	
County of ROCK		Aldermar	nic Dist. No	Class A liquor	\$	
			ed by ordinance)	Class A liquor (cider only)	\$ N/A	
Obs. 1		9)		Class B liquor	5	
Check one: Individual	Limited Liabi			Reserve Class B liquor	\$	
☐ Partnership	✓ Corporation/I	Nonprofit Organiza	ation	Class B (wine only) winery	\$	1
Complete A or B. All must	zomalata C			& Publication fee	\$ 151	pd-
Complete A of D. All must	complete C.			TOTAL FEE	\$	
A. Individual or Partnership);				Roo	,#1
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zlp Code)	1000	
Full Name (Last)	(Einat)	28.64 1.02 63			34	
a delitabilità (Paph)	(First)	(Middle Name)	Flome Address (Street,	City or Post Office, & Zip Cada)		
Full Name (Last)	(First)	(Middle Name)	Homa Addman (Ch	City of Past Office, & Zip Cade)		-1
	(, , , , ,	(Middle Marite)	Tipure Modless (2888)	City of Most Onice, & 4lp Code)		
	1					
3. LLC or Corporation (and						
Full Legal Name of Corporation / Non	profit Organization / Limi	ted Liability Company	Address of Corporation /	imited Liability Company (if different fro	m licensed pre	emisesì
LANDMARK SERVICES CO	DOPERATIVE		1401 LANDMARK	DR., COTTAGE GROVE,	WI 5352	7
All corporations/organizations iquor must appoint an agent.	or limited liability	companies applyin	ig for a license to se	Il fermented malt beverages a	nd/or intoxi	icating
Agent Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)		
GOLZ	JESSICA	(RD M #65 EVANSVILLE,	מסכס דעו	25
II Officavia) Diventoria) of	Charles and the same of the	4 4 3 8 8			14 Yr 7' 7' 1'	10
All Officer(s) Director(s) of ((First)		ers of Limited Liab	ility Company:		
	(Litar)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
DELL	JIM		4948 CREEK H	AVEN RD. COTTAGE GROVE	I, WI 53	3527
Vice President / Member Last Name	(First)	(Middle Name)	Homo Address (Street,	City or Post Office, & Zip Code)		
ARNOLD	KEITH		7212 KALTENB	ERG PASS SUN PRAIRIE,	WI 535	190
Secretary / Mamber Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		-
Freasurer / Member Last Name	/Pinest	(48.18.18.18.1				
renouter / Metricer Cast Mattle	(First)	(Middle Name)				
	I		riome Address (Street,	City or Post Office, & Zip Code)		
Directors / Managara Last Neises	(min h)			1		
	(First)	(Middle Name)		City or Post Office, & Zip Code) City or Post Office, & Zip Code)	7 2	
TORAASON	TIMOTHY	(Middle Name)	Home Address (Street, 36455 WEST S	City or Post Office, & Zip Cods) T., WHITEHALL, WI 547	773	
TORAASON		(Middle Name)	Home Address (Street, 36455 WEST S	City or Post Office, & Zip Code)	773	
ORAASON	TIMOTHY	(Middle Name)	Home Address (Street, 36455 WEST S	City or Post Office, & Zip Cods) T., WHITEHALL, WI 547	773	
CORAASON Directors / Managers Last Name	TIMOTHY	(Middle Name)	Home Address (Street, 36455 WEST S	City or Post Office, & Zip Cods) T., WHITEHALL, WI 547	773	
CORAASON Directors / Managers Last Name Business Information	TIMOTHY (First)	(Middle Name) J. (Middle Name)	Home Address (Street, 36455 WEST S Home Address (Street,	City or Post Office, & Zip Code) T., WHITEHALL, WI 547 City or Post Office, & Zip Code)	773	
CORAASON Directors / Managers Last Name Business Information Trade Name CENEX CON	TIMOTHY (First)	(Middle Name) J. (Middle Name) RE EVANSVILL	Home Address (Street, 36455 WEST S Home Address (Street,	City or Post Office, & Zip Cods) T., WHITEHALL, WI 547	773	
CORAASON Directors / Managers Last Name Business Information Trade Name CENEX CON	TIMOTHY (First)	(Middle Name) J. (Middle Name) RE EVANSVILL	Home Address (Street, 36455 WEST S Home Address (Street,	City or Post Office, & Zip Code) T., WHITEHALL, WI 547 City or Post Office, & Zip Code)	S.	
CORAASON Directors / Managers Last Name Business Information Trade Name CENEX CON Address of Premises 9 J Does the applicant unders	TIMOTHY (First) IVENIENCE STOOMN LINDEMANN tand that they mus	(Middle Name) J. (Middle Name) RE EVANSVILL I DR.	Home Address (Street, 36455 WEST S Home Address (Street, E Business Pho Post Office &	City or Post Office, & Zip Code) T., WHITEHALL, WI 547 City or Post Office, & Zip Code) ne Number 608-892-2621 Zip Code EVANSVILLE 535	S.	
CORAASON Directors / Managers Last Name Business Information Trade Name CENEX CON Address of Premises 9 J Does the applicant unders breweries and brewpurbs	TIMOTHY (First) IVENIENCE STO OHN LINDEMANN tand that they mus	(Middle Name) J. (Middle Name) RE EVANSVILL I DR.	Home Address (Street, 36455 WEST S Home Address (Street, E Business Pho Post Office &	City or Post Office, & Zip Code) T., WHITEHALL, WI 547 City or Post Office, & Zip Code) ne Number 608-8\$2-2621 Zip Code EVANSVILLE 535	36 ☑ Yes	
Premises description: De include all rooms includes.	TIMOTHY (First) IVENIENCE STO OHN LINDEMANN tand that they must	(Middle Name) J. (Middle Name) RE EVANSVILL I DR. it purchase alcohological descriptions where	Home Address (Street, 36455 WEST S Home Address (Street, E Business Pho Post Office & of beverages only from	City or Post Office, & Zip Code) T., WHITEHALL, WI 547 City or Post Office, & Zip Code) ne Number 608-892-2621 Zip Code EVANSVILLE 535 m Wisconsin wholesalers, are to be sold and stored. The	36	barret.
Directors / Managers Lest Name Business Information Trade Name CENEX CON Address of Premises 9 J Does the applicant unders breweries and brewpurbs Premises description: Desireduction	TIMOTHY (First) IVENIENCE STO OHN LINDEMANN tand that they must	(Middle Name) J. (Middle Name) RE EVANSVILL I DR. it purchase alcohological descriptions where	Home Address (Street, 36455 WEST S Home Address (Street, E Business Pho Post Office & of beverages only from	City or Post Office, & Zip Code) T., WHITEHALL, WI 547 City or Post Office, & Zip Code) The Number 608-8\$2-2621 Zip Code EVANSVILLE 535 The Wisconsin wholesalers,	36	No li niust

5.	Legal description (omit if street address is given	on previous page):	de amorte (a	thán a sa chuir a sa c	T	
6,	a. Since filing of the last application, has the n member, officer, director, manager or agent organization licensee been convicted of at for violation of any federal laws, any Wiscor or municipality? If yes, complete page 3.	for either a limited liability company! ny offenses (excluding traffic offense nsin laws, any laws of other states, or	licensee, or r is not related ordinances o	ionprofit to alcohol) if any county	[] Yes	[₹] No
	 b. Are charges for any offenses presently per the named licensee or any other persons affer. 	nding (excluding traffic offenses not religional religions) in the filter of the second religions of t	elated to alco in fully on p	hol) against age 3	Yes	☑ No
**************************************	Except for questions 6a and 6b, have there be by you on your last application for this license			(9) · · · (6) · · · · · · · · ·	[_] Yes	☑ No
		The property of the party of				
8.	Was the profit or loss from the sale of alcohol be or Franchişe Tax return of the licensee? If not,	explain	********		√ Yes	ПМо
	Does the applicant understand they must hold [phone (608) 266-2776]	a Wisconsin Seller's Permit?			V Yes	[] No
10.	Does the applicant understand that alcohol bev from the date of invoice and made available for				✓ Yes	
11.	is the applicant indebted to any wholesaler bey	yond 15 days for beer or 30 days for li	quor?		[Yes	☑ No
12.	Does the applicant owe municipal property tax (Note: Renewal of licenses may be denied purassessments or other fees).				☐ Yes	☑ No
becapy and voi this	AD CAREFULLY BEFORE SIGNING: Under person truthfully answered to the best of the knowled plication; that the applicant has read and made and correct. The undersigned further understands d, and under penalty of state law, the applicant is application. Any person who knowlingly provided in \$1,000.	ge of the signer. The signer agrees that a complete answer to each question, a that any license issued contrary to Cl may be prosecuted for submitting fals	at he/she is the and that the a hapter 125 of e statements	e person name nswers in each the Wisconsin and affidavits i	d in the fo instance Statutes n connect	regoing are true shall be tion with
Co	ntact Person's Name (Last, First, M.I.)	Title / Member	-	Date		
-	ORAASON, TIM, J	DIVISION MANAG	ER	04/15/2021		
Sig	gnature of the second	Phone Number		Email Address	St Color	
TO	BE COMPLETED BY CLERK	2 1 2	¥	The state of the s		
Da	ate received and filed with municipal clerk Date in	eported to council / board	Date license g	ranted		1
Lie	cense number issued Date II	Imber issued Date license issued Signature of Clark / Deputy		lerk / Deputy Clerk		

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company



Wisconsin Department of Royenue

		'	-0.	The state of the s	
Approved c	(Date) by	(Signature of Proper	Local Official)	(Town Chair, Village President	Police Chieft
ina Gharaci	ter, record and reputation	municipal and state criminal re n are satisfactory and I have no	cords. To the best of my know objection to the agent appoin	ledge, with the available inted.	nformation,
I harahu as	ortific that I have a hard	(Clerk cannot sign on be	Y MUNICIPAL AUTHORITY half of Municipal Official)		
		(Home Address of Agent)		COLO GI DII (II	
6909 N	(Signature of I CTY RD M #654	EVANSVILLE, WI 5	(Date) 3536	Date of birth	$P(d) \cap (d) der unsel epser unseller für (d) d connect (d) = (d) \cdot (d) \cdot (d)$
Les	Din Soli	4	4-23-21	Agent's age	
beverages	nvorganization/limited hat moducted on the premi	bility company and assume ful ses for the corporation/organiza	If responsibility for the condu ation/limited liability company.	ct of all business relative	to alcohol
		int / Type Agent's Name)		cept this appointment as a	
JESSI	ICA GOLZ	ACCEP IAIVO			
\$1,000.			CE BY AGENT	t pe redaired to tottelt not i	more than
Any persor	n who knowingly provides	s materially false information in a	Signature of Officer / Member / Manage		
	Ву:	That			_
	For: LAN	DMARK SERVICES COC	PERATIVE rporation / Organization / Limited Liabi	ililv Company	
Place of re		9 N CTY RD M #65,		3536	
		ng this application has the applic			
		etion of the responsible beverage		Yes No	
				A mind Array,	
Yes	promise and the second	ate the corporate name(s)/limited			
to alcono	peverages conducted the	erein. Is applicant agent present by having or applying for a beer t	IIV acting in that canacity or re-	museling engroval for any	narmarallant
to act for t	the corporation/organizati	on/limited liability company with		a promises and of all business	
			of Appointed Agent)	F	
	6909 N CTY RD	(Name of Ar M #65, EVANSVILLE	pointed Agent)		
appoints	JESSICA GOLZ	12	*	-	
located at	t 9 JOHN LINDEM	IANN DR., EVANSVILI	LE, WI 53536		
		(Trad	e Name)	(10)	
		TORE OF EVANSVILLE		modified for a presinges kill	WIL 45
a corpora	ition/organization or limite	d liability company making appli			
ine unde	ersigned duly authorized	officer/member/manager of Li	Registered Name of Corporation	COOPERATIVE Organization or Limited Liabilit	v Camphau)
T)		•	Continued on the state of the s		
to the go	· · · · · · · · · · · · · · · · · · ·	fillage of EVANSVILLE	County	of ROCK	
VP	C. C	'own			
corporation	orrorganization of one me	ember/manager of a limited liabil	ity company and the recommer	ndation made by the proper	local official.
- 4		my questions must be answere	d by the agent. The appointment	ent must be signed by an	officer of the

	711	1
	7H(<u>'</u>
Sallar's Peri	nit Number] [
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der only)	\$ N/A	
	\$ 500	
liquor	\$	
ly) winery	\$	
ee	\$ 15	
	\$ 615	J
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	nd/or intoxicating	1
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Renewal Alcohol			plication	Applicant's Wisconsin Saller's Peri	mit Number
(Submit to municipal clerk.	lead instructions	on page 3.)		FEIN Number	-
For the license period beginni	ng: 202	ending:	2022		T
	(42 ////		(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:	☐ Town of	EVancuill	0	Class A beer	\$ 10
to the Governing Body of the:	U Village of	LYMBUIL		Class B beer	\$ 10
	City of			Class C wine	\$ 10
County of ROCK		Alderman	ic Dist. No.	Class A liquor	\$ 50
			d by ordinance)	Class A liquor (cider only)	\$ N/A
			,,	☑ Class B liquor	\$ 50
Check one: 🔲 Individual	Limited Liabilit	y Company		Reserve Class B liquor	\$
Partnership	☐ Corporation/No	onprofit Organiza	tion	Class B (wine only) winery	\$
				Publication fee	\$ 1
Complete A or B. All must c	omplete C.			TOTAL FEE	\$ 615
A. Individual or Partnership:	;	9			
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	City or Post Office & Zip Code)	
()	(. 1131)	(middle Maille)	Trome Address (Street	, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
,	()	(magio riamo)	Trome radicas (direct	, city of 1 dat Office, & Zip Code)	- 0
quor must appoint an agent. Agent Last Name BESSITE All Officer(s) Director(s) of C President / Member Last Name	(First) Tiffany	(Middle Name)	Home Address (Street,	city or Post Office, & Zip Code) City Of Post Office, & Zip Code) City Company: City or Post Office, & Zip Code)	
Bessire	Tittany	Fae		Arc Ct. Evansuille	WI 5353
Vice President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Bessile	Joel :	David	221 Noch	s Arc Ct. Evensill	10 IN 53
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	[ool 22.
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(Firșt)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
. Business Information		•			
. Trade Name Blue]	Jen I Bow	i	Business Pho	one Number 608-882	-9850
. Address of Premises 10	8 E. Main	St.	Post Office &	Zip Code Evansille.	53536
Does the applicant underst and brewpubs?		purchase alcoho	ol beverages only fro	om Wisconsin wholesalers, bre	
 Premises description: Des include all rooms including records. (Alcohol beverage 	living quarters, if u	ised, for the sale	s, service, consumi	are to be sold and stored. The ption, and/or storage of alcoho ibed.)	annlicant mu
bar, alley,	Coolers	in bar	(3), COX	ers and shelve	3 10
basement s	torage r	00m.			- 11

