

A meeting of the City of Evansville Public Safety will be held on the date and time stated below. Requests for persons with disabilities who need assistance to participate in this meeting should be made by calling City Hall at (608) 882-2266 with as much notice as possible. Copies of the packet and agenda are available at:

www.ci.evansville.wi.gov/city_government/public_agendas_minutes/public_safety.php

Public Safety Committee
Regular Meeting
Wednesday, May 1, 2024, 6:00 p.m.
City Hall, 31 S. Madison Street, Evansville, WI

AGENDA

1. Call to Order.
2. Roll Call.
3. Motion to approve the Agenda.
4. Motion to approve the April 3, 2024, Public Safety regular meeting minutes.
5. Citizen appearances other than agenda items listed.
6. Old Business.
 - 1) Speed trailer update.
7. New Business.
 - A. **Motion to approve the Operator's License Application(s)** for: *(recommended by Evansville Police Department)*.
 - 1) Kelly G. Shannon
 - 2) Mark Hamilton Schnepper
 - 3) Jeremie Edward Cribben
 - 4) Donna Kae Nipple
 - 5) Taylor Scott Smith
 - 6) Stacey Lynn Hillary-Nolan
 - 7) Brenda L. Stevens
 - 8) Shawn Marie Dunphy
 - 9) Nicholle L. Wagner
 - 10) Kimberly Muench
 - 11) Debbie Lynn Johnson
 - 12) Debra Mae Twyford
 - 13) John Thomas Kopecky
 - 14) Dorothy Jean Patterson
 - 15) Jessica Robin Bailey
 - 16) Arielle A. Keltner
 - 17) Carl James Maly
 - 18) Austin Thomas Anderson
 - 19) Sheri Lynn Biddick
 - 20) Elizabeth Ann Olin

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

B. Presentation from Western Rock County ATV Club – News and new information for ATV/UTV Traffic, Jeff Stevens, 75 Countryside Dr., PO Box 541, Evansville, WI 53536

C. Motion to recommend to common council approval of the Original Alcohol Beverage License Application for Class “B” Beer/”Class B” Liquor License for:

- 1) 139 E. Main Street, Tawfick (Tommy) Hanna, Agent, 3018 Maple Grove Dr., Madison, WI 5379, d/b/a Allen Creek Coffeehouse, 137 E. Main Street, Evansville, WI 53536.

D. Discussion with possible motion to approve the Temporary Class “B” Retailer License Application for the sale of Fermented Malt Beverage for:

- 1) Evansville Chamber of Commerce Business After 5/Ribbon Cutting – Under Pressure Power Washing, 498 Water Street, Unit 10, Evansville, WI 53536 at 5 p.m. on May 30, 2024
- 2) Evansville Chamber of Commerce Business After 5/Ribbon Cutting – Expressions Salon, 8 W. Main Street, Evansville, WI 53536 at 4:30 p.m.

E. Discussion with possible motion to approve the Temporary Class “B” Retailer’s License Application for:

- 1) Evansville Underground Music (EUM) at 23 N. First St, Evansville, WI 53536 for the following dates in 2024:
 - Friday, May 24, 2024
 - Saturday, June 29, 2024
 - Saturday, July 20, 2024
 - Sunday, August 11, 2024
 - Saturday, September 28, 2024 (backup date Saturday, October 5, 2024)

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

- 1) Evansville Underground Music (EUM) at 23 N. First St, Evansville, WI 53536.
 - Friday, May 24, 2024
 - Saturday, June 29, 2024
 - Saturday, July 20, 2024
 - Sunday, August 11, 2024
 - Saturday, September 28, 2024 (backup date Saturday, October 5, 2024)

8. Evansville Police Department Report.

9. Evansville Emergency Medical Services Report.

10. Meeting Reminder: Next regular meeting scheduled for Wednesday, May 1, 2024, at 6:00 p.m.

11. Motion to adjourn.

Erika Stuart, Chairperson

Public Safety Committee
 Regular Meeting
 Wednesday, April 3, 2024, 6:00 p.m.
 City Hall, 31 S. Madison Street, Evansville, WI

MINUTES

1. Call to Order. *Stuart 6 p.m.*
2. Roll Call.

<u>Members</u>	<u>Present/Absent</u>	<u>Others Present</u>
Aldersperson Erika Stuart, Chair	P	Patrick Reese, Police Chief
Aldersperson Gene Lewis	P	Carolyn Kleisch, EMS Chief
Aldersperson Ben Corridon	P	Chris Jones Lt.
		Jolene Klitzman, Deputy Clerk
		Jeff Stevens, ATV/UTV Club, VP
		Julie Paton, Citizen
		Steve Eager, 4 th of July Run
		Alliyah McComb, Citizen
		Bradley Bartz, Citizen
		Gayla Madsen, Citizen
		Adison Cole, Citizen

