Public Safety Committee Regular Meeting Wednesday, January 6, 2021 at 6:00 p.m.

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 December 2, 2020 Public Safety regular meeting minutes.
- **5.** Citizen appearances other than agenda items listed.
- 6. Old Business.
- 7. New Business.
 - **A.** Motion to approve the Original Operators License application(s) for: (approved by Police Chief Reese unless otherwise noted).
 - 1) Emily Anders
 - 2) Christina Judd (not recommended applicant from November 4, 2020 meeting)
 - **B.** Motion to recommend to Common Council approval of the Original Alcohol Beverage License Application for a **Class B Beer** and **Class C Wine** License for: (approved by Police Chief Reese unless otherwise noted)
 - Angel's Pizza LLC, Michael Barcena, Agent, 44 N Madison St, Evansville, WI 53536,
 d/b/a Marsala's Pizzeria, 18 E Main Street, Evansville, WI 53536.
- **8.** Evansville Emergency Medical Services Report.
- 9. Evansville Police Department Report.
- 10. Meeting Reminder: Next regular meeting scheduled for Wednesday, February 3, 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.

These minutes are not official until approved by the City of Evansville Public Safety Committee.

City of Evansville Public Safety Committee Regular Meeting Wednesday, December 2, 2020 at 6:00 p.m. Meeting held virtually due to COVID-19 Guidelines

MINUTES

- 1. Call to Order at 6:02 pm, by Dianne Duggan, Public Safety Chair.
- **2.** Roll Call. Members present: Dianne Duggan, Bill Lathrop, and Erika Stuart. Others present: Police Chief Patrick Reese, EMS Chief Jamie Kessenich and Lieutenant Chris Jones and Deputy Clerk Leah Hurtley.
- **3.** Motion to approve the agenda, by Lathrop, with the exception of Duggan's request to add 7B Discussion of 4 way stop sign at the corner of S Main and Water Street and 7C Discussion of Rapid Covid Testing. Motion seconded by Stuart, Approved unanimously.
- 4. <u>Motion to waive the reading of the minutes from the November 4, 2020 regularly scheduled Public Safety Meeting minutes and approve them as printed</u> by Stuart, seconded by Duggan. Approved unanimously.
- 5. Citizen appearances other than agenda items listed. None
- 6. Old Business. None
- 7. New Business.
 - A. <u>A motion was made by Lathrop, seconded by Stuart, to approve the Original Operators License applications for Tracy McAfee.</u> Approved unanimously.
 - **B.** <u>Discussion on potentially adding a 4-way stop at the intersection of Water St and E Main St.</u> LT. Jones will contact the state to see if there are any implication and determine if they need state approval.
 - **C.** <u>Discussion on Rapid Covid Testing in Evansville</u>, Lathrop will reach out to elected officials beyond the City about getting rapid testing sites here in Evansville.
- **8.** Evansville Emergency Medical Services Report. Chief Kessnich shared her written monthly report covering the training, community outreach, updates in the department, staffing matters, and accreditation.
- **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.
- 10. Meeting Reminder: Next regular meeting scheduled for Wednesday, January 6, 2021 6:00 p.m.
- 11. <u>Motion to Adjourn</u> by Lathrop, seconded by Stuart at 6:43pm. Approved Unanimously.

Respectfully submitted, Leah Hurtley, Deputy Clerk City of Evansville



CITY OF EVANSVILLE Operator's License Application

City Hall 31 S. Madison St PO Box 76 Evansville, WI 53536

Provisional License \$15.00 Original License \$25.00 Renewal License \$25.00
First Rose Anders Date of Birth 2/W/XW
Address 10909 North County Francille WI 53632 Street road M City State Zip Code
Telephone No.: 608 490 000 Gender: Male Female
Current Driver's License No.: A530 - 200-144- Assued in the State of: Wisconsin (If no current DL, Provide the Last Valid Driver's License No.)
If you are unsure about the answers to questions 3-5 below, you may obtain a copy of your record from the Wisconsin Department of Transportation or visit CCAP's website at http://wcca.wicourts.gov. Incomplete information may result in a delay or denial of your application. Answer ALL questions below.
1) In the last 2 years, have you held a valid Wisconsin Operator's License or completed a Wisconsin Certified Responsible Beverage Server's Training Course?
Yes No Original applications require a copy of either document.
2) Do you need to apply for a Provisional (60 Day) License?
Yes No If yes, please enclose an additional \$15.00 fee
3) Have you ever been cited and/or convicted of <u>any felony or misdemeanor</u> in the State of Wisconsin or in the United States?
Yes No No lif yes, state nature of offense and, if applicable, the conviction date and name of court:
4) Within the last 10 years have you been cited and/or convicted of violating any other law or ordinance in the City of Evansville or State of Wisconsin?
Yes No No lf yes, state nature of offense and if applicable the conviction date and name of court:
5) Within the last 10 years have you been cited and/or convicted of violating <u>any license law</u> or <u>ordinance</u> regulating the sale of fermented malt beverages or intoxicating liquors?
Yes No No lif yes, state nature of offense and if applicable the conviction date and name of court:

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 30^{th} after issuance (unless revoked prior to expiration). I certify that I am a citizen of the United States; I am 🔀 years of age; and that all answers in this application are true and correct, and I agree that any misstatements or omissions of material fact may result in the denial of this application. I understand the application fees are non-refundable. Signature of Applicant: Fully Quoles For Office Use Only Receipt # 1.142635 Faxed **Provisional License** Police: Recommend Non-Recommend _____Signature/Date: Reason for Non-Recommendation if Applicable: Lic No. 20 22-49 Issue Date: 12 2 200 Date Approved: 12 2 200 Clerk Approval: Receipt # 1,142635 Faxed _ Operator's License Non-Recommend ______ Signature/Date: Police: Recommend Reason for Non-Recommendation if Applicable: Public Safety Committee: Granted Denied Reason for Denial: Lic No. Issue Date:

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

Signature/Date:



CITY OF EVANSVILLE Operator's License Application

City Hall 31 S. Madison St PO Box 76 Evansville, WI 53536

	COR					
Pro	visional Licer	nse \$15.00	Original Lice	ense \$25.00	Renewal License \$	25.00
First	nristina	Hayle		r driver's (Icense)	_ Date of Birth	
Add	ress <u>Q</u>		in rd	Evansville	<u> [J]</u>	5333 Zlp Code
Tele	phone No.:	· · · · ·		Gende	er: Male Fem	nale 📈
Curr	ent Driver's L	icense No.:] (If no curre	n. u., rrovide	Issued the Last Valid Driv	in the State of: ver's License No.)	WI_
	THE PERSON IN TH	MILLION OF ITAL	ISDOMATION OF	Wielf FFAD's wahal	btain a copy of your i te at http://wcca.wi on. Answer ALL quest	The state of the s
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2		d to apply for a Pr	ovisional (60 Da	ay) License? Itional \$15.00 fee	<u> </u>	
3) Have you ev	er been cited and r in the United Sta	or convicted o	f any felony or misc	<i>lemeanor</i> in the State	of
	Yes O No	o Off yes, state r	nature of offens	e and, if applicable,	the conviction date a	nd name
4)	Oranionee III	the City of Evans	ville or State of	Wisconsin?	violating any other le	
5)	Orginalize le	gulating the sale (of fermented m	alt beverages or int	violating <u>any license l</u> oxicating liquors?	
	Yes O No	If yes, state n	ature of offense	e and if applicable ti	ne conviction date and	d name of
	21 5 1/2	dison the transmit				

31 S. Madison St, Evansville WI 53536 / Phone 608.882.2266 / Fax 608.882.2282 <u>www.ci.evansville.wi.gov</u>

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 cit this application are tre may result in the denie Date: 21027206	ue and correct, and of this application	I agree that any	misstatements of the application fe	ge; and that all answers or omissions of material fo es are non-refundable.	in act
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Operator's License Police: Recommend Reason for Non-Recom	Non-Recomm	nend XSig cable: UN truth nuilteil in	nature/Date: 1	Matron Vehicle Carryiny	<u>-</u> >
Public Safety Committe Reason for Denial:	e: Granted		Denied		
Lic No.		:	<u> </u>		_
	TAE			*	
Signature/Date:		/			
			ş e	Faid To: City of Evansville	
				Receipt: 1.142510	25.