5.	egal description (omit if street address is give	en on previous page)	:		ж :	
6.	a. Since filing of the last application, has the member, officer, director, manager or age organization licensee been convicted of for violation of any federal laws, any Wisc or municipality? If yes, complete page 3	ent for either a limite any offenses (excl consin laws, any law	d liability company lic uding traffic offenses s of other states, or o	ensee, or nonprofit not related to alcohol) rdinances of any county	. Tyes	⊠ No
	o. Are charges for any offenses presently p the named licensee or any other persons	pending (excluding the affiliated with this lice	raffic offenses not rela ense? If yes, explair	ated to alcohol) against a fully on page 3	☐ Yes	ΧNο
7.	Except for questions 6a and 6b, have there by you on your last application for this licens	been any changes i se? If yes, explain	n the answers to the	questions as submitted	Yes	No
8.	Was the profit or loss from the sale of alcohol or Franchise Tax return of the licensee? If no	beverages for the po	revious year reported o	on the Wisconsin Income	e X Yes	□ No
	of Francisco tax fetam of the nearest. If the	367	300		_	
9.	Does the applicant understand they must ho [phone (608) 266-2776]	old a Wisconsin Selle	er's Permit?		Yes	∏ No
10.	Does the applicant understand that alcohol be from the date of invoice and made available	peverage invoices mi for inspection by law	ust be kept at the licent enforcement?	sed premises for 2 year	. X Yes	□ No
11.	Is the applicant indebted to any wholesaler to	beyond 15 days for b	peer or 30 days for liqu	uor?	_ Yes	X No
12.	Does the applicant owe municipal property t (Note : Renewal of licenses may be denied assessments or other fees).	taxes, assessments, pursuant to a local o	or other fees? ordinance, if the licens	ee owes municipal taxe		⊠ No
apple and voithing that	AD CAREFULLY BEFORE SIGNING: Under the truthfully answered to the best of the knowledge of that the applicant has read and made correct. The undersigned further understaned, and under penalty of state law, the applicate application. Any person who knowingly provin \$1,000.	ledge of the signer. The acomplete answerds that any license in the may be prosecuted in the may be prosecuted in the may be prosecuted in the materially false	The signer agrees that it to each question, an ssued contrary to Cha ed for submitting false information on this ap	he/she is the person na d that the answers in ea apter 125 of the Wiscon statements and affidavi oplication may be require	med in the fact instance sin Statutes ts in connected in the fact	oregoing are true shall be tion with
	Bessice, Tiffany	F.	Title / Member OWNER Phone Number	Date 4 (0/200	11
	ManyBenie	i		<u>)</u> [
т	BE COMPLETED BY CLERK					
		te reported to council / bo	ard	Date license granted		
Li	cense number issued Da	ite license issued		Signature of Clerk / Deputy C	lerk	

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official. Evansulle To the governing body of: Village County of The undersigned duly authorized officer/member/manager of a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Bowl (Trade Name) appoints (Name of Appointed Agent) (Home Address of Appointed Agen to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/ organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin? If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies). Is applicant agent subject to completion of the responsible beverage server training course? X Yes How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Place of residence last year (Name of Corporation / Organization / Limited Liability Company) (Signature of Officer / Member / Manager) Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000 **ACCEPTANCE BY AGENT** , hereby accept this appointment as agent for the corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company. Agent's age Date of birth (Home Address of Agent) APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official) I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed Approved on

(Signature of Proper Local Official)

(Date)

(Town Chair, Village President, Police Chief)

					74/2
Renewal Alcohol	_		lication	Applicant's Wisconsin Seller's Per	mit Number
(Submit to municipal clerk.		and the second	20 2021	FEIN Number	
For the license period beginning		ending: Ou	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:	☐ Town of	Finasville		Class A beer	\$ 100
to the Governing Body of the.	City of	LVUITSVITC	*	Class B beer	\$ 100
- Dook	LT Oity of			Class C wine	\$ 100
County of ROCK		Aldermanic (if required	by ordinance)	Class A liquor Class A liquor (cider only)	\$ 500 \$ N/A
Check one: Individual	Limited Liability	Company		Class B liquor Reserve Class B liquor	\$ 500
☐ Partnership		nprofit Organizati	on	Class B (wine only) winery Publication fee	\$
Complete A or B. All must o	omplete C.			TOTAL FEE	\$ 615.00
A. Individual or Partnership:	:				I I I I I I I I I I I I I I I I I I I
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	- 1
B. LLC or Corporation (and /	Agent):	•			
Full Legal Name of Gorporation / Nonp	rofit Organization / Limited	Liability Company A	ddress of Corporation / Lin		
All corporations/organizations liquor must appoint an agent.	or limited liability cor	mpanies applying	for a license to sell		
Agent Last Name Wagner	Vicholle	(Middle Name)	Home Address (Street, Cl	ity or Post Office, & Zip Code) LF AILDR, EVANSVI	Ne WI 53536
All Officer(s) Director(s) of C	orporation and Me	mbers / Manage	rs of Limited Liabil		
President / Member Last Name	(First)	(Middle Name)		ity or Post Office, & Zip Code)	
Vice President / Member Last Name	Beau	(Middle Name)	8025 N Cty &	d M EvanSville VUI	53636
Secretary / Member Last Name	(First)	(Middle Name)	401 S 6th St	, Evansville WI 5	3536
Al+ Treasurer / Member Last Name	Mary Anne	77(84)3.34(84)	216 East Mai	ity or Post Office, & Zip Code) IN St Evans Ville WI	53536
Beltran	DIERGRE	(Middle Name)	417 Higgir	ity or Post Office, & Zip Code) 15 DKIVE EVANSVILLE	WI 53536
Directors / Managers Last Name	Ni Cholle	(Middle Name)		FARDL Grand Function	WIT 53536
Directors /Managers Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ty or Post Office, & Zip Code)	- 0, 0 0 0 0 0
C. Business Information	9	1	0		
1. Trade Name Cheksi			Business Phone	e Number <u>(108-882-04</u>	107
2. Address of Premises	2 Maph SH	eet		ip Code Fransville W	
Does the applicant underst and brewpubs?	and that they must p	ourchase alcohol	beverages only from	Wisconsin wholesalers, bre	
Premises description: Desinclude all rooms including	scribe building or bu	uildings where all	cohol beverages are		applicant must
Mosts events sur Beverages are no	chas Weddin			ptions Funditaisin	outside.
Covering the CL		ed parking			the building

5.	Legal description (omit if street address is given on previous page):		
6.	a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any cour or municipality? If yes, complete page 3) nty	⊠ No
	b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) agains the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3.	st Yes	⊠ No
7.	Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain	ed Yes	No No
		_	
		_	
8.	Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Incor or Franchise Tax return of the licensee? If not, explain	me 🄀 Yes	□ No
9.	Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]	Yes Yes	□ No
10.	Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 ye from the date of invoice and made available for inspection by law enforcement?	ars 🔀 Yes	□No
11.	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?	Yes	No
12.	Does the applicant owe municipal property taxes, assessments, or other fees?	. Yes	₩ No
becapy and voi this	AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the entruthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person redication; that the applicant has read and made a complete answer to each question, and that the answers in a correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wiscond, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidate application. Any person who knowingly provides materially false information on this application may be required.	named in the feach instance onsin Statutes vits in conne	oregoing are true shall be ction with
	ntact Person's Name (Last, First, M.I.) Title / Member Excludive Diluctor Alagorian Addressing A	1/2021	
aig	McMolle Luck C	crecksia	eplace.
TC	BE COMPLETED BY CLERK		
Da	ate received and filed with municipal clerk Date reported to council / board Date license granted		
Lie	cense number issued Date license issued Signature of Clerk / Deputy	Clerk	

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquid must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local officer.	the
To the governing body of: Town Village of EVUNSVIVE County of ROCK City	
The undersigned duly authorized officer/member/manager of (Registered Name of Corporation / Organization or Limited Liability Company)	
a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as	
located at 102 MUPIL SHREET, EVANSVIIR WI 53536	
appoints Nicholle L Wagner	
14246 W Golf ALD DUVE FLANSVILLE WI 53536 (Home Address of Appointed Agent)	
to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?	ve on/
Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).	
Is applicant agent subject to completion of the responsible beverage server training course? Yes No	
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 48 US	
Place of residence last year 14246 W FOLF AIR DRIVE EvanSville WT 53536	
For: Spekside Nace INC	
(Name of Corporation / Organization / Limited Liability Company)	
(Signature of Officer / Member / Manager)	
Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.	
ACCEPTANCE BY AGENT	
I. Nicholle L Wayner., hereby accept this appointment as agent for the	те
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohologorages conducted on the premises for the corporation/organization/limited liability company.	ol
	_
14246 W GUIF AIR DRIVE, EVANSVILLE UIL 53536 Date of birth (Home Address of Agent)	^
APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)	
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available informatio the character, record and reputation are satisfactory and I have no objection to the agent appointed.	n,
Approved on by Title	
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chie	ef)

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Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.
Town
To the governing body of: Village of EVONSVILL County of ROCK
The undersigned duly authorized officer/member/manager of (Registered Name of Corporation / Organization or Limited Liability Company)
a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
located at 102 Maple Street, EVanSVIIIe WT 53536
appoints Kari tehrenbacher
16902 W Porter Rd Evansville W/ 535360 (Home Address of Appointed Agent)
to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?
Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
Is applicant agent subject to completion of the responsible beverage server training course?
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?
Place of residence last year Harris application has the applicant agent resided continuously in wisconsin? 22 413.
For: Crook side Place W Name of Corporation / Organization / Limited Liability Company)
By: Made &
(Signature of Officer / Member / Manager)
Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.
I, Nari Fehrenbachir , hereby accept this appointment as agent for the
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.
Kau Felibacher 4/5/21 Agent's age_
16902 W Porter Rd Evansville W1 535360 Date of birth
(Home Address of Agent) APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.
Approved on by Title
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

	H(3)
ber	

FEIN Number	Renewal Alcohol	Beverage Lie	cense App	olication	Applicant's Wisconsin Seller's Per	mit Number
To the Governing Body of the: Village of	(Submit to municipal clerk.	lead instructions o	n page 3.)		FEIN Number	
To the Governing Body of the: Village of	For the license period beginni	ng: 7-1 - 20 (mm dd yyyy)	21 ending: 1-3	(mm dd yyyy)		FEE
To the Governing Body of the: Village of Class A beer \$ 1.00	U.					
County of Aldermanic Dist. No. (if required by ordinance) Check one: Individual Limited Liability Company	To the Governing Body of the	: Village of	EUANSU	2/1/2		
County of Aldermanic Dist. No. (if required by ordinance) Check one: Individual Limited Liability Company Corporation/Nonprofit Organization Class A liquor (cider only) \$ N/A Class B liquor \$ 500 Class A liquor (cider only) \$ N/A Class B liquor \$ 500 Class B liquor \$ 50		City of				-
(if required by ordinance) Check one: Individual Limited Liability Company Partnership Corporation/Nonprofit Organization Complete A or B. All must complete C. A. Individual or Partnership: Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) B. LLC or Corporation (and Agent): Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. Agentylist Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company: President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Vice President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Vice President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Vice President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Vice President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)	1	A				
Check one:	County of					
Check one:			(if require	d by ordinance)		
Partnership Corporation/Nonprofit Organization Class B (wine only) winery \$ Publication fee \$ 15 TOTAL FEE \$ A. Individual or Partnership:	Check one: Individual	☐ Limited Liability	Company		_	
Complete A or B. All must complete C. A. Individual or Partnership: Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) B. LLC or Corporation (and Agent): Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Address of Corporation / Limited Liability Company (if different from licensed premises) All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. Agent Jast Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company: President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Vice President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)	Partnership			tion		
Complete A or B. All must complete C. A. Individual or Partnership: Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) B. LLC or Corporation (and Agent): Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Address of Corporation / Limited Liability Company (if different from licensed premises) All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. Agent fast Name (First) (Middle Name) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) 2			.p.o organiza			
A. Individual or Partnership: Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) B. LLC or Corporation (and Agent): Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Address of Corporation / Limited Liability Company (if different from licensed premises) All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. Agent Jast Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company: President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Vice President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)	Complete A or B. All must o	omplete C.				
Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) B. LLC or Corporation (and Agent): Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. Agent last Name (First) (Middle Name) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company: President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Home Address (Street, City or Post Office, & Zip Code) Vice President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Home Address (Street, City or Post Office, & Zip Code)	A. Individual or Partnership	:				
B. LLC or Corporation (and Agent): Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Address of Corporation / Limited Liability Company Address of Corporation / Limited Liability Company (if different from licensed premises) All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. Agent Jast Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company: President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Vice President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)			(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
B. LLC or Corporation (and Agent): Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Address of Corporation / Limited Liability Company Address of Corporation / Limited Liability Company (if different from licensed premises) All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. Agent Jast Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company: President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Vice President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)	-					
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Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Address of Corporation / Limited Liability Company (if different from licensed premises) All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. Agent Jast Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company: President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Vice President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)	Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Address of Corporation / Limited Liability Company (if different from licensed premises) All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. Agent Jast Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company: President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Vice President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)	B. I. C. or Corporation (and	Agent):		,		
Industry	Full Legal Name of Corporation / Nonp	Owl Food	5. Spinots II	VC 189 E	MAIN ST EVI	AWSVILLE
All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company: President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Vice President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)	liquor must appoint an agent.			9 101 12 11001100 10 00	in tollinoition make bottorageo t	and an interioring
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President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Vice President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)		comparation and Ma	mbara / Manar	ana af l inite of l in b		
Secretary / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)	Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
	Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)	Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)	Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)	Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
	records. (Alcohol beverage	as may be sold and	stored only on	the premises descri	ibed.) <u>(100 SQFT</u> 1 STORM	Building
records. (Alcohol beverages may be sold and stored only on the premises described.) [1 STORM						