3. Motion to approve the Agenda. *by Stuart, Seconded by Corridon, Motion carried 3-0*
4. Motion to approve the March 6, 2024, Public Safety regular meeting minutes. *by Stuart, Seconded by Lewis, Motion carried 3-0*
5. Citizen appearances other than agenda items listed.
 - 1) *Jon Frey spoke on behalf of the Evansville Wrestling Club to show gratitude and thank the Evansville Police Department and Evansville EMS for attending and supporting the kids state qualifier at the high school on Saturday, March 16. The event had over 500 kids and their families in attendance.*
 - 2) *Steve Eagar came to talk to the committee about the 4th of July run for this year the run is a fundraiser and goes to Juvenile Diabetes and Evansville Soccer Club and thanked the Evansville Police Department and Evansville EMS for all the help with the race each year.*
6. Old Business. *N/A*
7. New Business.
 - A. **Presentation with discussion and possible motion to approve Senior Project for Alliyah McComb & Bradley Bartz.**

Alliyah McComb and Bradley Bartz presented the senior project “Bloomed” for August 24th with time to be determined. They want to close the upper park (circle) for a fundraising walk for Suicide and Mental Health Prevention. Hoping to have a google sheet sign up when ready. Will also bring this up to park board committee.

B. Motion to approve the Operator’s License Application(s) for: *(recommended by Evansville Police Department).*

- 1) Julie Kae Paton
- 2) Ronald Warren Bowen *by Stuart, Seconded by Corridon, Motion carried 3-0*
- 3) Emily Rose Parrell

C. Discussion with possible motion to approve the Operator’s License Application(s) for: *(non-recommended by Evansville Police Department).*

- 1) Kristin Lee Hayes – *by Stuart, Seconded by Corridon, Motion carried 3-0*
- *Discussion with possible motion to approve the Operator’s License Application from non-recommended to recommended.*
- 2) Adison Ellen Cole – *by Stuart, Seconded by Corridon, Motion carried 3-0*
Adison (5321 Old 92) came to the meeting and explained his history with the DUI and possession of drug. The committee asked questions about where he will be working, and he said the Family Dollar and that the Family Dollar at this time does not sell alcohol but wants all employees to have a license for it/when they start to sell. Asked questions about work history prior to this job.

D. Discussion with possible motion to approve the Temporary Class “B” Retailer’s License Application for: *(background check recommendation provided by Chief Reese, unless otherwise noted)*

- 1) Evansville Home Talent Baseball Club Inc. (Evansville Jays) for the *(highlighted red dates)* beginning April through September 2024, per Exhibit C at Lake Leota Park, Upper Diamond.

By Stuart, Seconded by Corridon, Motion carried 3-0

Staff memo from deputy clerk stating a change for the dates requested and the dates the clerks will be out of office to get licenses. Congratulated him on 20 years of running the program.

E. Motion to approve the Temporary Class B Beer/Class B Liquor application for: *(background check recommendation provided by Chief Reese, unless otherwise noted)*

- 1) Evansville Art Crawl (Evansville Area Chamber of Commerce) for Friday May 10, 2024, from 5:30 p.m. to 8:00 p.m.

- Land and Life Style Properties – Jason Syens & Melanie Ula
- Exit Realty – Robin St. Clair
- Vintage Charm Boutique – Jessica Ross
- Ron’s Glass Creations – Ron Bowen
- Expressions Salon Evansville – Kelly Shannon

by Stuart, Seconded by Corridon, Motion carried 3-0

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

1) Creekside Place Cruise Night at 102 Maple Street, Evansville, WI 53536. From 4:00 p.m. to 8:30 p.m.

- Thursday, May 5, 2024
- Thursday, June 6, 2024
- Thursday, July 11, 2024
- Thursday, August 1, 2024
- Thursday, September 5, 2024

by Stuart, Seconded by Lewis, Motion carried 3-0

8. Evansville Police Department Report. *Chief Reese updated the committee on his report. EPD is considering a student internship over the summer, staff is firming up “Cooking with Heroes” event for this fall, Officer Anderson is officially on solo patrol and off the field training program. 2024 squad arrived on 3/22/24 and will be taken to General Communications for installation and should be in the vehicle rotation by the middle of April.*
9. Evansville Emergency Medical Services Report. *Chief Kleisch updated the committee on her report. 74% of the monthly schedule was covered by at least 1 AEMT on duty. Chief Kleisch is working with Zoll on the upgrades that were put into budget last year. 642 was staffed and in service to cover the Youth Regional Wrestling tournament that had over 500 kids wrestling. Bill and Keri got married in March!*
10. Meeting Reminder: Next regular meeting scheduled for Wednesday, May 1, 2024, at 6:00 p.m.
11. Motion to adjourn. *by Stuart, Seconded by Corridon Motion carried 3-0 6:46 p.m.*

Jolene Klitzman, Deputy Clerk



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: Kelly G. Shannon
First Middle Last

DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____

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

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 7 years **Former Name(s):** Frey

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

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

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

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

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

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

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

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

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

Successfully completed a Responsible Alcohol Servers Course An alcohol agent for a retail alcohol license

Held an Operator's License issued in Wisconsin The sole proprietor of retail alcohol license

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

Signature: Kelly Shannon
Printed Name: Kelly Shannon

Email: _____
Date: 4/1/2024

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

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

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

Receipt # _____

Approved: _____ **Denied:** _____

Police Chief's Signature: _____ **Date:** 4/15/24

Receipt: 1.156633 \$35.00
 SHANNON, KELLY
 Apr 1, 2024 9:02 AM



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: MARK HAMILTON SCHNEPPER DATE OF BIRTH: _____
First