JUDD CHRISTINA

Original Alcohol B	everage Ret	ail License	Application	Applicant's Wisconsin Seller's Per	7B		
(Submit to municipal clerk.)				456-6029 088	588-02		
For the license period beginn	ing: 12-1-202	0	14-2021	FEIN Number 8 - 2029 8 5	~		
Poriod bogin	(mm dd yyyy	TYPE OF LICENSE					
	REQUESTED	FEE					
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to the Governing Body of the	X Class B beer	\$					
	City of)						
County of Rock	Class C wine	\$					
	Aldermanic Dist. No. (if required by ordinance)						
	(in required by ordinance)						
Check one: Individual	107 1 material 4 for the			Reserve Class B liquor	\$		
Partnership	Limited Liabili		=	Class B (wine only) winery	\$		
□ i altiterstiip	Corporation/N	onprofit Organiza	ition	Publication fee	\$		
			1	TOTAL FEE	\$		
Name (individual / partners give last	nama firet middle, see-						
Name (individual / partners give last		orations / limited liabili	ly companios give registered	name)	-		
Michael Bas	rcena	Ungel	5 P122 a CC	C (DB+: Ma	Tales Time		
An "Auxilian O	N = 3						
An "Auxiliary Questionnaire by each member of a partne)," Form AT-103, m	ust be complete	d and attached to this	s application by each indiv	idual applicant		
by each member of a partne each member/manager and	arsnip, and by eac	h officer, directo	or and agent of a corp	poration or nonprofit organ	ization, and by		
each member/manager and President / Member Last Name			y. List the full name a	nd place of residence of each	h person.		
President / Wember Last Name	(First)	(Middle Name)		y or Post Office, & Zip Code)			
Barcena	micheel	Ansel	44 1) 110	or Post Office, & Zip Code)			
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City	or Post Office & Zip Code)	36		
			(3.32., 3.,	or tool omoo, a zip code)			
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City	or Post Office, & Zip Code)			
1			January (arraci, Oily	of Fost Office, & Zip Code)			
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, O.)	***************************************			
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Agent Last Name	(First)	(Middle Non-)					
	i neg	(Middle Name)	Home Address (Street, City	or Post Office, & Zip Code)			
Directors / Managers Last Name	(First)				1		
and the state of t	(First)	(Middle Name)	Home Address (Street, City	or Post Office, & Zip Code)			
1. Trade Name MARSA	14's Pizz	LRIA	Dunings Di	1-0 04-			
	D d III	<u></u>	business Phone	Number 608-82-/3	3/5		
2. Address of Premises/	SE Main	51.	Post Office & Zip	Code 52			
Premises description: Desc applicant must include all r	cribe building or bu	ildinge whore ale	obal ballians	- 3236			
3 - Gradioi ocverau	es and records. (Al	cohol beverages	may be sold and store	ce, consumption, and/or			
described.)		5	mey se dola and store	so only on the premises			
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5. (a) Was this premises licens	ed for the sale of its	THOT OF beet dust-	in the post !!		**************************************		
	and the sale of the	dan or neer datif	ig the past license year		Yes INO		
(b) If yes, under what name	was license issued	Man	R-L-				
		1 - 1000 0 Ca	1123				

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

	Individual's Full Name (please print) (last name) (first name) (widdle name)
	(mist dathe) (widdle name)
	Home Address (street/route) 1111 01 prior 10/6
ı	
	Home Phone Number WI 53536
	Age Date of Birth Place of Birth
	608-213-0801 21 10/21/1998 Madison
	The above named individual provides the following information as a person who is (check one):
	Applying for an alcohol beverage license as an individual.
	A mambas at a seath seat
	A member of a partnership which is making application for an alcohol beverage license.
	Michael Barcena of Angels Pizzalle Marsolis Pizzeri
	which is making application for an alcohol beverage license.
	The above named individual provides the following information to the licensing authority:
40	How long have you continuously resided in Wisconsin prior to this date?
2	2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol bewereness)
	violation of any lederal laws, any Wisconsin laws, any laws of any other states or ordinances of any county
	or municipality?
	If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date description and
	status of charges pending. (If more room is needed, continue on reverse side of this form.)
3	
Ų,	Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages)
	To violation of any rederal laws, any wisconsin laws, any laws of other states or ordinances of any assertion
	municipality?
4.	") " describe states of charges pending.
,,	Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit
	organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?
	beverage license or permit?
	(Name, Location and Type of Eleansa Permit)
5.	Do you hold and/or are you an officer, director, stockholder, agent or employe of any posson or garneration.
	morrosofthallager/agent of a limited liability company holding or applying for a wholesale bear posterit
	brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?
	If yes, identify.
	(Name of Wholesale Licenses or Permittee) (Address By City and County)
6.	Named individual must list in chronological order last two employers.
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	(Ustom Home services 890 Porten a) 01/20/2017 0/00/20
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bee	AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has
app	plication; that the applicant has read and made a complete answer to each rate agrees that he/she is the person named in the foregoing
cori	rect. The undersigned further understands that any license issued contart to Chapter 125 of the Wisconsin Statutes shall be void, and ler penalty of state law, the applicant may be proseculed for submitting to the penalty of state law, the applicant may be proseculed for submitting to the penalty of the Wisconsin Statutes shall be void, and
ion	. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.
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	Wady of Bloom
	(Signature of Named Individual)