5.	Legal description (omit if street address is give	n on previous page):	7/		
6.	a. Since filing of the last application, has the member, officer, director, manager or age organization licensee been convicted of for violation of any federal laws, any Wisco or municipality? If yes, complete page 3	nt for either a limited liability company lic any offenses (excluding traffic offenses onsin laws, any laws of other states, or o	ensee, or nonprofit not related to alcohol) rdinances of any county	☐ Yes	No
	 b. Are charges for any offenses presently p the named licensee or any other persons a 	ending (excluding traffic offenses not relatifiliated with this license? If yes, explain	ated to alcohol) against a fully on page 3	Yes	☐ No
7.	Except for questions 6a and 6b, have there by you on your last application for this licens	peen any changes in the answers to the e? If yes, explain	questions as submitted	☐ Yes	No
8.	Was the profit or loss from the sale of alcohol or Franchise Tax return of the licensee? If no	beverages for the previous year reported of the explain	on the Wisconsin Income	Yes	□No
9.	Does the applicant understand they must hol [phone (608) 266-2776]	d a Wisconsin Seller's Permit?	· enterna surviva mutus	Yes	□ No
10.	Does the applicant understand that alcohol be from the date of invoice and made available f	everage invoices must be kept at the licen or inspection by law enforcement?	sed premises for 2 years	Yes	□ No
11.	Is the applicant indebted to any wholesaler b	eyond 15 days for beer or 30 days for liqu	uor?	☐ Yes	TONO
12.	Does the applicant owe municipal property to (Note: Renewal of licenses may be denied passessments or other fees).	axes, assessments, or other fees? oursuant to a local ordinance, if the licens	ee owes municipal taxes,	☐ Yes	₩ No
appand and voi this tha	AD CAREFULLY BEFORE SIGNING: Under en truthfully answered to the best of the knowled correct. The undersigned further understanded, and under penalty of state law, the applicar application. Any person who knowingly provin \$1,000. Intact Person's Name (Last, Fist, M.I.)	edge of the signer. The signer agrees that e a complete answer to each question, an is that any license issued contrary to Cha nt may be prosecuted for submitting false	he/she is the person name d that the answers in each opter 125 of the Wisconsin statements and affidavits	ed in the for instance Statutes in connec	oregoing are true shall be tion with
Sig	mature made and the second	Phone Number	Email Address		
TO	BE COMPLETED BY CLERK				
		e reported to council / board	Date license granted		
Lic	cense number issued Date	e license issued	Signature of Clerk / Deputy Clerk		

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the
corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.
Town /
To the governing body of: Village of Smill County of Local
City The Color of
The undersigned duly authorized officer/member/manager of (Registered Name of Congolition / Organization or Limited Liability Company)
a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
MEN SWEAM appets Put & Extery
located at 189 E MOIN 3T
appoints ARDISSON
2/7 Name of Appointed Agent)
(Home Address of Appointed Agent)
to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?
Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
Is applicant agent subject to completion of the properties between the boundary of the properties of t
Is applicant agent subject to completion of the responsible beverage server training course? Yes No
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?
Place of residence last year 2/1 N 1/14 ST
to the second of
For: THE WEST MAX FORM & SPINITS INC
By: (Name of Orporation / Organization / Limited Liability Company)
(Signfature of Officer / Member / Manager)
Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.
ACCEPTANCE BY AGENT
, hereby accept this appointment as agent for the
corporation/siganization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.
18/1/8-18-11/20121
(Signature of Agent) Agent's age_
217 N 674 55- Date of birth
(Home Address of Agent)
APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information,
the character, record and reputation are satisfactory and I have no objection to the agent appointed.
Approved on by Title

The state of the s

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Renewal Alcohol Beverage License Application			Applicant's Wisconsin Seller's Permit Number			
(Submit to municipal clerk.	Read instruction	s on page 3.)		FE!N Number		
For the license period beginn	ing: Say o	2621 ending: 3	SUNE 30 2027			
For the license period beginn				TYPE OF LICENSE REQUESTED	FEI	
To the Governing Body of the	lown of	B1	2	Class A beer	\$	100
to the Governing Body of the	□ Village of }	LUANSVIL		Class B beer	\$	100
	City of			Class C wine	\$	100
County of Poch		Alderman	nic Dist. No	Class A liquor	\$	500
, , , , ,			ed by ordinance)	Class A liquor (cider only)	\$ N/A	
		(roquire	or by ordinariou)	Class B liquor	\$	500
Check one: 🔲 Individual	Limited Liabi	ility Company		Reserve Class B liquor	\$	500
Partnership		Nonprofit Organiza	ation	Class B (wine only) winery		
·	Z.			Publication fee	\$	1.5
Complete A or B. All must o	complete C.			TOTAL FEE	\$ 1,5	<u> </u>
Ladisidual or Dod				TOTALTEL	a 717	
A. Individual or Partnership Full Name (Last)		[/B#:- - - N - N	To the second			
-un Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
					1)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, (City or Post Office, & Zip Code)		
				,		
	1					
3. LLC or Corporation (and	Agent):					
		nited Liability Company	Address of Corporation / Li	mited Liability Company (if different from	m licenned no	i\
PETES INN I						
			12 N W	anason st Evinsual	IE har -	2322
II corporations/organizations	or limited liability	companies applying	o for a license to sel	I fermented malt heverages as	ad/or intov	icatino
			.g .o. a noonoc to oci	i lennenteu mait beverages ai	IU/UI IIIIU/	I OULII I
quor must appoint an agent.			.g 10. 4 11001100 10 001	r lemented mait beverages at	id/of liftox	iloutii iş
Agent Last Name	(First)	(Middle Name)	Home Address (Street, (City or Post Office, & Zip Code)		
		(Middle Name)	Home Address (Street, (City or Post Office, & Zip Code)		
Agent Last Name CHURCH	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)		
Agent Last Name CHVRCH All Officer(s) Director(s) of C	(First) レントリム orporation and	(Middle Name) A Members / Manag	Home Address (Street, (City or Post Office, & Zip Code) ついては、 これにいないました。 City Company:		
Agent Last Name CHORCH All Officer(s) Director(s) of C President / Member Last Name	(First)	(Middle Name)	Home Address (Street, (City or Post Office, & Zip Code)		
Agent Last Name CHURCH All Officer(s) Director(s) of C President / Member Last Name CHURCH	(First) corporation and (First)	(Middle Name) A V V Members / Manag (Middle Name)	Home Address (Street, Control of Limited Liability Home Address (Street, Control of Liability Home Address (Street, Control	City or Post Office, & Zip Code) STEVANSVEWE L ility Company: City or Post Office, & Zip Code)		
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Agent Last Name CHORCH All Officer(s) Director(s) of O President / Member Last Name CHORCH Vice President / Member Last Name CHORCH Secretary / Member Last Name Freasurer / Member Last Name Directors / Managers Last Name Directors / Managers Last Name Address Information Trade Name Address of Premises Does the applicant understand brewpubs? Premises description: Desinclude all rooms including records. (Alcohol beverage)	(First)	(Middle Name) Members / Manag (Middle Name) Home Address (Street, Consumption of Limited Liabile Home Address (Street, Consumption of Limited Liabile Home Address (Street, Consumption of Limited Liabile Home Address (Street, Consumption of Liabi	City or Post Office, & Zip Code) S3S3	3b 3b		

5. I	egal description (omit if street address is given	en on previous page)):			
6.	a. Since filing of the last application, has the member, officer, director, manager or ag organization licensee been convicted of for violation of any federal laws, any Wistor municipality? If yes, complete page	ent for either a limite f any offenses (excl consin laws, any law	ed liability company lice luding traffic offenses in as of other states, or or	ensee, or nonprofit not related to alcohol) dinances of any county	☐ Yes	No
	 Are charges for any offenses presently the named licensee or any other persons 	pending (excluding to affiliated with this lice	traffic offenses not rela ense? If yes, explain	ted to alcohol) against fully on page 3.	Yes Yes	'No
7.	Except for questions 6a and 6b, have there by you on your last application for this licer	e been any changes nse? If yes, explain	in the answers to the o	questions as submitted	☐ Yes	No
				3		
8	Was the profit or loss from the sale of alcoho	ol beverages for the p	revious year reported o	n the Wisconsin Income	-	
0.	or Franchise Tax return of the licensee? If n	ot, explain			Yes	□ No
			w	11130	-	
9.	Does the applicant understand they must h [phone (608) 266-2776]	old a Wisconsin Selle	er's Permit?	L PART LILLER ROOM - FRENCH ROOM - F	Yes	☐ No
	Does the applicant understand that alcohol from the date of invoice and made available	e for inspection by lav	v enforcement?		Yes	
11.	Is the applicant indebted to any wholesaler	beyond 15 days for	beer or 30 days for liqu	uor?	Yes	TANO
12.	Does the applicant owe municipal property (Note: Renewal of licenses may be denied assessments or other fees).	taxes, assessments,	, or other fees?		res	No
be ap an vo thi	AD CAREFULLY BEFORE SIGNING: Under truthfully answered to the best of the known dication; that the applicant has read and mad correct. The undersigned further understand, and under penalty of state law, the application. Any person who knowingly prom \$1,000.	wledge of the signer. In the signer of the signer.	The signer agrees that er to each question, an issued contrary to Cha ed for submitting false	he/she is the person har d that the answers in ea ipter 125 of the Wiscons statements and affidavit	ned in the i ch instance sin Statutes s in conne	e are true s shall be ction with
Co	ntact Person's Name (Last, First, M.I.)		Title / Member	Date	2 21	
0	CHURCH LINDA A		Phone Number	Email Address	08-51	
5	2 mda Chme	\triangle		, ,		
_	× ×					
	BE COMPLETED BY CLERK	Pate reported to council / bo	pard	Date license granted		
D	ate received and filed with municipal clerk	zate reported to council / bo	July 4	- Late Hearing Granted		
Li	cense number issued	Date license issued		Signature of Clerk / Deputy Cl	erk	

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a lic must appoint an agent. The following questions must be answered by th corporation/organization or one member/manager of a limited liability com	a scent. The appointment must be signed by
Town	, the proper total official.
To the governing body of: Village of FUNNSYTUE	County of Lock
The undersigned duly authorized officer/member/manager of PET	EG INU INC
	gistered Name of Corporation / Organization or Limited Liability Company)
a corporation/organization or limited liability company making application f	or an alcohol beverage license for a premises known as
(Trade Name)	. 1
located at 14 N MANSON ST EVAN	JESEZ EN ENEVEL
appoints Ltab A CHIRCH (Name of Appointed A	loopt
SSS S 5 TH ST EVANSVIU (Home Address of Appoint	1 ws 5353h
to act for the corporation/organization/limited liability company with full aut to alcohol beverages conducted therein. Is applicant agent presently actin organization/limited liability company having or applying for a beer and/or I	g in that capacity or requesting approval for any corporation/ quor license for any other location in Wisconsin?
Is applicant agent subject to completion of the responsible beverage serve	training course? Yes No
How long immediately prior to making this application has the applicant age	
71	DAY
Place of residence last year SSS S ST# ST E	dezez an zwaznar
For: PLTES IMM INC	
By: (Name of Corporation)	of Officer / Member / Manager)
Any person who knowingly provides materially false information in an applic \$1,000.	
ACCEPTANCE BY A	GENT
1, LIMBA A CHURCH	
(Print / Type Agent's Name)	, hereby accept this appointment as agent for the
corporation/organization/limited liability company and assume full response beverages conducted on the premises for the corporation/organization/lim	ited liability company.
(Signature of Agent)	(Date) Agent's age
SSS S STH ST EVANSVALLE LA SS	, ,
(Home Address of Agent)	
APPROVAL OF AGENT BY MUNI (Clerk cannot sign on behalf of	
I hereby certify that I have checked municipal and state criminal records. The character, record and reputation are satisfactory and I have no objection	o the best of my knowledge, with the available information, on to the agent appointed.
Approved on by	Title
(Date) (Signature of Proper Local Office	ial) (Town Chair, Village President, Police Chief)
AT-104 (R. 4-18)	* Wisconsin Department of Revenue