ADDRESS: _____ PHONE: _____

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

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 11 Years Former Name(s): _____

Prior Street Address If Above Address Is Less Than 5 Years State Zip From To	City	State	Zip	From	To

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

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

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

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

a) Any underage alcohol violation?	Yes	No <input checked="" type="radio"/>
b) Operating a motor vehicle while intoxicated?	Yes	No <input checked="" type="radio"/>
c) Selling or furnishing alcoholic beverages to underage person?	Yes	No <input checked="" type="radio"/>
d) Permitting underage person on licensed premises?	Yes	No <input checked="" type="radio"/>
e) Allowing persons on licensed premises after closing?	Yes	No <input checked="" type="radio"/>
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	No <input checked="" type="radio"/>
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes	No <input checked="" type="radio"/>
h) Fighting, disorderly conduct, assault, or battery?	Yes	No <input checked="" type="radio"/>
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes	No <input checked="" type="radio"/>
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	No <input checked="" type="radio"/>

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

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

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

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

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

Signature: Mark H. Schnepfer Email: _____
Printed Name: Mark H. Schnepfer Date: 4-16-24

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: Paid To: _____ Approved: _____ Denied: _____ Date: _____
Approved: _____ Police Chief's Signature	Clerk's Office Signature: _____ Date: _____
Denied: _____ Date: <u>4/17/24</u>	Receipt # _____ Receipts: 1.156761 35.00 EON Apr 16, 2024 10:55 AM



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

17001102 ALL NOME

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

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

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

1. LEGAL NAME: Jeremie Edward Cribben DATE OF BIRTH: _____
First Middle Last

ADDRESS: _____ PHONE: _____

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

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 11 years Former Name(s): _____

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

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

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

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

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

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

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

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

Signature: [Signature] Email: _____
 Printed Name: Jeremie Cribben Date: 04-17-24

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee:
	Approved: _____ Denied: _____ Paid To: _____ Date: _____ City of Evansville
	Clerk's Office Signature _____ Date _____
Approved: <u>[Signature]</u> Denied: _____	Receipt # _____
Police Chief's Signature	Receipt: 1,156700 35.00 ALL N ONE Apr 18, 2024 9:40 AM
Date: <u>4/24/24</u>	



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

Mail to: All-N-One

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

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

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

1. LEGAL NAME: Donna Kae Nipple DATE OF BIRTH: _____
First Middle Last

ADDRESS: _____ PHONE: _____

CITY: Albany STATE: WI ZIP: 53502 GENDER: Male Female

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

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

Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip	From	To
<u>15 E. Main St. Upper, Evansville</u>					

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

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

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

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

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

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

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

Signature: Donna K. Nipple Email: _____
Printed Name: Donna K. Nipple Date: 4-17-2024

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: Approved: _____ Denied: _____ Paid To: _____ Date: _____ City of Evansville
Approved: <u>[Signature]</u> Denied: _____	Clerk's Office Signature: _____ Date: _____
Police Chief's Signature	Receipt # _____ Receipts: 1,156780 35.00 ALL N ONE Apr 16, 2024 9:39 AM



APPLICATION FOR OPERATOR'S LICENSE

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

New Operator's License: \$35.00

Renewal Operator's License: \$35.00

Provisional License: \$15.00

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

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

1. LEGAL NAME: Taylor SCOTT Smith
First Middle Last

DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____

CITY: EVANSVILLE STATE: WISCONSIN ZIP: 53536 GENDER: Male Female

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 20+ Years Former Name(s): _____

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

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

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

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

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

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

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

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

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

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

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

Signature: [Handwritten Signature] Email: _____
 Printed Name: TAYLOR SMITH Date: 04/17/2024

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: Approved: _____ Denied: _____ Paid To: _____ Date: _____ City of Evansville
Approved: <u>[Signature]</u> Police Chief's Signature	Clerk's Office Signature: _____ Date: _____
Denied: <u>4/25/24</u> Date	Receipt # _____ Receipts: 1.156816 35.00 ALL N ONE Apr 23, 2024 12:39 PM



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: Stacey Lynn Hillary Nolan DATE OF BIRTH: 11/11/1989
First Middle Last

ADDRESS: 500 W. ... PHONE: 715-833-1111

CITY: Oregon STATE: WI ZIP: 53575 GENDER: Male Female

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 8 years Former Name(s): Stacey Lynn Hillary

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

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

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

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

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

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

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

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

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

Successfully completed a Responsible Alcohol Servers Course Attach certificate of completion for Responsible Alcohol Servers Course

Held an Operator's License issued in Wisconsin An alcohol agent for a retail alcohol license