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

Submit to municipal clerk.

(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	All corporations/organizations must appoint an agent. The f corporation/organization or or	or limited liabil ollowing quest e member/ma	lity companies applyi tions must be answe nager of a limited lia	ng for a license to sell for ered by the agent. The bility company and the	ermented malt appointment recommendat	beverages and/or intoxicating liquinust be signed by an officer of the made by the proper local officer.
To the governing body of: Village of Land Jille County of Reals County of Residence (County of Recipional County o		Town			- Constitution of the Cons	or made by the proper local offici
a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as located at: Read National Read	To the governing body of:	Village	of Evans	lle	County of	Rock
a corporation/organization or limited liability company making application for an alcohol beverage for a premises known as A Corporation/organization/limited liability company making application for an alcohol beverage for a premises known as A 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 injury forms of any other location in Wisconsin? We have a positive of a corporate name(s)/limited liability company(ies) and municipality(ies). If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies). How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Place of residence last year Solymous of corporation or organization/limited liability company. For: Market Solymous of corporation organization/limited liability company. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than solymous organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol neverages conducted on the premises for the corporation/organization/limited liability company. Approval of Agent's Name) Approval of Agent's Name) Approval of Agent's Municipal Official) Approval of Agent's particle agent's Municipal Official)	The undersigned duly authori	zed officer/me	ember/manager of	An	30/5	Pizza CCC
appoints Section ville West We	a corporation/organization or li	imited liabilities		(Registered Name-0	# Corporation / Or	janization or Limited Liability Company)
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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). By Place of residence last year For: Was So So So So So So So S	to act for the corneration/organ	ization/limited	-010 37 E	NANSVILLE	WI. 5.	3536
If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies). Sapplicant agent subject to completion of the responsible beverage server training course? Yes No OWWW How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Upers Place of residence last year 30 9 5 Madyson 5 Was villa WI For: Many Company For: Was villa WI By Madyson 5 Was villa WI For: Many person who knowingly provides materially false information in an application for a license may be required to forfeit not more than Acceptance By Agent Share Acceptance By Agent Print / Type Agent share Acceptance By Agent Print / Type Agent share Acceptance By Agent Print / Type Agent share Print /	to alcohol beverages conducte- organization/limited liability com	d therein. Is ap ipany having c	pplicant agent prese ar applying for a beel	th full authority and col ntly acting in that capa r and/or liquor license t	ntrol of the pre acity or reques for any other lo	emises and of all business relative sting approval for any corporation ocation in Wisconsin?
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For: Marsalon Processor St. Evanselle	How long immediately prior to m	naking this app	olication has the app	ge server training cour licant agent resided co	se? Ye Intinuously in V	S KINO (OWNER)
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(Print / Type Agent's Name) Corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol preverages conducted on the premises for the corporation/organization/limited liability company. Agent's age	. Michael	Ba	ACCEPTAN			
Agent's age Signature of Agent Signature of Agent Chome Address of Agent Approval of Agent Approval of Agent Approval of Agent Clerk cannot sign on behalf of Municipal Official Approval of Agent Agent's age Date of birth Lo/21/1998 Approval of Agent Approval of Agent Approval of Agent Agent's age Date of birth Lo/21/1998 Approval of Agent Agent's age Date of birth Lo/21/1998 Approval of Agent Agent's age Date of birth Lo/21/1998 Approval of Agent Agent's age Date of birth Lo/21/1998 Approval of Agent Agent's age Date of birth Lo/21/1998 Agent's age Date of birth Date of bir		(Print / Type Agen	nt's Name)			
Agent's age Agent's age Agent's age Agent's age	corporation/organization/limited beverages conducted on the pre	liability compa mises for the	any and assume fu corporation/organiza	Il responsibility for thation/limited liability co	e conduct of	all business relative to alcohol
APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official) hereby certify that I have checked authorized and state criminal records. To the control of	Mary	3		9/21/2		Agent's age 2/
APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)	1 A	or Agent)	e /	(Date)		- / /
(Clerk cannot sign on behalf of Municipal Official)	() &	(Home Add	riress of Agent)			Date of birth 60/21/199
hereby certify that I have checked municipal and state criminal records. To the		APPRO (Clerk	VAL OF AGENT B'	MUNICIPAL AUTHO	DRITY	
17 17 1 1 1 1 1 1 1 1	hereby certify that I have checken character, record and reputation poroved on Donate by the boundary of the checken by the ch	deniminal	and state criminal re- actory and I have no	cords. To the best of n objection to the agent	ny knowledge t appointed. Title	olice Chief