7 H(5)

- 4 1	Read instructions	,	0	FEIN Number	
For the license period beginr	(mm dd yyyy)	ending:	26 20 (mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of	h		Class A beer	\$ 100
To the Governing Body of the	e: U Village of	ransville		Class B beer	\$ 100
	City of			Class C wine	\$ 100
County of Kock	at	Alderman	ic Dist. No	Class À liquor	\$ 500
TOCK.			ed by ordinance)	Class A liquor (cider only)	\$ N/A
		(Class B liquor	\$ 500
Check one: 🔲 Individual	Limited Liability	/ Company		Reserve Class B liquor	\$
☐ Partnership	Corporation/No	nprofit Organiza	ition	☐ Class B (wine only) winery	\$
	^			Publication fee	\$ 15
Complete A or B. All must	complete C.			TOTAL FEE	\$ 615
. Individual or Partnership	o:				
full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street C	City or Post Office, & Zip Code)	
·	1	1	(5,000,000,000,000,000,000,000,000,000,0	,	
 LLC or Corporation (and 					
ull Legal Name of Corporation / Non	profit Organization / Limited	d Liability Company	Address of Corporation / Lin	nited Liability Company (if different fro	m licensed premises
	177a INC	78 ED 52	50 Unio		•
The second secon		mnanion carleia			mal/am !=4=: 1 11
uor must appoint an agent.	or infinited liability CO	mpanies applyin	ig for a license to sell	fermented malt beverages a	na/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street C	ity or Post Office, & Zip Code)	
• ·	1,	(middle Hallie)	Li ionio Address (Street, C	may or rust unite, or any code)	
		1			
II Officer(s) Director(s) of (embers / Manag		lity Company:	
II Officer(s) Director(s) of Oresident / Member Last Name	Corporation and Me	embers / Manag (Middle Name)			
II Officer(s) Director(s) of Oresident / Member Last Name	(First)			lity Company: ity or Post Office, & Zip Code)	la ur s
II Officer(s) Director(s) of Oresident / Member Last Name Romano //ice President / Member Last Name			Home Address (Street, C	lity Company: ity or Post Office, & Zip Code) H Sh Evansual	le WI.5
President / Member Last Name	Antonina	(Middle Name)	Home Address (Street, C	lity Company: ity or Post Office, & Zip Code)	le WI.5
President / Member Last Name	Antonina	(Middle Name) (Middle Name)	Home Address (Street, C	lity Company: ity or Post Office, & Zip Code) H SH Evansuil ity or Post Office, & Zip Code)	le WI.5
President / Member Last Name Roman //ice President / Member Last Name	Antonina (First)	(Middle Name)	Home Address (Street, C	lity Company: ity or Post Office, & Zip Code) H Sh Evansual	le WI.5
President / Member Last Name Circe President / Member Last Name Secretary / Member Last Name	(First) (First) (First)	(Middle Name) (Middle Name) (Middle Name)	Home Address (Street, C Home Address (Street, C Home Address (Street, C	lity Company: ity or Post Office, & Zip Code) Let Strain Evals Utl ity or Post Office, & Zip Code) ity or Post Office, & Zip Code)	le WI.5
President / Member Last Name Roman //ice President / Member Last Name	Antonina (First)	(Middle Name) (Middle Name)	Home Address (Street, C Home Address (Street, C Home Address (Street, C	lity Company: ity or Post Office, & Zip Code) H SH Evansuil ity or Post Office, & Zip Code)	le WI.5
President / Member Last Name Cice President / Member Last Name Secretary / Member Last Name reasurer / Member Last Name	(First) (First) (First)	(Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, C Home Address (Street, C Home Address (Street, C Home Address (Street, C	lity Company: ity or Post Office, & Zip Code) HA SH EVANSUII ity or Post Office, & Zip Code) ity or Post Office, & Zip Code) ity or Post Office, & Zip Code)	le WI.5
President / Member Last Name Cice President / Member Last Name Secretary / Member Last Name reasurer / Member Last Name	(First) (First) (First)	(Middle Name) (Middle Name) (Middle Name)	Home Address (Street, C Home Address (Street, C Home Address (Street, C Home Address (Street, C	lity Company: ity or Post Office, & Zip Code) Let Strain Evals Utl ity or Post Office, & Zip Code) ity or Post Office, & Zip Code)	le WI.5
President / Member Last Name Proceeding to the President / Member Last Name Proceeding to the President / Member Last Name	(First) (First) (First)	(Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, C Home Address (Street, C Home Address (Street, C Home Address (Street, C	lity Company: ity or Post Office, & Zip Code) HA SH EVANSUII ity or Post Office, & Zip Code) ity or Post Office, & Zip Code) ity or Post Office, & Zip Code)	le WI.5
President / Member Last Name Cice President / Member Last Name Secretary / Member Last Name reasurer / Member Last Name	(First) (First) (First)	(Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, C	lity Company: ity or Post Office, & Zip Code) HA SH EVANSUII ity or Post Office, & Zip Code) ity or Post Office, & Zip Code) ity or Post Office, & Zip Code)	le WI.5
President / Member Last Name Proceeding to the President / Member Last Name Proceeding to the President / Member Last Name	(First) (First) (First) (First)	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, C	lity Company: ity or Post Office, & Zip Code) Levansul ity or Post Office, & Zip Code)	le WI.5
President / Member Last Name From Conco Vice President / Member Last Name Secretary / Member Last Name Freasurer / Member Last Name Directors / Managers Last Name	(First) (First) (First) (First)	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, C	lity Company: ity or Post Office, & Zip Code) Levansul ity or Post Office, & Zip Code)	le WI.5
President / Member Last Name Cice President / Member Last Name Secretary / Member Last Name Freasurer / Member Last Name Directors / Managers Last Name Directors / Managers Last Name	(First) (First) (First) (First) (First)	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, C Home Address (Street, C)	lity Company: ity or Post Office, & Zip Code) HA SH EVANSUI ity or Post Office, & Zip Code)	
President / Member Last Name Cice President / Member Last Name Secretary / Member Last Name Freasurer / Member Last Name Directors / Managers Last Name Directors / Managers Last Name	(First) (First) (First) (First) (First)	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, C Home Address (Street, C)	lity Company: ity or Post Office, & Zip Code) Levansul ity or Post Office, & Zip Code)	
President / Member Last Name Proceeding of the President / Member Last Name	(First) (First) (First) (First) (First) (First)	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, C	lity Company: ity or Post Office, & Zip Code) L EVALSUI ity or Post Office, & Zip Code)	
President / Member Last Name Proceeding of the President / Member Last Name President / Member	(First) (First) (First) (First) (First) (First) Union St.	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, C Business Phone Post Office & Z	lity Company: ity or Post Office, & Zip Code) L EVALSUI ity or Post Office, & Zip Code)	- 6786
President / Member Last Name Proceeding of the President / Member Last Name President / Member	(First) (First) (First) (First) (First) (First) (First) Stand that they must	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, C Business Phone Post Office & Z bl beverages only from	lity Company: ity or Post Office, & Zip Code) L EVALSUI ity or Post Office, & Zip Code)	- 6786
President / Member Last Name Proceeding of the President / Member Last Name President / Member	(First) (First) (First) (First) (First) (First) (First) Stand that they must	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, C Business Phone Post Office & Z bl beverages only from	lity Company: ity or Post Office, & Zip Code) L EVALSUI ity or Post Office, & Zip Code)	- 6786
President / Member Last Name Procedure President / Member Last Name President / Member Last Na	(First) (First) (First) (First) (First) (First) (First) Stand that they must	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, C Business Phone VIR Post Office & Z	lity Company: ity or Post Office, & Zip Code) L EVALSUI ity or Post Office, & Zip Code) e Number (608) 8883 ip Code 53536 n Wisconsin wholesalers, breyes	- 6786 weries □ No
President / Member Last Name Procedure President / Member Last Name President / Member Last Na	(First) (First) (First) (First) (First) (First) (First) (First) stand that they must describe building or being a second content of the c	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) urchase alcohoutildings where a	Home Address (Street, C Business Phone Post Office & Z bl beverages only from	lity Company: ity or Post Office, & Zip Code) HA SH EVALSUI ity or Post Office, & Zip Code) e Number (608) 883 ip Code 53536 in Wisconsin wholesalers, breyes e to be sold and stored. The	-6786 weries □ No
President / Member Last Name Procedure President / Member Last Name President / Member Last Na	(First) (First) (First) (First) (First) (First) (First) (First) (First) (First) (First) (First) (First)	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) uildings where a sed, for the sale	Home Address (Street, C Business Phone VIR Post Office & Z of beverages only from alcohol beverages ares, service, consumpti	lity Company: ity or Post Office, & Zip Code) L	-6786 weries □ No
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5.	Legal description (omit if street address is given	on previous page):			
6.	a. Since filing of the last application, has the r member, officer, director, manager or agen organization licensee been convicted of a for violation of any federal laws, any Wisco or municipality? If yes, complete page 3.	t for either a limited liability company I ny offenses (excluding traffic offense nsin laws, any laws of other states, or	icensee, or nonprofit s not related to alcohol) ordinances of any county	☐ Yes	ZN0
	b. Are charges for any offenses presently pe the named licensee or any other persons at	nding (excluding traffic offenses not refiliated with this license? If yes, expla	lated to alcohol) against in fully on page 3		
7.	Except for questions 6a and 6b, have there by you on your last application for this license	een any changes in the answers to the	e questions as submitted	☐ Yes	χÑο
8.	Was the profit or loss from the sale of alcohol b or Franchise Tax return of the licensee? If not,	everages for the previous year reported explain	on the Wisconsin Income	Yes	☐ No
	26.				
9.	Does the applicant understand they must hold [phone (608) 266-2776]			Yes	□ No
10.	Does the applicant understand that alcohol be from the date of invoice and made available for	verage invoices must be kept at the lice in inspection by law enforcement?	ensed premises for 2 years	Yes	□ No
11.	Is the applicant indebted to any wholesaler be	eyond 15 days for beer or 30 days for li	quor?		
12.	Does the applicant owe municipal property ta: (Note: Renewal of licenses may be denied p assessments or other fees).	xes, assessments, or other fees? ursuant to a local ordinance, if the licer	see owes municipal taxes	. ☐ Yes	No
ap an voi	AD CAREFULLY BEFORE SIGNING: Under pen truthfully answered to the best of the knowled plication; that the applicant has read and made docrrect. The undersigned further understanded, and under penalty of state law, the applicants application. Any person who knowingly providing \$1,000.	dge of the signer. The signer agrees the a complete answer to each question, a s that any license issued contrary to Cl t may be prosecuted for submitting fals	it he/she is the person nam and that the answers in eac napter 125 of the Wisconsi e statements and affidavits	ed in the for thinstance n Statutes in connec	are true shall be tion with
	Romano Antonina	Title / Member	Date 4-23 Email Address	8-9091	
Si	Romano Antonina Antonina Romana	Phone Number	Lindii Addidas		
тс	D BE COMPLETED BY CLERK				
		reported to council / board	Date license granted		
Li	cense number issued Date	license issued	Signature of Clerk / Deputy Clerk	rk	

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official. of Evansville To the governing body of: Village The undersigned duly authorized officer/member/manager of a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as located at (Name of Appointed Agent) -vansuille (Home Address of Appointed Agent) to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/ organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin? Yes If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies). Is applicant agent subject to completion of the responsible beverage server training course? How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Place of residence last year 74 (Name of Corporation / Organization / Limited Liability Company) (Signature of Officer / Member / Manager) Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000. **ACCEPTANCE BY AGENT** , hereby accept this appointment as agent for the (Print / Type Agent's Name) corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company. Agent's age (Home Address of Agent) **APPROVAL OF AGENT BY MUNICIPAL AUTHORITY** (Clerk cannot sign on behalf of Municipal Official) I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed. Approved on (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Wisconsin Department of Revenue

AT-104 (R. 4-18)