The sole proprietor of retail alcohol license

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

Signature: Stacey Lynn Hillary Nolan Email: stacey.nolan@cityofevansville.com

Printed Name: Stacey Lynn Hillary Nolan Date: 4/18/2024

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

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

City of Evansville

Clerk's Office Signature _____ Date _____

Approved: [Signature] Denied: 4/25/24

Police Chief's Signature _____ Date _____

Receipt # _____

Receipt: 1.156816 35.00
ALL N ONE
Apr 23, 2024 12:39 PM



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: BRENCKI LEE STEVENS DATE OF BIRTH: 1-2-1975
 ADDRESS: _____ PHONE: _____
 CITY: EVANSVILLE STATE: WI ZIP: 53536 GENDER: Male Female
 Driver's License No.: _____ Issuing State: WI
 HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 8 yrs Former Name(s): BRENCKI PROTECT
 Prior Street Address if Above Address is Less Than 5 Years State Zip From To

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

2. Have you ever been cited and/or convicted of a felony? Yes No
 3. Have you ever been cited and/or convicted of a misdemeanor? Yes No
 4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:

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

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

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>DC</u>	<u>1995</u>	<u>JANESVILLE</u>	<u>WI</u>
<u>INJURY FELONY</u>	<u>1995</u>	<u>JANESVILLE</u>	<u>WI</u>
<u>DC</u>	<u>2002 & 2010</u>	<u>EVANSVILLE</u>	<u>WI</u>

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

Successfully completed a Responsible Alcohol Servers Course Attach certificate of completion for Responsible Alcohol Servers Course

Held an Operator's License issued in Wisconsin An alcohol agent for a retail alcohol license

The sole proprietor of retail alcohol license

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

Signature: BRENCKI STEVENS Email: _____
 Printed Name: BRENCKI STEVENS Date: 4/25/24

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____ Public Safety Committee: _____
 Approved: _____ Denied: _____ Date: _____
 Clerk's Office Signature _____ Date _____
 Approved: [Signature] Denied: _____ Receipt # _____
 Police Chief's Signature _____ Date: 4/26/24



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: Shawn Marie Dunphy
 First Middle Last DATE OF BIRTH: 8/5/64

ADDRESS: _____ PHONE: _____

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

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 10 mo. Former Name(s): Shawn Ringhand

Prior Street Address if Above Address is Less Than 5 Years	State	Zip	From	To
<u>1700 Evansville</u>	<u>WI</u>	<u>53536</u>	<u>2004</u>	<u>2023</u>

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

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

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

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

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

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

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

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

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

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

Signature: Shawn Dunphy Email: shawn.dunphy@cityofevansvillewi.gov

Printed Name: Shawn Dunphy Date: 4-23-24

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: Approved: _____ Denied: <u>City of Evansville</u> Date: _____
Approved: <u>[Signature]</u>	Clerk's Office Signature: _____ Date: _____
Denied: _____	Receipt # _____
Police Chief's Signature: <u>[Signature]</u>	Receipt: 1.156817 35.00 SHAWN DUNPHY Apr 23, 2024 1:02 PM
Date: <u>4/25/24</u>	



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

New Operator's License: \$35.00

Renewal Operator's License: \$35.00

Provisional License: \$15.00

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

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

1. LEGAL NAME: Nicholle L Wagner DATE OF BIRTH: _____
First Middle Last

ADDRESS: _____ PHONE: _____

CITY: Oregon STATE: WI ZIP: 53575 GENDER: Male Female

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 2 MONTHS Former Name(s): Nicholle L Sippel

Prior Street Address If Above Address Is Less Than 5 Years	State	Zip	From	To
<u>Evansville</u>	<u>WI</u>	<u>53534</u>		

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

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

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

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

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

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

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

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

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

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

Signature: Nicholle Wagner Email: _____
 Printed Name: Nicholle Wagner Date: 4/18/2024

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: Approved: _____ Denied: _____ Date: _____
	Clerk's Office Signature _____ Date _____
Approved: <u>[Signature]</u> Denied: <u>[Signature]</u>	Receipt # _____
Police Chief's Signature	Date <u>4/25/24</u>



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: Kimberly Muench DATE OF BIRTH: _____
First Name Last

ADDRESS: _____ PHONE: _____

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

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 21 years Former Name(s): _____

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

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

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

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

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

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

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

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

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

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

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

Signature: Kimberly Muench Email: _____
Printed Name: Kimberly Muench Date: 4/19/24

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee:
	Approved: _____ Denied: _____ Date: _____
	Clerk's Office Signature _____ Date _____
Approved: <u>[Signature]</u> Denied: _____	Receipt # _____
Police Chief's Signature	Date: <u>4/25/24</u>



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: Debbie Lynn Johnson DATE OF BIRTH: _____
First Last

ADDRESS: _____ PHONE: _____

CITY: Albany STATE: WI ZIP: 53502 GENDER: Male Female

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 10 years Former Name(s): _____

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

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

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

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

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

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

Successfully completed a Responsible Alcohol Servers Course

Held an Operator's License issued in Wisconsin

Attach certificate of completion for Responsible Alcohol Servers Course

An alcohol agent for a retail alcohol license

The sole proprietor of retail alcohol license

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

Signature: Debbie Lynn Johnson Email: _____
Printed Name: Debbie Lynn Johnson Date: 04/24/2024

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

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

Clerk's Office Signature: _____ Date: _____

Approved: [Signature] Denied: 4/25/24
Police Chief's Signature Date

Receipt # _____
Receipt: 1.156842 35.00
KOPCEKYS WORLDWIDE FOOD
Apr 24, 2024 1:10 PM