Original Alcohol Bo	everage Reta	il License	Application	Applicant's Wisconsin Seller's Pe	ermit Number
(Submit to municipal clerk.)	•			456-4029 088	
	60 1 2 42	0	11 2121	FEIN Number	-
For the license period beginn	ing: 12-1-202	ending:	4-20-1	81-2029 85	> 5
For the license period beginn	(mm dd yyyy)	18	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of	1 1 1 7/		Class A beer	\$
To the Governing Body of the	። 🗌 Village of 🎖 💆	evansvill	2	X Class B beer	\$
	City of	Class C wine	\$		
County of	10.00			Class A liquor	\$
County of /2000			ic Dist. No	Class A liquor (cider only)	
		(if require	d by ordinance)	Class B liquor	\$
				Reserve Class B liquor	\$
Check one: Individual	Limited Liabilit	v Company		Class B (wine only) winer	
	Partnership Corporation/Nonprofit Organization			Publication fee	\$
_ raidiership	Oorporation/ive	onpront Organiza	lion	TOTAL FEE	\$
				TOTAL FEE	Ф
Name (individual / partners give last	namo first middles com				
name (mulviduai / partners give last	mame, irst, middle; corpo	orations / limited liabilit	y companies give registere	ed name)	5
Michael Ba	rcena	Unsel	5 P122 a C	CC (DB+: Mo	ersales Tizza
	/-				-
An "Auxiliary Questionnair	e," Form AT-103, m	ust be complete	d and attached to t	nis application by each indi	ividual applicant
by each member of a partne	ership, and by eac	h officer, directo	r and agent of a co	rporation or nonprofit orga	anization and hy
each member/manager and	agent of a limited	liability compan	y. List the full name	and place of residence of ea	ach person.
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Barrena	Michael	Angel	44 1 1		
Vice President / Member Last Name	(First)	(Middle Mass)	77 N N	advan st, 539	536
Vide i Tedident / Member Cast Name	(Filst)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Sanatan / March - L AN	(F)				
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
		8			
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
				UD GOLDSON SES	
Agent Last Name	(First)	(Middle Name)	Homo Addrona (Ctrest C	2th D+ Off	
35.11 2051 10,110	(1 1131)	(wilddie Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
	<u> </u>				
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
- · · · · · · · · · · · · · · · · ·	with Pinn	2.510		100	
1. Trade Name MARS	4LAS 1122	221214	Business Phor	ne Number <u>608 - \$12 -</u>	1315
2. Address of Premises	186 11-1	n =1	Post Office 8 7	Zin Codo	
5		7 24.		Zip Code <u>53536</u>	
Premises description: De	scribe building or b	uildings where ale	cohol beverages are	to be sold and stored. The	
applicant must include all	rooms including liv	ring quarters, if us	sed, for the sales, se	rvice, consumption, and/or	
storage of alcohol bevera	ges and records. (A	Alcohol beverage:	s may be sold and st	ored only on the premises	
described.)	72	_			
Alcohal	hallo can		11 10- 1	- 1 1	
110000	sever og	5 0010	i se	stores	
in the	pepsi	Cooler	in the	Hostess.	NI
	A COLUMN TO SERVICE AND ADDRESS OF THE PARTY			014	> X
Alambal	120-010	V V V	Washlet		2 1 Kl
oversion	, WIC	c se	1911 210	red in	5 5 X LAK
					~ \ C(00.
hack of	Kitchen	1	MITTE	1011/11/11	
Doct of	- 1170001	111	12	voin -19	5
cooler.		seer 3	when)		
Legal description (omit if s	treet address is sim	on abova)	1		
. Logar adscription (Office It S	ricer address is give	en above):			
(a) Mac this promine "	mand facility 1	Davis 2			
5. (a) Was this premises lice	nsed for the sale of	ilquor or beer dur	ing the past license y	/ear?	Yes No
/EX 16		101	22 -1		
(b) If yes, under what nam	ie was license issue	ed? / Vlan	a Kitas		