		License A	phication	Applicant's Wisconsin Seller's Permi	t Number
(Submit to municipal clerk.	Read instruction	ns on page 3.)	•		. redinibol
	620 8	1	. 1	FEIN Number	
For the license period begin	nning: 6130	d ending:_	6 30 /22	ļ	
	☐ Town of			TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the	ne: Village of	Evans 11	1118	Class A beer \$	
11	City of	- 00115V	11.0	☐ Class B beer \$	
				Class C wine	
County of KOCK		Alderma	nic Dist. No	Class A liquor \$	
		(if requir	ed by ordinance)	Class A liquor (cider only) \$	
01	4) Gramanoc)	Class B liquor \$	N/A
Check one: Individual	Limited Liabi	lity Company	Na.		
☐ Partnership	☐ Corporation/I	Nonprofit Organiz	ation		
0. 14 4 5 5 50		9			
Complete A or B. All must	complete C.			Publication fee \$	
A. Individual or Partnership	n.			TOTAL FEE \$	
Full Name (Last)	(First)	I man a			
Lugo		(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
	Mario	A		snown school 1	1 -1
Full Name (Last)	(First)	(Middle Name)		City or Post Office, & Zip Code)	CON
			(0,000,	only of tost office, a zip code)	
Full Name (Last)	(First)	(Middle Name)	11. 4.11		
	0.000	(widdle ivame)	nome Address (Street,	City or Post Office, & Zip Code)	
			•		
3. LLC or Corporation (and	Agant).				
Full Legal Name of Corporation (Alla	Agent).				
C) \ Call C1 Carporation / Non	profit Organization / Limit	ted Liability Company	Address of Corporation / Li	imited Liability Company (if different from lic	ensed promis
	6				
Il corporations/organizations	or limited liability of	Omponios societa	- f 1:	I fermented malt beverages and/o	
quor must appoint an agent.	or armod hability C	ompanies applyir	ig for a license to sel	I fermented malt beverages and/o	or intoxicati
Agent Last Name	(First)				
A LENCACY		(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
18 Lugo	Marco	A	114 167	Town School	0 . 1
11 0000					
ii Officer(s) Director(s) of C	Corporation and M	lembers / Manag	ers of Limited Linki	litu Common of the Common of t	LU.
President / Member Last Name	Corporation and M	lembers / Manag	ers of Limited Liabi	lity Company:	<u>~</u>
President / Member Last Name	(First)	(Middle Name)	ers of Limited Liabi	lity Company:	
2337101107	(Filst)	(Middle Name)	ers of Limited Liabi Home Address (Street, C	lity Company: City or Post Office, & Zip Code)	
	(First)	(Middle Name)	ers of Limited Liabi Home Address (Street, C	lity Company: City or Post Office, & Zip Code)	<u> </u>
lice President / Member Last Name	(Filst)	(Middle Name)	ers of Limited Liabi Home Address (Street, C	lity Company:	
lice President / Member Last Name	(Filst)	(Middle Name)	ers of Limited Liabi Home Address (Street, C	lity Company: ity or Post Office, & Zip Code) ity or Post Office, & Zip Code)	~
/ice President / Member Last Name	(First)	(Middle Name)	ers of Limited Liabi Home Address (Street, C	lity Company: City or Post Office, & Zip Code)	
ice President / Member Last Name	(First)	(Middle Name) (Middle Name) (Middle Name)	ers of Limited Liabi Home Address (Street, C Home Address (Street, C Home Address (Street, C	lity Company: City or Post Office, & Zip Code) ity or Post Office, & Zip Code) ity or Post Office, & Zip Code)	
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reasurer / Member Last Name	(First)	(Middle Name) (Middle Name) (Middle Name)	ers of Limited Liabi Home Address (Street, C Home Address (Street, C Home Address (Street, C Home Address (Street, Ci	lity Company: ity or Post Office, & Zip Code)	
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rectors / Managers Last Name	(First) (First) (First)	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	ers of Limited Liabi Home Address (Street, C Home Address (Street, C Home Address (Street, C Home Address (Street, Ci Home Address (Street, Ci	lity Company: City or Post Office, & Zip Code)	
rectors / Managers Last Name rectors / Managers Last Name rectors / Managers Last Name	(First) (First) (First) (First)	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	ers of Limited Liabi Home Address (Street, C Home Address (Street, C Home Address (Street, Ci Home Address (Street, Ci Home Address (Street, Ci Home Address (Street, Ci	lity Company: City or Post Office, & Zip Code)	3
ice President / Member Last Name ecretary / Member Last Name reasurer / Member Last Name rectors / Managers Last Name rectors / Managers Last Name	(First) (First) (First) (First)	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	ers of Limited Liabi Home Address (Street, C Home Address (Street, C Home Address (Street, Ci Home Address (Street, Ci Home Address (Street, Ci Home Address (Street, Ci	lity Company: City or Post Office, & Zip Code)	
ice President / Member Last Name ecretary / Member Last Name easurer / Member Last Name rectors / Managers Last Name rectors / Managers Last Name Business Information Trade Name	(First) (First) (First)	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	ers of Limited Liabi Home Address (Street, C Home Address (Street, C Home Address (Street, Ci Home Address (Street, Ci Home Address (Street, Ci Home Address (Street, Ci	lity Company: City or Post Office, & Zip Code)	069
ice President / Member Last Name ecretary / Member Last Name easurer / Member Last Name rectors / Managers Last Name rectors / Managers Last Name Business Information Trade Name	(First) (First) (First) (First)	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	ers of Limited Liabi Home Address (Street, C Home Address (Street, C Home Address (Street, Ci Home Address (Street, Ci Home Address (Street, Ci Home Address (Street, Ci Business Phone	lity Company: City or Post Office, & Zip Code)	
reasurer / Member Last Name reasurer / Member Last Name rectors / Managers Last Name rectors / Managers Last Name rectors / Managers Last Name Address of Premises	(First) (First) (First) (First) (First)	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	ers of Limited Liabi Home Address (Street, C Home Address (Street, C Home Address (Street, Ci Home Address (Street, Ci Home Address (Street, Ci Home Address (Street, Ci Business Phone Post Office & Zi	lity Company: City or Post Office, & Zip Code)	
Fecretary / Member Last Name Secretary / Member Last Name Feasurer / Member Last Name Frectors / Managers Last Name Business Information Trade Name Address of Premises Does the applicant understal	(First) (First) (First) (First) (First) (First)	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	ers of Limited Liabi Home Address (Street, C Home Address (Street, C Home Address (Street, Ci Home Address (Street, Ci Home Address (Street, Ci Home Address (Street, Ci Business Phone Post Office & Zi beverages only from	lity Company: City or Post Office, & Zip Code)	es 🗆 🗆
Fremises description: Des	(First) (First) (First) (First) (First) (First) (First)	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	ers of Limited Liabi Home Address (Street, C Home Address (Street, C Home Address (Street, Ci Home Address (Street, Ci Home Address (Street, Ci Home Address (Street, Ci Business Phone Post Office & Zi beverages only from	lity Company: City or Post Office, & Zip Code)	es 🗌 N
Fremises description: Des include all rooms including of the process of Premises include all rooms including of the process include all rooms including of the premises including of the premises including of the premises including of the premise i	(First) (First) (First) (First) (First) (First) (Cribe building or building quarters if the	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) uildings where an each of set the colors	ers of Limited Liabi Home Address (Street, C Home Address (Street, C Home Address (Street, Ci Home Address (Street, Ci Home Address (Street, Ci Home Address (Street, Ci Business Phone Post Office & Zi beverages only from	lity Company: city or Post Office, & Zip Code) ity or Post Office, & Zip Code) ty or Post Office, & Zip Code) ty or Post Office, & Zip Code) e Number	es 🗌 N
Address of Premises Does the applicant understa and brewpubs? Premises description: Desinclude all rooms including leading to the control of the control o	(First) (First) (First) (First) (First) (First) (Cribe building or building quarters if the	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) uildings where an each of set the colors	ers of Limited Liabi Home Address (Street, C Home Address (Street, C Home Address (Street, Ci Home Address (Street, Ci Home Address (Street, Ci Home Address (Street, Ci Business Phone Post Office & Zi beverages only from	lity Company: city or Post Office, & Zip Code) ity or Post Office, & Zip Code) ty or Post Office, & Zip Code) ty or Post Office, & Zip Code) e Number	∋s □ No
Fremises description: Des include all records. (Alcohol beverages	(First) (First) (First) (First) (First) (First) (Cribe building or building quarters if the	(Middle Name) uildings where an stored only on the sales stored only only only only only only only only	ers of Limited Liabi Home Address (Street, C Home Address (Street, C Home Address (Street, Ci Home Address (Street, Ci Home Address (Street, Ci Home Address (Street, Ci Business Phone Post Office & Zi beverages only from	lity Company: city or Post Office, & Zip Code) ity or Post Office, & Zip Code) ty or Post Office, & Zip Code) ty or Post Office, & Zip Code) e Number	∋s □ N
reasurer / Member Last Name reasurer / Member Last Name rectors / Managers Last Name Dusiness Information Trade Name Address of Premises Does the applicant understated brewpubs? Premises description: Desinclude all rooms including	(First) (First) (First) (First) (First) (First) (Cribe building or building quarters if the	(Middle Name) uildings where an stored only on the sales stored only only only only only only only only	Home Address (Street, Co Business Phone Post Office & Zi beverages only from cohol beverages are service, consumption premises describe	lity Company: city or Post Office, & Zip Code) ity or Post Office, & Zip Code) ty or Post Office, & Zip Code) ty or Post Office, & Zip Code) e Number	es 🗌 N
reasurer / Member Last Name reasurer / Member Last Name rectors / Managers Last Name Business Information Trade Name Address of Premises Does the applicant understa and brewpubs? Premises description: Des include all rooms including incords. (Alcohol beverages)	(First) (First) (First) (First) (First) (First) (Cribe building or building quarters if the	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) uildings where an each of set the colors	ers of Limited Liabi Home Address (Street, C Home Address (Street, C Home Address (Street, Ci Home Address (Street, Ci Home Address (Street, Ci Home Address (Street, Ci Business Phone Post Office & Zi beverages only from	lity Company: city or Post Office, & Zip Code) ity or Post Office, & Zip Code) ty or Post Office, & Zip Code) ty or Post Office, & Zip Code) e Number	es 🗌 N

	Legal description (omit if street address is given on previo				
6.	a. Since filing of the last application, has the named lice member, officer, director, manager or agent for eithe organization licensee been convicted of any offens for violation of any federal laws, any Wisconsin laws, or municipality? If yes, complete page 3	ses (excluding traffic offenses n , any laws of other states, or ord	ot related to alcohol) linances of any county	☐ Yes	⊠No
	b. Are charges for any offenses presently pending (ex the named licensee or any other persons affiliated wi	ccluding traffic offenses not relate th this license? If yes, explain	ed to alcohol) against fully on page 3	☐ Yes	Νο
7.	Except for questions 6a and 6b, have there been any coupy you on your last application for this license? If yes,	changes in the answers to the q	uestions as submitted	☐ Yes	Ŋ No
				31	5
				58	
8.	3. Was the profit or loss from the sale of alcohol beverages or Franchise Tax return of the licensee? If not, explain	for the previous year reported or	the Wisconsin Income	Yes	☐ No
	10 NO. 1 N		* 3		00
		-1.			
9	 Does the applicant understand they must hold a Wisco [phone (608) 266-2776] 	nsin Seller's Permit?		Yes	□No
	Does the applicant understand that alcohol beverage in from the date of invoice and made available for inspect	ion by law enforcement?		1	
11	1. Is the applicant indebted to any wholesaler beyond 15	days for beer or so days for high			
12	12. Does the applicant owe municipal property taxes, asset (Note: Renewal of licenses may be denied pursuant transfer assessments or other fees).	essments, or other fees? to a local ordinance, if the license	ee owes municipal taxes	. Yes	No
b a a v th	READ CAREFULLY BEFORE SIGNING: Under penalty probeen truthfully answered to the best of the knowledge of the application; that the applicant has read and made a complicant correct. The undersigned further understands that any void, and under penalty of state law, the applicant may be this application. Any person who knowingly provides mater than \$1,000.	e signer. The signer agrees that the ete answer to each question, and y license issued contrary to Cha	d that the answers in each pter 125 of the Wiscons statements and affidavits	ch instanc in Statute s in conne	e are true s shall be ction wit
Г	Contact Person's Name (Last, First, M.I.)	Title / Member	Date	-	
	Lugo Marco, A	Phone Number	Email Address		
	Mario My				
	TO BE COMPLETED BY CLERK				
		o council / board	Date license granted		
	License humber issued Date license iss	sued	Signature of Clerk / Deputy Cle	ərk	
- 1					

Submit to municipal clerk.

All corporations/organizations or limited lia must appoint an agent. The following que corporation/organization or one member/n	estions must be answered by the age	ent. The appointment must be	signed by an officer of the
Town	and a second sec	and the recommendation mad	ie by the proper local official.
To the governing body of: Village	of EVansville	County of	Cock
The undersigned duly authorized officer/r	nember/manager of EL (Call (Registers	GATU DE-EV	IGHS VILLE LI
a corporation/organization or limited liability	y company making application for an	alcohol beverage license for	a premises known as
located at 609- E - MG	in St- EVan	sville wi	53536
appoints Marco Anti	Ohio - Juda (Name grappointed Agent)	Valoncia	
+tu-Brown	6 Chool Bd (Home Address of Appointed Ag	Ughs Ville	W 53536
to act for the corporation/organization/limit to alcohol beverages conducted therein. Is organization/limited liability company having	s applicant agent presently acting in	that canacity or requesting an	proval for any corporation/
	corporate name(s)/limited liability con		
Is applicant agent subject to completion of	the respectible however		A/
			TNO
How long immediately prior to making this a	application has the applicant agent re	sided continuously in Wiscon	sin?
Place of residence last year	Martage El	1905 oille	LLC
For: 794.	CO-A- WOD	Rd FVan Ville Anization / Limited Liability Company)	WI 63536
		icer / Member / Manager)	
Any person who knowingly provides materi \$1,000.	ally false information in an application	n for a license may be required	d to forfeit not more than
	ACCEPTANCE BY AGEN	IT .	
1. Marco 1 - 1000	Agent's Name)	, hereby accept this ap	pointment as agent for the
corporation/organization/limited liability cobeverages conducted on the premises for	mpany and assume full responsibi	lity for the conduct of all bu	siness relative to alcohol
Marco-A- 1096	4	77 1/	t's age
774- Brown School (Home	Rd. Evan Vil	(C) W/53536 Date	of birth_
	PROVAL OF AGENT BY MUNICIPA lerk cannot sign on behalf of Muni		
hereby certify that I have checked municiphe character, record and reputation are sa	oal and state criminal records. To the	e best of my knowledge, with	the available information,
Approved onby		264 998	
(Date)	(Signature of Proper Local Official)	Title(Town Chair	, Village President, Police Chief)