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: Debra Mae Twyford DATE OF BIRTH: _____
 First Middle Last
 ADDRESS: _____ PHONE: _____
 CITY: Evansville STATE: WI ZIP: 53536 GENDER: Male Female
 Driver's License No.: T16 Issuing State: WI

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? _____ Former Name(s): LILAK, BAHE, DABLER
 Prior Street Address if Above Address is Less Than 5 Years State Zip From To

City	State	Zip	From	To

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

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

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

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

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

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

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

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

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

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

Signature: Debra Mae Twyford Email: _____
 Printed Name: Debra Mae Twyford Date: 4-18-24

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: Approved: _____ Denied: _____ Paid To: _____ Date: _____ City of Evansville
Approved: <u>[Signature]</u> Denied: _____	Clerk's Office Signature: _____ Date: _____
Police Chief's Signature	Receipt # _____ Receipt: 1156942 35.00 KOPECKY'S WORLDWIDE FOOD Apr 24, 2024 1:10 PM



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: Justin Thomas Kopsky
 First Middle Last
 ADDRESS: _____
 PHONE: _____
 CITY: Albany STATE: WI ZIP: 53502 GENDER: Male Female
 Driver's License No.: _____ Issuing State: WI
 HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 10+ years Former Name(s): N/A
 Prior Street Address if Above Address is Less Than 5 Years State Zip From To
N/A

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

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

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

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

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

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

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>Disorderly Conduct</u>	<u>10+ years ago</u>	<u>can't remember</u>	

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

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

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

Signature: [Signature] Email: _____
 Printed Name: Justin Kopsky Date: 4/17/24

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: Approved: _____ Denied: _____ Paid To: _____ Date: _____ <u>City of Evansville</u>
Approved: <u>[Signature]</u> Police Chief's Signature	Clerk's Office Signature _____ Date _____
Denied: <u>4/25/24</u> Date	Receipt # _____ Receipt: 1.156842 35.00 KOPECKYS WORLDWIDE FOOD Apr 24, 2024 1:10 PM



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: Dorothy Jean Patterson
First Middle Last

DATE OF BIRTH: _____

ADDRESS: _____

CITY: Evansville STATE: WI ZIP: 53536 PHONE: _____

Driver's License No. _____ Issuing State: WI

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 37 years Former Name(s): _____

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

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

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

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

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

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

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

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

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

Signature: Dorothy Jean Patterson Email: _____

Printed Name: Dorothy Jean Patterson Date: 4-19-24

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

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

Clerk's Office Signature: _____ Date: _____

Approved: [Signature] Denied: 4/25/24

Police Chief's Signature: _____ Date: _____

Receipt # _____ Receipts: 1.156842 35.00
 KOPECKY'S WORLDWIDE FOOD
 Apr 24, 2024 1:10 PM



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: Jessica Robin Bailey
First Middle Last

DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____

CITY: Jefferson STATE: WI ZIP: 53549 GENDER: Male Female

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

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

Prior Street Address If Above Address Is Less Than 5 Years State Zip From To	City	State	Zip	From	To
	<u>Jefferson</u>	<u>WI</u>	<u>53549</u>	<u>2012</u>	<u>2022</u>

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

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

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

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

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

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

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>DWI</u>	<u>8/2015</u>	<u>Jefferson</u>	<u>WI</u>

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

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

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

Signature: Jessica R. Bailey Email: jessica.bailey@cityofevansville.com

Printed Name: Jessica R. Bailey Date: 4-22-24

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:	Paid To:
Approved: _____ Denied: _____	Date: _____
Clerk's Office Signature: _____	Date: _____
Approved: <u>[Signature]</u> Denied: _____	Receipt # _____
Police Chief's Signature: _____ Date: <u>4/25/24</u>	Receipt: 1.156842 35.00 KOPECKYS WORLDWIDE FOOD Apr 24, 2024 1:10 PM



OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: Arielle A Keltner
First Middle Last

DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____

CITY: MILTON **STATE:** WI **ZIP:** 53503 **GENDER:** Male Female

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 3 yrs

Former Name(s): Arielle A.D. Cacciapaglia-Brun

Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip	From	To
<u>[illegible]</u>	<u>MILTON</u>	<u>WI</u>	<u>53503</u>	<u>2020</u>	<u>2021</u>
<u>[illegible]</u>	<u>BELOIT</u>	<u>WI</u>	<u>53511</u>	<u>2018</u>	<u>2020</u>

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

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

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

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

a) Any underage alcohol violation?	Yes	<input checked="" type="radio"/> No
b) Operating a motor vehicle while intoxicated?	Yes	<input checked="" type="radio"/> No
c) Selling or furnishing alcoholic beverages to underage person?	Yes	<input checked="" type="radio"/> No
d) Permitting underage person on licensed premises?	Yes	<input checked="" type="radio"/> No
e) Allowing persons on licensed premises after closing?	Yes	<input checked="" type="radio"/> No
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	<input checked="" type="radio"/> No
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes	<input checked="" type="radio"/> No
h) Fighting, disorderly conduct, assault, or battery?	Yes	<input checked="" type="radio"/> No
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes	<input checked="" type="radio"/> No
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	<input checked="" type="radio"/> No