Wisconsin Department of Revenue

Original Alcohol Beverage Retail License Application

AT-106 (R_{*} 3-19)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Γ.	6							
1	ndividual's Full Name (please print)	(last name)	(first nam	le)		(middle nam	ne)	
	Barcena		Michael	/	1/2	Jusa	1	
ľ	Home Address (street/route) 44. N	MADISO Post C	Office	City		State 2	Zip Code	
-	18 E Mains	-57		Evans 1	ille	WI	5357	6
	Home Phone Number	1	Age	Date of Birth		Place of Birti	h	
	608-213-080	(2/	10/21/1	998	Mas	lisen	
Т	he above named individual prov	ides the following	information as a seri					
Г	Applying for an alcohol beve			son who is (check o	one):		8:	
F	A member of a partnership			haf harrana na P				
F	Michael Park	willon is making ap	-	4 4		1	1.0	
	Michael Baro (Officer / Director / Member /	Manager / Agent)	of Ange	ame of Corporation, Limite	ad Liability Company	Aavsa or Nonprofit O	rganization	zzeri
	which is making application t	for an alcohol beve					goo mademany	
TH								
	ne <i>above named individual</i> prov How long have you continuou				21 1	125 FO 150		
	Have you ever been convicted				evorage vier	cars		
	violation of any federal laws, a	any Wisconsin law	s, any laws of any ot	her states or ordin	ances of any	county		
	or municipality?			Fritoriosis Arabas ilicaran racionara	owner anners increase an work		Yes	No.
	If yes, give law or ordinance v	iolated, trial court,	trial date and penalty	y imposed, and/or	date, descript	ion and	L	- Vac
	status of charges pending. (If	more room is neede	d, continue on reverse	side of this form.)				
3.	Are charges for any offenses i	oresently pending	against you /other th	an troffic uprolete	d do alock - 1 b			
	for violation of any federal law	s, anv Wisconsin I	ayamst you (other th aws, any laws of oth	an trainc unrelated er states or ordina	nces of any co	verages)		
	municipality?				noos of arry oc	ourity of	. Yes	No.
	If yes, describe status of charg	ges pending.					100	. 110
4.	Do you hold, are you making a	application for or ar	e you an officer, dire	ector or agent of a	corporation/no	nprofit		
	organization or member/mana	ger/agent of a limit	ted liability company	holding or applyin	g for any othe	r alcohol	_	
	beverage license or permit? . If yes, identify.	8 828	STATEMENT NAME STREET	3 12 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Yes	⋈ No
	in you, identity.		(Name, Location	and Type of License/Perm	nit)	8		
5.	Do you hold and/or are you an	officer, director, st				ation or		
	member/manager/agent of a li	mited liability comp	pany holding or apply	ing for a wholesal	e beer permit,			
	brewery/winery permit or whole	esale liquor, manut	facturer or rectifier pe	ermit in the State o	of Wisconsin?		Yes	✓ No
	If yes, identify.	6					t1	** 1
		lame of Wholesale License	*		(Address £	By City and Coul	nty)	
). Ť	Named individual must list in c				4			
	P [Employer's Add	D oregon	, wI	Employed From	То	1 /	
-	Employer's Name	Employer's Add	Falen	C+	01/20/2	017 9	129/2	2020
	Marsala's	\$ 2E	Lake 65	enera, WI	Employed From	2/1	1/1/2	10
L	i our suring	- SLE	willow	7) 3-	08/15/	2016 10	110/2	8
	AB GABBUUTA				1	2.0		

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Mich Morces (Signature of Named Individual

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. of Elans Ville County of To the governing body 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 appoints EVANSVILLE 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? How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 21 Mag Place of residence last year (Name of Corporation / Organization (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** barcene , 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. (Signature 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.

(Signature of Proper Local Official)

AT-104 (R. 4-18)

Approved on