Renewal Alcohol	enewal Alcohol Beverage License Application			Applicant's Wisconsin Seller's Permit Number		
Submit to municipal clerk. Read instructions on page 3.)						
F 40 Process 1 11 1	7 1 7	1 /	-20-77	Law (Admiss)		
For the license period begin	ming: / - \ - 2	ending: <u>(</u>	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE	
	Town of	E vansu	1/10	Class A beer	\$ 100	
To the Governing Body of th		~ A (C.1.) A	1146	Class B beer	\$ 100	
	City of		1	Class C wine	\$ 100	
County of KOC	_	Alderman	Diet NA A	Class A liquor	\$ 500	
sounty of			d by ordinance)	Class A liquor (cider only)	\$ N/A	
		(ii roquire	a by brainding	Class B liquor	\$ 500	
Check one: Individual	Limited Liabi	lity Company		Reserve Class B liquor	\$	
☐ Partnership	Corporation/	Nonprofit Organiza	ition	Class B (wine only) winery		
				Publication fee	\$ 15	
complete A or B. All must	t complete C.			TOTAL FEE	\$ 615	
. Individual or Partnershi	in·					
Full Name (Last)	(First)	(Middle Name)	Home Address /Street	City or Post Office, & Zip Code)		
	()	(wilder (valie))	Tionie Address (Street,	City of Fost Office, & Zip Code)		
Full Name (Last)	(Firet)	(M)-41- N >	Hama Adda - 700	0.4.		
un Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
- HAL 20			77			
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
110 0 " - :	1.4 45/0					
LLC or Corporation (and						
ull Legal Name of Corporation / No	nprofit Organization / Lim	ited Liability Company	Address of Corporation / L	imited Liability Company (if different from	m lipensed premises	
= Vansuille	Memorial	Past 6909	VFW ITG	E Mainst . Evens	will la little	
ll corporations/organizations	s or limited liability	companies applyin	g for a license to se	ll fermented malt beverages a	* I	
gent Last Name	11111	Internal	T			
- \ • \	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	110000	
20 merges	John	Lekyh	19245 MYA	ome's Rd Brankvill	6 MT 272	
II Officer(s) Director(s) of	Corporation and	Members / Manag	ers of Limited Liab	ility Company:		
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)		
George	Mika	ر ا حر	4 .	311	3011	
/ice President / Member Last Name	(Firet)		and Midling	on Janesville WI &	53546	
	\` \	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	الدحق	
2 he	LON			su Ave Madison WI	22111	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, 6	City or Post Office, & Zip Code)		
Schneider	Danny	J	539 Dlam -	Tree Dr. Evansville	NT 57877/2	
reasurer / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)		
ta knowldow	alala	[]		ancis PA Evansville	1500	
Directors / Managers Last Name	John (First)	(Middle Name)	Home Address (Charle	Clarate Color Colo	MITON	
1		(iviluale ivame)	nome Address (Street, (City or Post Office, & Zip Code)	1.85 mars /	
apmender	John		15245 M 24	meis Rol Evanguille	MT 2 323 G	
Pirectors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, (City or Post Office, & Zip Code)	00000	
Long	Britten	<u></u>	6909 N Chi	Rd M Evansville (NT. 53536	
			- 4		,-2	
Business Information					2 7	
. Trade Name Vonsul	Le Marnoval	600C V	FW Business Pho	ne Number 1608 882-2	335	
	- 14	Ch				
. Address of Premises 🕥	APINOIN	212	Post Office & 2	Zip Code 3536		
Dece the exciterent of	-1				(g) -000	
and brewpubs?	stand that they mus	st purchase alcoho	bl beverages only from	m Wisconsin wholesalers, bre Yes	weries	
 Premises description: D include all rooms includir records. (Alcohol bevera 	ng living quarters, it	fused, for the sale	s, service, consump	re to be sold and stored. The tion, and/or storage of alcoho	e applicant mus I beverages and	
VFW Clab	+ Meeting	LA VA	F. 2325 433011	3	9.1	
Bar and Be						
	ion Gandon	9	-			
7001 W. Ol 25	er Gorden	7	*			

5. I	egal description (omit if street address is given on	previous page):			
6. a	a. Since filing of the last application, has the nam member, officer, director, manager or agent fo organization licensee been convicted of any for violation of any federal laws, any Wisconsis or municipality? If yes, complete page 3	r either a limited liability compa offenses (excluding traffic offe n laws, any laws of other states	ny licensee, or nonprofit nses not related to alcohol) , or ordinances of any county	☐ Yes	₩No
-	 Are charges for any offenses presently pend the named licensee or any other persons affilia 	ing (excluding traffic offenses noted with this license? If yes, ex	ot related to alcohol) against cplain fully on page 3	☐ Yes	No No
7.	Except for questions 6a and 6b, have there beer by you on your last application for this license?	any changes in the answers to	the questions as submitted	Yes	X No
8.	Was the profit or loss from the sale of alcohol beve or Franchise Tax return of the licensee? If not, ex	rages for the previous year repo	orted on the Wisconsin Income	☐ Yes	Жио
					A
	Does the applicant understand they must hold a [phone (608) 266-2776]	Nisconsin Seller's Permit?		☐ Yes	No.
10.	Does the applicant understand that alcohol bever from the date of invoice and made available for in	age invoices must be kept at the spection by law enforcement?	e licensed premises for 2 years	☐ Yes	X No
11.	Is the applicant indebted to any wholesaler beyon	nd 15 days for beer or 30 days f	or liquor?	☐ Yes	No
12.	Does the applicant owe municipal property taxes (Note: Renewal of licenses may be denied pursuassessments or other fees).	, assessments, or other fees? .uant to a local ordinance, if the	licensee owes municipal taxes		⊠ No
bea app and voi this	AD CAREFULLY BEFORE SIGNING: Under penal en truthfully answered to the best of the knowledge blication; that the applicant has read and made a correct. The undersigned further understands the d, and under penalty of state law, the applicant mass application. Any person who knowingly provides in \$1,000.	of the signer. The signer agrees omplete answer to each questic at any license issued contrary t ay be prosecuted for submitting	s that he/she is the person nam on, and that the answers in eac o Chapter 125 of the Wisconsi false statements and affidavits	ed in the h instance n Statute in conne	foregoing e are true s shall be ction with
Co	ntact Person's Name (Last, First, M.I.)	Title / Member Bow Age	7 Date 4-8-	21	
Sign	Miento d. bonko p	Phone Number	Email Address	· 1	***
	BE COMPLETED BY CLERK				
		orted to council / board	Date license granted		
Lic	cense number issued Date lices	nse issued	Signature of Clerk / Deputy Cler	k	

Submit to municipal clerk.

must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official
To the governing body of: Village of Work Ville County of County of City
The undersigned duly authorized officer/member/manager of Evanguille Memorical Rest 6905 VFW (Registered Name of Corporation / Organization or Limited Liability Company)
a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
located at 179 E. Main St. Evansville WI 53536
appoints John L. Schneider
15542 W. Francis Rd Evansville WI 53536 (Home Address of Appointed Agent)
to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?
Yes You If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
Is applicant agent subject to completion of the responsible beverage server training course?
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?
Place of residence last year 15542 W. Francis Rd Evansuille WT 53536
For: Evansville Memorial Post 6905 VFW
By: (Numer of Corporation / Organization / Limited Liability Company) (Signature of Officer / Member / Manager)
Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.
ACCEPTANCE BY AGENT John L. Schweider , hereby accept this appointment as agent for the (Print/Type Agent's Name)
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcoho beverages conducted on the premises for the corporation/organization/limited liability company.
15542 W. Francis Rd Evansville WI 53536 Date of birth
(Home Address of Agent) Date of birth
APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information the character, record and reputation are satisfactory and I have no objection to the agent appointed.
Approved on by Title
AT-104 (R, 4-18) Wisconsin Department of Revenue

Wisconsin Department of Revenue

Renewal Alcoho	l Beverage L	icense Ap	plication	Applicant's Wisconsin Seller's P	ermit Number
(Submit to municipal clerk.			, ,	FEIN Number	
For the license period begin	ning: 6/30/2	02/ ending:	6/30/2022	TOTAL MUNICIPALITY	-
	(mm dd yyyy)		(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of th	□ Town of □ Village of V	Sancil	1116	Class A beer	\$ 100
	City of	VUISO	1000	Class B beer	\$ 100
County of ROCK	7	Alalassas	1. B	Class C wine	\$ 100
obuilty of	•		nic Dist. No ed by ordinance)	Class A liquor (cider only)	
Observation of the state of the	-		ordinarioc)	Class B liquor	\$ 500
Check one: Individual	Limited Liabilit			Reserve Class B liquor	\$
_	☐ Corporation/No	onprofit Organiza	ition	Class B (wine only) winer	
Complete A or B. All must	complete C.	8		Publication fee TOTAL FEE	\$ 15
A. Individual or Partnershi	D:		× 8	TOTAL FEE	\$ 215
Full Name (Last)	(First)	/ (Middle Name) /	Home Address (\$treet, (City or Post Office, & Zip Code)	1 1 1
Bowcena	Miduel	Ansel	44 N N	larvon SF B	10t-1
Full Name (Last)	(First)	(Middle Mame)	Home Address (Street, 0	City or Post Office, & Zip Code)	7 -
		1,657	EVans dil	le WE. CTS	36
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
	**				
B. LLC or Corporation (and	Agent):		201	4	
ull Legal Name of Corporation / Nor	ofit Organization / Limite	d Liability Company	Address of Corporation / Lin	mited Liability Company (if different fr	rom licensed premises)
Husers 1	1220 66	C	18.E N	lain 5+ 53	
Il corporations/organizations quor must appoint an agent.	or limited liability co	ompanies applyin	g for a license to sell	fermented malt beverages	and/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Barcene	Michael	Angrel		ladison St	HO+
II Officer(s) Director(s) of	Corporation and Me	embers / Manag			
resident / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	C 1 . I
BARENO	Michael	Anse)	424 N) 1	ladion st	- HPF 1
ice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	city or Post Office, & Zip Code)	. 10 H. 01 J. H. J.
- v		8 8	& Varsa	111(e 11) I	153536
ecretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	13332
reasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
irectors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
The share (84					10
irectors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
Business Information				11	
Trade Name /// Cr	Balles 11	22000	Business Phon	a Number 1009 X	X2 1315
Address of Premises	Xcll	in ch			0 ,0,5
	0 2 10(0	un on	Post Office & Z		
Does the applicant unders and brewpubs?	tand that they must p	ourchase alcohol	beverages only from	n Wisconsin wholesalers, bre	
Premises description: De	scribe building or b	uildings where a	lcohol beverages ar	e to be sold and stored. Th	
III CIAGO AII TOOMS III CIAGIII	anving quarters, it us	sed, for the sales	S SARVICA consumpti	on and/or storogo of alcoho	e applicant must
records. (Alcohol beverag	es may be sold and	stored only on #	e premises describe	ed.)	∧ 1
HICOhoel	1101/6	- all	bo	stores 114	Stolk
1 1 SF 51	man ich	1100) / 00	Dien-a un	olans
C' - F(0	20V)	112816	te fe	181 COOK	28.
				11-	
15 (R. 5-19) W	rsfeck	Kept	in	Worlkin Wisconsin	n Department of Revenue
	coope	rin	The	bock o	of GIAM
4. Premises description: De	escribe building or bu	uildings where a	Icohol beverages are	Yes e to be sold and stored. The son, and/or storage of alcoholed.) Should When the sold of the sold	e applicant must pol beverages and

Lice	nse number Issued Date license issued Signature of Clerk / Deputy Clerk		
Date	received and filed with municipal clerk Date reported to council / board Date license granted		
	BE COMPLETED BY CLERK		
	1,,,,,,,		
	100		j.
Sign	ature Phone Number, Email Address		
Cont	act Person's Name (Last, First, M.I.) Date 123	/20	21
ind oid his	ication; that the applicant has read and made a complete answer to each question, and that the answers in each correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in application. Any person who knowingly provides materially false information on this application may be required to \$1,000.	Statutes connec	shall b
eer	D CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the about truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named	d in the f	oregoin
(Does the applicant owe municipal property taxes, assessments, or other fees?	☐ Yes	XNO
1. I	s the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?	☐ Yes	⊠'Nα
f	Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years rom the date of invoice and made available for inspection by law enforcement?	X-Yes	□No
[phone (608) 266-2776]	. –	
9. [Does the applicant understand they must hold a Wisconsin Seller's Permit?	Yes	□ No
-	Alcerter - HS of 4/23/2021	90	
	100 SIFES CUIVANTY OCI		
	Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain	☐ Yes	© €N(
ď			
	Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain	☐ Yes	No
		Yes	ZN
	or municipality? If yes, complete page 3	☐ Yes	- No
6. а	n. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county		
	egal description (omit if street address is given on previous page):		

Submit to municipal clerk. All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official. Town of Eversville To the governing body of: County of Village The undersigned duly authorized officer/member/manager of (Registered Name of Corporation / Organization or Limited Liability Company) a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as (Trade, Name) located at appoints to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/ organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin? If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies). Is applicant agent subject to completion of the responsible beverage server training course? Yes How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Place of residence last year gration-/ Organization / Limited Liability Company Signature of Officer / Member / Manager) Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000. ACCEPTANCE BY AGENT , hereby accept this appointment as agent for the corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol onducted on the premises for the corporation/organization/limited liability company. (Signature of Agent) (Home Address of Agent) APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official) I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed. Approved on (Date)

(Signature of Proper Local Official)

AT-104 (R. 4-18)