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

Signature: Arielle Keltner Email: _____

Printed Name: Arielle Keltner Date: 4/24/2024

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee: City of Evansville

Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature: _____ Date: _____

Police Chief's Signature: [Signature] Denied: _____

Date: 4/24/24

Receipt # _____ Receipt: 1.156836 Date 35.00

ARIELLE KELTNER
Apr 24, 2024 11:59 AM



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: Carl James Maly
First Middle Last

DATE OF BIRTH: 7/25/1971

ADDRESS: _____

PHONE: _____

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

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

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

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

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

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

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

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

a) Any underage alcohol violation?	Yes <input type="radio"/> No <input checked="" type="radio"/>
b) Operating a motor vehicle while intoxicated?	Yes <input type="radio"/> No <input checked="" type="radio"/>
c) Selling or furnishing alcoholic beverages to underage person?	Yes <input type="radio"/> No <input checked="" type="radio"/>
d) Permitting underage person on licensed premises?	Yes <input type="radio"/> No <input checked="" type="radio"/>
e) Allowing persons on licensed premises after closing?	Yes <input type="radio"/> No <input checked="" type="radio"/>
f) Any alcohol related violation other than a, b, c, d, and e?	Yes <input type="radio"/> No <input checked="" type="radio"/>
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes <input type="radio"/> No <input checked="" type="radio"/>
h) Fighting, disorderly conduct, assault, or battery?	Yes <input type="radio"/> No <input checked="" type="radio"/>
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes <input type="radio"/> No <input checked="" type="radio"/>
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes <input type="radio"/> No <input checked="" type="radio"/>

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

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

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

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

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

Signature: Carl J Maly Email: _____

Printed Name: Carl J Maly Date: 7/25/2024

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

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

Clerk's Office Signature: _____ Date: _____

Approved: [Signature] Denied: 7/26/24

Police Chief's Signature: _____ Date: _____

Receipt # _____

Receipt: L154850 35.00
 MALY, CARL
 Apr 25, 2024 11:09 AM



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: Austin Thomas Anderson
First Middle Last

DATE OF BIRTH: _____

ADDRESS: _____ PHONE: _____

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

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 25 Years Former Name(s): _____

Prior Street Address If Above Address is Less Than 5 Years	State	Zip	From	To

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

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

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

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

Signature: Austin Anderson Email: _____

Printed Name: Austin Anderson Date: 04/22/2024

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: Approved: _____ Denied: <u>Paid To</u> Date: _____ City of Evansville
Approved: <u>[Signature]</u> Police Chief's Signature	Clerk's Office Signature _____ Date _____
Denied: <u>4/26/24</u> Date	Receipt # _____ Receipt: <u>1.156895</u> <u>35.00</u> <u>ANDERSON, AUSTIN</u> <u>Apr 24, 2024 3:39 PM</u>



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: SHERI LYNN BIDDICK DATE OF BIRTH: _____
First Middle Last

ADDRESS: _____ PHONE: _____

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

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 12 YRS Former Name(s): _____

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

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

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

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

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: Sheri Biddick
Printed Name: SHERI BIDDICK

Email: _____
Date: 4/18/2024 (R)

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

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

Clerk's Office Signature: _____ Date: _____

Approved: X
JU
Police Chief's Signature

Denied: _____
4/24/24
Date

Receipt # _____
Receipt: 1.154788 35.00
SHERI BIDDICK
Apr 18, 2024 3:00 PM



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: Elizabeth Ann Olin
 First Last
 DATE OF BIRTH: _____

ADDRESS: _____ PHONE: _____

CITY: Janesville STATE: WI ZIP: 53545 GENDER: Male Female

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

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

Prior Street Address if Above Address is Less Than 5 Years	State	Zip	From	To
<u>Orfordville</u>	<u>WI</u>	<u>53576</u>	<u>01/01/1986</u>	<u>4/01/23</u>

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

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

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

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: Elizabeth A. Olin
Printed Name: Elizabeth A. Olin

Email: _____
Date: 4/26/24

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature

Date

Approved:

Denied:

Receipt #

[Signature]
Police Chief's Signature

4/29/24
Date

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Evansville
License Period	Prorated 2024 (May 15 - June 30)

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

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

Fees	
License Fees	\$ 75.00
Background Check Fee	\$ _____
Publication Fee	\$ 15.00
Total Fees	\$ 90.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) 139 EAST MAIN STREET LLC.			
2. Business Trade Name or DBA Allen Creek Coffee House			
3. FEIN 92-1236271		4. Wisconsin Seller's Permit Number 456-1031168196-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization Wisconsin		7. Date of Organization August 2022	8. Wisconsin DFI Registration Number
9. Premises Address 137 EAST MAIN STREET			
10. City Evansville		11. State WI	12. Zip Code 53536
13. County Rock	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Evansville		15. Aldermanic District
16. Premises Phone 608-882-1248	17. Premises Email Allencreekcoffeehouse@gmail.com		18. Website N/A
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Building with an Apartment on Top. Storage - downstairs Basement Floor + Coolest in Retail space, out Sales in store, outside patio, Backyard. Event where we will also have music patio, Backyard in House! Records stored in Basement. Live music venue outside			
20. Mailing Address (if different from premises address) Same			
21. City		22. State	23. Zip Code

Part B: Questions

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

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

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

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

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

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

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

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

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

Part C: Individual Information

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

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

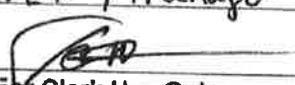
Last Name	First Name	Title	Phone
HANNA	Tom Fick (Tommy)	OWNER/manager	608-219-4955
HANNA	Simon	Manager	608-334-0938

Part D: Attestation

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

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

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

Last Name HANNA		First Name Tom Fick (Tommy)		M.I. M
Title OWNER / manager		Email Tommyhanna71@gmail.com	Phone 608-219-4955	
Signature 			Date April 4th - 2024	

Part E: For Clerk Use Only

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

Alcohol Beverage Individual Questionnaire

Date
April 4th

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) 139 East main Street LLC	
2. Business Trade Name or DBA Allen Creek Coffeehouse	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information					
1. Last Name Hanna		2. First Name Simon		3. M.I. M	
4. Relationship to Business (Title) Member/manager		5. Email smnhanna70@gmail.com		6. Phone 608-334-2938	
7. Home Address 4834 E. Bingham Rd					
8. City Milton		9. State WI	10. Zip Code 53563	11. Date of Birth 09-20-1970	
12. Drivers License/State ID Number H500-7937-0340-00			13. Drivers License/State ID State of Issuance WI.		

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?					
				Years 53	Months 9
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 4834 E. Bingham Rd		City Milton		State WI	Zip Code 53563
Previous Address 2		City		State	Zip Code
Previous Address 3		City		State	Zip Code
Previous Address 4		City		State	Zip Code
Previous Address 5		City		State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State W	County Rock	State WI	County	State	County
State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature  Date April 4, 2024

Alcohol Beverage Individual Questionnaire

Date April 4-2024

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

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

139 EAST MAIN STREET LLC

2. Business Trade Name or DBA

Allen Creek Coffee House

3. Entity Type (check one)

- Sole Proprietor
 Partnership
 Limited Liability Company
 Corporation
 Nonprofit Organization

Part B: Individual Information

1. Last Name

HANNA

2. First Name

TAWFICK (Tommy)

3. M.I.

M

4. Relationship to Business (Title)

Owner / manager

5. Email

Tommyhanna71@gmail.com

6. Phone

608-219-4955

7. Home Address

3018 Maple Grove Dr.

8. City

Madison

9. State

WI

10. Zip Code

53719

11. Date of Birth

Dec. 10-1971

12. Drivers License/State ID Number

H500-8137-1450-00

13. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Address History

1. Do you currently reside in Wisconsin?

Yes No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years	Months
52	9

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
3018 Maple Grove Dr.	Madison	WI	53719

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	DANE						
WI	ROCK						

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances?..... Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

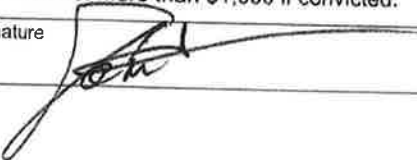
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?..... Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature



Date

April 4th - 2024

Agent Type (check one)

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

Part A: Business Information

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

139 EAST MAIN STREET LLC.

2. Business Trade Name or DBA

Allen Creek Coffeehouse

3. Entity Type (check one)

- Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- Municipal Retail License State Permit

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

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

Part B: Agent Information

1. Last Name

HANNA

2. First Name

TAUFICK (Tommy)

3. M.I.

M

4. Email

Tommyhanna71@gmail.com

5. Phone

608-219-4955

6. Home Address

3018 Maple Grove Dr.

7. City

Madison

8. State

WI

9. Zip Code

53719

10. Age

52

11. Drivers License/State ID Number

H500-8137-1450-00

12. Drivers License/State ID State of Issuance

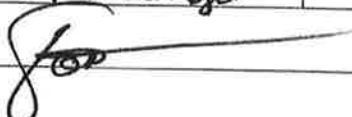
Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. Yes No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form. Yes No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. Yes No

Continued →


Part D: Business Attestation

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

Last Name HANNA		First Name TAWFICK (Tommy)		M.I. M
Title OWNER / manager	Email Tommy.hanna.71@gmail.com		Phone 608-219-4955	
Signature 			Date	

Part E: Agent Attestation

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

Last Name HANNA		First Name TAWFICK (Tommy)		M.I. M
Signature 			Date April 4th - 2024	



City of Evansville

www.evansvillewi.gov

Phone: 608-882-2266

Fax: 608-882-2282

RE: Background Checks: Establishment License

31 S Madison St

PO Box 529

Evansville, WI 53536

(608) 882-2266 phone

(608) 882-2282 fax

Establishment DBA	Agent			Police Department Review		
	First	Last	DOB	Date	Approve/Deny w/ Initials	Notes
Allen Creek coffeehouse	Tawfik (Tommy)	Hanna	12/10/1971	4/12/24	PK	
	Simon	Hanna	09/20/1970	4/12/24	PK	

CITY OF EVANSVILLE INSPECTION REPORT
(License Application)