(Town Chair, Village President, Police Chief)

	l Beverage L	Applicant's Wisconsin Seller's Permit Number			
(Submit to municipal clerk.		FEIN Number	_		
For the license period begin	7/1/	1 21	0/30/2022 (mm dd yyyy)	L CIV (Miliber	-
		TYPE OF LICENSE REQUESTED	FEE		
To the Governing Body of the	he: Village of)	EVANSVIL	10	Class A beer	\$ 100
to the doverning body of the	M City of	TVANSVIL	LE	X Class B beer	\$ 100
	Z City of			Class C wine	\$ 100
County of Rock		Alderman	ic Dist. No	Class A liquor	\$ 500
		(if require	d by ordinance)	Class A liquor (cider only)	\$ N/A
Check one: Individual	✓ Limited Linbill	ity Company		Class B liquor	\$ 500
Partnership	Limited Liabili		At	Reserve Class B liquor	\$
□ Farmership	Corporation/N	lonprofit Organiza	tion	Class B (wine only) winery	\$
Complete A or B. All mus	t complete C.			Publication fee	\$ 15
				TOTAL FEE	\$ 215
A. Individual or Partnersh	·				
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
		2			
Full Name (Last)	(First)	(Middle Name)	Home Address (Street. C	tity or Post Office, & Zip Code)	
. LLC or Corporation (an	d Agent):				
Full Legal Name of Corporation / No				<u> </u>	
C. Casaca A.	oriprofit Organization / Limit	ted Liability Company		nited Liability Company (if different from	
THE GROVE M	MEKET, U	-	24 E. MAN	ST, EVANSVILLE, W	1 53536
		Jumpanies appivini	a for a license to sell.	fermented malt heverages ar	d/or intoxicating
quor must appoint an agent		companies applying	g for a license to sell	fermented malt beverages ar	nd/or intoxicating
quoi must appoint an agent	(First)	(Middle Name)		fermented malt beverages ar	nd/or intoxicating
quor must appoint an agent	(First)	(Middle Name)	Home Address (Street, C	fermented malt beverages are ity or Post Office, & Zip Code)	
Agent Last Name NIEDEL	(First) JENNIFER	(Middle Name)	Home Address (Street, C	fermented malt beverages and ity or Post Office, & Zip Code) BERTY ST EVANSHU	
Agent Last Name Wiff of Last Name Il Officer(s) Director(s) of	(First) JENNIFER Corporation and N	(Middle Name) - DECKER Members / Manage	Home Address (Street, C	fermented malt beverages and ity or Post Office, & Zip Code) BERTY ST EVANSMU lity Company:	
Agent Last Name Wiff of Last Name II Officer(s) Director(s) of	(First) JENNIFER	(Middle Name)	Home Address (Street, C	fermented malt beverages and ity or Post Office, & Zip Code) BERTY ST EVANSHU	
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Agent Last Name Witht II Officer(s) Director(s) of President / Member Last Name	(First) JEN NI FER F Corporation and N (First) JEN NIFER	(Middle Name) DECK-CP- Members / Manage (Middle Name) DECK-CP-	Home Address (Street, C	fermented malt beverages and ity or Post Office, & Zip Code) BERTY ST EVANSMU lity Company:	e,w15353]
Agent Last Name MI FOR Director(s) of President / Member Last Name Wice President / Member Last Name	(First) JEN NI FER F Corporation and N (First) JEN NIFER	(Middle Name) DECKER Members / Manage (Middle Name) DECKER (Middle Name)	Home Address (Street, C	fermented malt beverages and ity or Post Office, & Zip Code) BERTY ST EVANSMUL Ity Company: Ity or Post Office, & Zip Code) IB GATY ST, GANSMUL Ity or Post Office, & Zip Code)	e,w15353]
Agent Last Name MILDE III Officer(s) Director(s) of President / Member Last Name WILDE //ice President / Member Last Name	(First) JENNIFER (Corporation and N (First) JENNIFER (First)	(Middle Name) DECK-CP- Members / Manage (Middle Name) DECK-CP-	Home Address (Street, C	fermented malt beverages and ity or Post Office, & Zip Code) BERTY ST EVANSHUL ity Company: ity or Post Office, & Zip Code)	e,w15353]
Agent Last Name WIEDE III Officer(s) Director(s) of President / Member Last Name Vice President / Member Last Name Secretary / Member Last Name	(First) JENNIFER F Corporation and N (First) JENNIFER (First) (First)	(Middle Name) Members / Manage (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Co. 112 W. L.) ers of Limited Liabil Home Address (Street, Co. 112 W. L.) Home Address (Street, Co. 112 W. L.) Home Address (Street, Co. 112 W. L.)	fermented malt beverages and ity or Post Office, & Zip Code) BERTY ST EVANSHUL ity Company: ity or Post Office, & Zip Code) ity or Post Office, & Zip Code) ity or Post Office, & Zip Code)	e,w15353]
Agent Last Name WIEDE II Officer(s) Director(s) of President / Member Last Name Vice President / Member Last Name Secretary / Member Last Name	(First) JENNIFER (Corporation and N (First) JENNIFER (First)	(Middle Name) DECKER Members / Manage (Middle Name) DECKER (Middle Name)	Home Address (Street, Co. 112 W. L.) ers of Limited Liabil Home Address (Street, Co. 112 W. L.) Home Address (Street, Co. 112 W. L.) Home Address (Street, Co. 112 W. L.)	fermented malt beverages and ity or Post Office, & Zip Code) BERTY ST EVANSMUL Ity Company: Ity or Post Office, & Zip Code) IB GATY ST, GANSMUL Ity or Post Office, & Zip Code)	e,w15353]
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Agent Last Name WIEDE II Officer(s) Director(s) of President / Member Last Name Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name	(First) JENNIFER FCOrporation and N (First) JENNIFER (First) (First)	(Middle Name) Members / Manage (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Co. 12 W. L.) ers of Limited Liabil Home Address (Street, Co. 12 W. L.) Home Address (Street, Co. 12 W. L.) Home Address (Street, Co. 12 W. L.) Home Address (Street, Co. 14 W.) Home Address (Street, Co. 15 W.) Home Address (Street, Co. 16 W.)	fermented malt beverages and ity or Post Office, & Zip Code) BERTY ST EVANSMUL ity Company: ity or Post Office, & Zip Code) ity or Post Office, & Zip Code) ity or Post Office, & Zip Code) ty or Post Office, & Zip Code) ty or Post Office, & Zip Code)	e,w15353]
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Agent Last Name MILDE All Officer(s) Director(s) of President / Member Last Name WILDE //ice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name	(First) JEN A) FER F Corporation and N (First) JGN 1 FER (First) (First) (First) (First)	(Middle Name) Members / Manage (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Co. 12 W. L.) ers of Limited Liabil Home Address (Street, Co. 12 W. L.) Home Address (Street, Co. 12 W. L.) Home Address (Street, Co. 12 W. L.) Home Address (Street, Co. 14 W.) Home Address (Street, Co. 15 W.) Home Address (Street, Co. 16 W.)	fermented malt beverages and ity or Post Office, & Zip Code) BERTY ST EVANSMUL ity Company: ity or Post Office, & Zip Code) ity or Post Office, & Zip Code) ity or Post Office, & Zip Code) ty or Post Office, & Zip Code) ty or Post Office, & Zip Code)	e,w15353]
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Agent Last Name WIEDEL III Officer(s) Director(s) of President / Member Last Name Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name Treasurer / Member Last Name Treasurer / Managers Last Name Directors / Managers Last Name	(First) FCOrporation and N (First) JGN 1 FER (First) (First) (First) (First) (First)	(Middle Name) Members / Manage (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Co. 12 W. L.) ers of Limited Liabil Home Address (Street, Co. 12 W. L.) Home Address (Street, Co. 14 Home Address (Street, Co. 15 Home Address (Street, Co. 16 Home Address (Street, Co. 17 Home A	fermented malt beverages and ity or Post Office, & Zip Code) BERTY ST EVANSMUL ity Company: ity or Post Office, & Zip Code)	L,WI 5353
Agent Last Name Agent Last Name Agent Last Name Agent Last Name II Officer(s) Director(s) of President / Member Last Name Agent Last Nam	(First) JENNIFER FCOrporation and N (First) JGNIFER (First) (First) (First) (First)	(Middle Name) Members / Manage (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Co. 12 W. L.) ers of Limited Liabil Home Address (Street, Co. 12 W. L.) Home Address (Street, Co. 12 W. L.) Home Address (Street, Co. 12 W. L.) Home Address (Street, Co. 13 W.) Home Address (Street, Co. 14 W.) Home Address (Street, Co. 15 W.) Home Address (Street, Co. 15 W.) Business Phone	fermented malt beverages are ity or Post Office, & Zip Code) RECETY ST EVANSMU ity Company: ity or Post Office, & Zip Code) ty or Post Office, & Zip Code) ty or Post Office, & Zip Code) ty or Post Office, & Zip Code)	L,WI 5353
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Agent Last Name Directors / Member Last Name Directors / Managers Last Name	(First) JENNIFER FOODTOTATION and N (First) (First) (First) (First) (First) (First) First)	(Middle Name) Members / Manage (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Co. 1/2 W. L.) ers of Limited Liabil Home Address (Street, Co. 1/2 W. L.) Home Address (Street, Co. 1/2 W. L.) Home Address (Street, Co. 1/2 W. L.) Home Address (Street, Co. 1/2 W.) Home Address (Street, Co. 1/2 W.) Home Address (Street, Co. 1/2 W.) Business Phone Business Phon	fermented malt beverages and ity or Post Office, & Zip Code) BERTY ST EVANSMUL Ity Company: Ity or Post Office, & Zip Code)	L, WI 5353
Agent Last Name With Last Name With Last Name With Last Name Wice President / Member Last Name Vice President / Member Last Name Gecretary / Member Last Name Directors / Managers Last Name	(First)	(Middle Name) DECKER Members / Manage (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Co. 1/2 W. L.) ers of Limited Liabil Home Address (Street, Co. 1/2 W. L.) Home Address (Street, Co. 1/2 W. L.) Home Address (Street, Co. 1/2 W.) Business Phone Like Wost Office & Zi. 1/2 W.	fermented malt beverages and ity or Post Office, & Zip Code) BLOTY ST EVANSHUE Ity Company: ity or Post Office, & Zip Code)	Lt, WI 5353
Agent Last Name WIEDE All Officer(s) Director(s) of President / Member Last Name Wiede President / Member Last Name Secretary / Member Last Name Freasurer / Member Last Name Directors / Managers Last Name Directors / Managers Last Name Address Information Trade Name Address of Premises Does the applicant under and brewpubs? Premises description:	(First)	(Middle Name) Members / Manage (Middle Name) Home Address (Street, Co. 12 W. L.) ers of Limited Liabil Home Address (Street, Co. 12 W. L.) Home Address (Street, Co. 12 W. L.) Home Address (Street, Co. 12 W. L.) Home Address (Street, Co. 13 Home Address (Street, Co. 14 Home Address (Street, Co. 15 Home Address (Street, Co. 16 Home Address (Street, Co. 17 Home Address (Street, Co. 18 Home Address (Street, C	fermented malt beverages are ity or Post Office, & Zip Code) RECETY ST EVANSMU ity Company: ity or Post Office, & Zip Code) ty or Post Office, & Zip Code) the Number	veries No applicant must	
Agent Last Name Agent Last Name WIEDE III Officer(s) Director(s) of President / Member Last Name Vice President / Member Last Name Secretary / Member Last Name Freasurer / Member Last Name Freasurer / Member Last Name Freasurer / Managers Last Name	(First) (Middle Name) Members / Manage (Middle Name) Home Address (Street, Co. 12 W. L.) ers of Limited Liabil Home Address (Street, Co. 12 W. L.) Home Address (Street, Co. 12 W. L.) Home Address (Street, Co. 12 W. L.) Home Address (Street, Co. 13 Home Address (Street, Co. 14 Home Address (Street, Co. 15 Home Address (Street, Co. 16 Home Address (Street, Co. 17 Home Address (Street, Co. 18 Home Address (Street, C	fermented malt beverages an ity or Post Office, & Zip Code) BERTY ST EVANSHUE Ity Company: ity or Post Office, & Zip Code)	veries No applicant must		
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5	Legal description (omit if street address is given on previous	page):				
6.	a. Since filing of the last application, has the named license member, officer, director, manager or agent for either a organization licensee been convicted of any offenses for violation of any federal laws, any Wisconsin laws, an or municipality? If yes, complete page 3	limited liability company lid (excluding traffic offenses ny laws of other states, or o	censee, or no not related to ordinances of	onprofit o alcohol) any county	☐ Yes	×400
e n	b. Are charges for any offenses presently pending (exclution the named licensee or any other persons affiliated with the	iding traffic offenses not rel his license? If yes, explai	ated to alcoh n fully on pa	ol) against ge 3	☐ Yes	М́Nο
7.	Except for questions 6a and 6b, have there been any char by you on your last application for this license? If yes, ex	nges in the answers to the plain	questions as	s submitted	☐ Yes	No
8.	Was the profit or loss from the sale of alcohol beverages for or Franchise Tax return of the licensee? If not, explain	the previous year reported	on the Wisco	nsin Income	Yes	□No
			1 ×			
9.	Does the applicant understand they must hold a Wisconsir [phone (608) 266-2776]	n Seller's Permit?		***	Yes	□ No
	Does the applicant understand that alcohol beverage invoic from the date of invoice and made available for inspection in	by law enforcement?				□No
11.	. Is the applicant indebted to any wholesaler beyond 15 day	rs for beer or 30 days for lig	luor?	programme and e	☐ Yes	N₀
12.	 Does the applicant owe municipal property taxes, assessments. (Note: Renewal of licenses may be denied pursuant to a assessments or other fees). 	nents, or other fees? local ordinance, if the licen	see owes mu	inicipal taxes,	☐ Yes	No
ap an voi	EAD CAREFULLY BEFORE SIGNING: Under penalty provide the truthfully answered to the best of the knowledge of the sign polication; that the applicant has read and made a complete and correct. The undersigned further understands that any licoid, and under penalty of state law, the applicant may be provide, application. Any person who knowingly provides materially ann \$1,000.	gner. The signer agrees that answer to each question, at ense issued contrary to Ch secuted for submitting false	t he/she is the nd that the ar apter 125 of statements	e person name nswers in each the Wisconsir and affidavits	in the finistance Statutes in connec	e are true s shall be ction with
Co	Contact Person's Name (Last, First, M.I.)	Title / Member		Date 4 /- /	8	
V	WIEDEL, JOHNIFOR, D.	Phone Number	NOR	Email Address	8	
Si	of the hour	bus our .		jen@thega	ovemarl	cHIC-co
T/	O BE COMPLETED BY CLERK					
47	Date received and filed with municipal clerk Date reported to cour	ncil / board	Date license g	anted		
	160c P GAA					
Li	icense number issued Date license issued	e t	Signature of C	lerk / Deputy Cleri	K	

Submit to municipal clerk.

corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official Town To the governing body of: Village of Village of County of Rock City The undersigned duly authorized officer/member/manager of Corporation / Organization or Limited Liability Company) a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
The undersigned duly authorized officer/member/manager of In Glove May Vet Vice (Registered Name of Corporation / Organization or Limited Liability Company) a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
The undersigned duly authorized officer/member/manager of Internation of Corporation / Organization or Limited Liability Company) a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
Lor Gares MARKET
110 61000000000000000000000000000000000
located at 24 E. MAN ST, EVANSVILLE, WI 53534
appoints JENNER DECKER WEDEL (Name of Appointed Agent)
112 W. LIBGETY ST EVANSVILLE, WI 53534 (Home Address of Appointed Agent)
to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?
Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
s applicant agent subject to completion of the responsible beverage server training course?
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?
Place of residence last year EVANSVILLE, WI
For: The GROVE MARKET LA
For: The GROVE MARKET, LLC (Name of Corporation / Organization / Limited Liability Company)
By: (Signature of Officer / Member / Manager)
Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than 1,000.
ACCEPTANCE BY AGENT
JENNIFE DEWER MEDE , hereby accept this appointment as agent for the
orporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol everages conducted on the premises for the corporation/organization/limited liability company.
(Signature of Agent) Agent's age
112 W. UB 6274 ST EVANSVILLE, WI 535314 Date of birth.
APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)
hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, be character, record and reputation are satisfactory and I have no objection to the agent appointed.
pproved on by Title
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Wisconsin Department of Revenue

AT-104 (R. 4-18)

(Submit to municipal clerk.	_	-	plication	Applicant's Wisconsin Seller's Peri	mit Number
	Read instructions of	FEIN Number			
or the license period begin	1/20/24		i balana		
or the license period begin	(mm do yyyy)	ending:	(mm'dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	Town of		ı	Class A beer	\$ 100
the Governing Body of the	ne: UVillage of	vansull	e	Class B beer	\$ 100
	City of			Class C wine	\$ 100
ounty of Rock		Aldormon	sia Diet. No.	Class A liquor	\$ 500
sunty of			nic Dist. No ed by ordinance)	Class A liquor (cider only)	\$ N/A
	5	(ii require	ed by ordinance)	Class B liquor	
neck one: Individual	✓ Limited Liability	Company		Reserve Class B liquor	\$ 500
☐ Partnership			ation		
		ipioni Organiza	1001	Class B (wine only) winery	
omplete A or B. All mus	t complete C.			Publication fee	\$ 15
				TOTAL FEE	\$ 215
Individual or Partnersh					
ull Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Arnat	Shannon	R	414 Obenl	ou lone Evansville 1	11 50001
ull Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	00306
Maly	Carl	1			121 1221-1
ull Name (Last)	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	201 50884
	N. 10.706	(made mane)	Home Address (Street, 1	only or Fost Office, a zip Code)	
LLC or Corporation (and	d Agent).				
Il Legal Name of Corporation / No	onprofit Organization / Limited	Liability Company	Address of Corporation / Li	mited Liability Company (if different from	n licensed premises)
Celli LC			llows Main	St Evanspille, Le	15353/
corporations/organization	s or limited liability cor	mnanies annivin	of for a license to not	I fermented malt beverages ar	good
uor must appoint an agent.		ilpanies applyin	ig for a license to ser	i lermented mait beverages ar	nd/or intoxicating
gent Last Name	(First)	(Middle Name)	Home Address (Street (City or Post Office, & Zip Code)	-
Annal	94	(Wilddle Name)		00 4	1 24
TIME	Shannon	15	414 meado	us land to vernaville	e, lex 53536
l Officer(s) Director(s) of	Corporation and Me	mbers / Manag	ers of Limited Liabi	ility Company:	
resident / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
	0	0	¥1	1 . 1	d
Annal		16.	Home Address (Street,	VMA) INALL TARMIS	
Arndt	Shownen			A LOVE LINE	WILLINI 535315
Control of the President / Member Last Name	(Fish)	(Middle Name)			11.00
Maly	(First) Corner	(Middle Name)	if e it and		11.00
Maly	(First)	(Middle Name)	Home Address (Street, The Home Address (Street, The Home Address (Street, Control of	down land Franco	WILWI 53536 Le 53536
Maly	(First)		414 Meal	down land Franco	11.00
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5.	Legal description (omit if street address is given o	n previous page):				
6.	a. Since filing of the last application, has the narmember, officer, director, manager or agent for organization licensee been convicted of any for violation of any federal laws, any Wiscons or municipality? If yes, complete page 3.	or either a limite y offenses (exc iin laws, any law	ed liability company lic luding traffic offenses as of other states, or o	censee, or n not related ordinances of	onprotit to alcohol) fany county	☐ Yes	No
	 Are charges for any offenses presently pend the named licensee or any other persons affili 	ding (excluding liated with this lic	traffic offenses not rel ense? If yes, explai t	ated to alcoh	nol) against nge 3	☐ Yes	₽No
7.	Except for questions 6a and 6b, have there bee by you on your last application for this license?	en any changes If yes, explain	in the answers to the	questions a	s submitted	☐ Yes	No No
			l l	- "			×
							2
8.	Was the profit or loss from the sale of alcohol beyor Franchise Tax return of the licensee? If not, e	erages for the p	revious year reported	on the Wisco	onsin Income	Yes	□ No
9.	Does the applicant understand they must hold a [phone (608) 266-2776]	ı Wisconsin Sellı	er's Permit?	Legge verses		Yes	□ No
10.	Does the applicant understand that alcohol beve from the date of invoice and made available for	erage invoices m inspection by lav	ust be kept at the lice venforcement?	nsed premis	es for 2 years	₹ Yes	□No
11.	Is the applicant indebted to any wholesaler beyon	ond 15 days for	beer or 30 days for lic	quor?	, 101 1411444	☐ Yes	■ No
12	. Does the applicant owe municipal property taxe (Note: Renewal of licenses may be denied pur assessments or other fees).	es, assessments suant to a local	, or other fees? ordinance, if the licen	see owes m	unicipal taxes,	☐ Yes	■ No
be ap an vo thi	EAD CAREFULLY BEFORE SIGNING: Under per entruthfully answered to the best of the knowledge plication; that the applicant has read and made a discorrect. The undersigned further understands to the first state law, the applicant restriction. Any person who knowingly provide an \$1,000.	ge of the signer. complete answerthat any license	The signer agrees that er to each question, a issued contrary to Ch ed for submitting false	t he/she is the nd that the a apter 125 of statements	e person name nswers in each the Wisconsin and affidavits	ed in the to n instance n Statutes in connect	oregoing are true s shall be ction with
	Arnd+ Shamon R		Title / Member Ounce Phone Number		Date 4/20/2 Email Address	4	
5	Sur Out		LDS 698 9098	3	Stannona	Ceilice	offeen
	O BE COMPLETED BY CLERK		Α.		32		
D	4-23-2021	eported to council / bo	pard	Date license g		9	
L	21/22-14 4 21/22-15	cense issued	0-	Signature of C	Clerk / Deputy Cler	К	

Submit to municipal clerk.

	All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquomust appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official
	To the governing body of: Village of Fransville County of Rock City
	The undersigned duly authorized officer/member/manager of
	a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
	located at Llew Main Evensuille Wi 53534
	appoints Shamon Andt (Name of Appointed Agent)
	(Home Address of Appointed Agent)
	to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?
	Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
1	Is applicant agent subject to completion of the responsible beverage server training course? Yes No
	How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?
	Place of residence last year 414 Meadow Lave Evansually Les 53536
	By: (Name of Corporation / Organization / Limited Liability Company)
	(Signature of Officer / Member / Manager) Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.
	ACCEPTANCE BY AGENT Shannen (Print / Type Agent's Name), hereby accept this appointment as agent for the
1	corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.
,	4/20/21 Agent's age
	(Home Address of Agent) One of birth of the state of birth o
	APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)
t	hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, he character, record and reputation are satisfactory and I have no objection to the agent appointed.
A	Approved onbyTitle
A	T-104 (R. 4-18)

Wisconsin Department of Revenue

A 5

Evansville Public Safety Police Report

May 5th 2021

Committee Members:

Chair Dianne Duggan Alderperson Erika Stuart Alderperson VACANT

City Representatives:

Mayor: William Hurtley
City Administrator: Vacant
Prepared by: Chief Patrick Reese
Virtual Meeting

Officer Training:

- Chief Reese, Lt Jones, and Sgt Reilly attended "A Supervisor's Guide to Common Employment Problems" at Waukesha County Technical College
- Sgt Rittenhouse, Officer Nankee, Officer Schmidt, and Officer Johnson have been working on the Department of Justice's Threat Assessment Team course. The course gives officers information on how to handle and determine the severity of threats in schools
- The department will be holding their annual firearms qualification at Blackhawk Technical College on 05/10
- Officer Wolf has completed Phase II of her academy training and is doing well
- Det Sgt. Rittenhouse and Ofc. Johnson will be attending a free crime scene management class in June. WI DOJ is sponsoring the two-day course

Community Relations:

- Drug take back day was held on Saturday April 24th 2021
 - o 18.8ibs of RX drugs taken back on Saturday
 - o 167.5 Total since last take back day
- We've received several thousands of dollars for Evansville Night Out. Seems like the community is excited to be having this again in 2021. BASE controls the funds for Night Out
- PD staff participated in the Day of Silence to show support to our LGBTQ+ community members
- Alderperson Becker has asked that Chief Reese go on a walk in the community and talk with her regarding issues she had heard during her campaign. Once Chief Reese returns, he will schedule a date that the walk can take place

Monthly Update:

Technology/Equipment/Building Update:

 Lt. Jones has been working with General Communications on finalizing equipment for the new squad. Delays in some product delayed the finish. Waiting on a computer and install of the cradle point technology

- Lt. Jones is working with Rock County IT/911 to set up the new computer for the squad
- Sgt. Reilly worked with Lt. Jones on the CIB/DOJ Audit of the PD. We should be purchasing our own server for the PD independent of City Hall, future discussion will need to take place regarding this

Police Commission/staffing:

- Only one eligible part time offer put in for the permanent full time slot. Once she's done with the academy, we will call a Police Commission meeting together to make the appointment based on Chief Reese's recommendation
- We've received one application for the two openings we have for part time officers. The
 applicant is promising with prior experience and a move to education as his current full-time
 career.

The Union contract requires the agency to maintain at least 4 part time officers. We currently have 3 and will be down to 2 after we re-classify Officer Wolf to full time. One of our current part time officers works full time at the Rock County Sheriff's Office and he can usually only work a 6:30A-Noon shift, the other is our Senior Citizen Liaison Officer, Dave. Dave is currently out recovering from a procedure but will return to his duties with the seniors later in the month. Officer Dave cannot do patrol work therefore does not fill shifts. The minimum requirement for part time officers is something that will need to get addressed in future contract negotiations with the WPPA and the City. It's been hard to maintain compliance with the minimum part-time staff required by the union contract. At the time of this report there were 81 law enforcement agencies in the State of Wisconsin hiring for police officers. There is little incentive for applicants to apply for part time work considering the pay, risk, hours, and lack of benefits that come with part time policing. Chief Reese spoke with some other area Chiefs who have part time staff. One Chief said he will no longer fill part time staff because the cost is too burdensome to the City and the quality of candidates has not been attractive to the municipality. The other Chief said he's not gotten any applications for part time and is trying to fill several full-time positions. EPD has always supplemented with part time to help full time staff get days off. This year and last year were two years we had to deny several vacation requests due to staffing shortages. This is not good for morale nor is it good for Officer wellbeing.

Calls for Service:

April 2021:1000

April 2020: 1012

Accreditation:

- Chief Reese continuing working on Minocqua PD's CORE assessment review. This is almost complete. This is Minocqua PD's first time at an assessment so they've had some repairs Chief Reese has been assisting them with
- Detective Sergeant Rittenhouse keeps working on our accreditation, this is constantly ongoing and she is attending an assessment training this spring
- Chief Reese conducted an un-announced audit of the evidence room. All items accounted for and the evidence room was in neat and orderly condition with items stored properly

Notable incidents/calls (by Sergeant Reilly):

- Officer Tway made of an adult male for PID Methamphetamine, PID Cocaine, and Possession of Drug Paraphernalia. He was booked at the Rock County Jail on multiple felony charges
- A total of 3 OWI arrest were made. Officer Nankee arrested an adult male for OWI (4th offense) on 04/13/21. The same subject was arrested by Officer Tway on 04/20/21 for the same offense
- Officer Johnson arrested an adult male on domestic related offense. It was later found this subject was out on bail for previous domestic incidents and armed robbery. He was booked at the Rock County Jail on misdemeanor domestic charges and felony Bail Jumping
- Officer Schmidt was dispatched to a male who had overdosed on illicit drugs. The subject was later to be found to be in possession of methamphetamine and taken to the Rock County Jail
- Officer Johnson issued a theft citation to an adult female after she was found to have stolen a package from a resident's front porch
- A total of 83 traffic stops were made (18 stops resulted in citations being issued.)

Other Concerns/Comments:

- Erin Howell with Vivant Health (formally the Aids resource center) inquired if Evansville would like to host Narcan distribution boxes. She's been in touch with Chief Reese and Leah on possibly speaking on the topic at an upcoming PS meeting
- Erin Howell donated several large sharps container and will take them from us when they are full. Even though we don't accept sharps in our drug drop off some people still drop them in there. She has agreed to also have them disposed of for no cost. In the past we paid Evansville Pharmacy to dispose of them
- Chief Reese is looking into grant funding for the purchase of new ballistic vests for the department. Most are nearing their recommended use
- Chief Reese has been looking at the cost of hybrid squad cars. So far the research shows they would cost \$4700 more than the cars we've been purchasing. The

technology has been improving so this may be an option the City decides to go towards in the future

Lt. Jones is working with the ATF to obtain access to a weapons data base. It was
discovered we needed this access after a found gun was turned into the PD and we
were trying to identify the owner. Once approve, Lt. Jones will have quicker access to
the data base to help identify owners of registered guns

Operational at 10 W. Church Street as of Monday, November 2rd, 2009.