Business Name: Allen Creek Coffeehouse
 Business Address: 137 East Main Street, Evansville, WI, Evansville, WI, 53536
 Agent/Manager/Owner: Tawfick (Tommy) Hanna

POLICE OFFICER NAME: _____ **DATE:** _____

- | | | |
|--|-----------|----------|
| 1. Is the current alcohol license properly posted? | _____ Yes | _____ No |
| 2. Is Agent listed on the license on premise? | _____ Yes | _____ No |
| 3. Does the operator have a valid license? | _____ Yes | _____ No |
| 4. Cigarettes being sold over the counter? | _____ Yes | _____ No |
| 5. Number of game machines _____ | | |
| 6. Was a current Wisconsin Sellers' Permit posted? | _____ Yes | _____ No |
| 7. Were the following licenses current and posted: | | |

Type of License	Description of License	(Circle one)	
Class "B" Beer	Beer	Yes	No
"Class B" Liquor License	Liquor	Yes	No
		Yes	No
		Yes	No
		Yes	No

BUILDING INSPECTOR: _____ **DATE:** _____

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

Remarks _____

FIRE INSPECTOR: Zach Bussert **DATE:** 04-15-2024

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

Remarks _____

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

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

Zach Bussert
Inspector Signature

4-10-24
Date of Inspection



FIRE INSPECTION REPORT
 CORRECTION ORDER



137 E Main St
 LOCATION (Legal address of building)

Allen Creek Cafe
 NAME (Business owner / occupant / building owner / owner's representative)

4-10-24
 INSPECTION DATE

OCCUPANCY TYPE
 Violations marked or listed below for corrective action

Evansville
 MAILING ADDRESS
 CITY

WI 53536
 STATE ZIP CODE

COMPLIANCE DATE

* §101.14 Wisconsin Statutes constitutes every Fire Chief a deputy of the Wisconsin Department of Safety & Professional Services, and requires the chief or appointed inspectors to make inspections periodically for the purpose of ascertaining and causing to be corrected any conditions liable to cause fire, or any violation of any law or local ordinance relating to fire hazards or prevention of fires per SPS 314 and NFPA 1

<p>EXTERIOR</p> <p><input type="checkbox"/> Fire lanes marked/unobstructed 18.2.3.5.1</p> <p><input type="checkbox"/> Address visible from roadway 10.12.1.1</p> <p><input type="checkbox"/> Fire Hydrant(s) accessible 18.5.2</p> <p><input type="checkbox"/> Fire Hydrant clear space 36" 18.5.3</p> <p><input type="checkbox"/> Combustible accumulation 10.19.1, 19.2</p> <p><input type="checkbox"/> Gas meter/piping protected 11.4.2, 60.5.1.9</p> <p><input type="checkbox"/> FD connections visible/condition caps/OK, Post Indicator Valve/OK 13.1.3, 13.1.4</p> <p><input type="checkbox"/> Lock box/Current keys 18.2.2.1</p> <p><input type="checkbox"/> Exits clear 14.4.1</p> <p>EXIT FEATURES</p> <p><input type="checkbox"/> Exits, aisles & corridors free of obstructions 14.4.1</p> <p><input type="checkbox"/> Exit hardware proper/operational 14.5.3.4.1</p> <p><input type="checkbox"/> Exit signs present/operational 14.14.1.5.1</p> <p><input type="checkbox"/> Exit corridors/stairways protected 14.2</p> <p><input type="checkbox"/> Emergency lighting present & operational 14.13.1.1</p> <p><input type="checkbox"/> Occupant load posted/maintained 20.1.1.10.3.1</p> <p>BUILDING FEATURES</p> <p><input type="checkbox"/> Fire separations properly maintained 6.1.14.4.1, 12.7.2.1</p> <p><input type="checkbox"/> Structural elements properly maintained 10.1.4.1</p> <p><input type="checkbox"/> Rated fire doors operational 12.4, 12.4.6</p> <p>Last Test date: _____</p> <p><input type="checkbox"/> Vertical openings properly maintained 4.4.5, 12.4.6.8.1</p> <p><input type="checkbox"/> Interior finish proper 12.5.3, 12.6</p> <p>STORAGE</p> <p><input type="checkbox"/> Storage neat/orderly 10.16, 34.4, 60.4</p> <p><input type="checkbox"/> Combustibles in boiler/mechanical rooms 10.19.5.1</p> <p><input type="checkbox"/> Combustibles under unprotected stairways 10.19.1, 10.19.6</p> <p><input type="checkbox"/> Storage 2' below ceiling (no sprinklers) 10.19.3.1</p> <p>18" below sprinkler heads 10.19.3.2</p>	<p>STORAGE (continued)</p> <p><input type="checkbox"/> Aisle width maintained 34.7.3.3.1, 34.7.3.3.2</p> <p><input type="checkbox"/> Oily rags, properly stored/disposed 16.2.2.3</p> <p><input type="checkbox"/> Combustible waste material properly stored 19.1.2, 19.1.3</p> <p>FLAMMABLE/COMBUSTIBLE LIQUIDS</p> <p><input type="checkbox"/> Proper storage/dispensing 66.18</p> <p><input type="checkbox"/> No sources of ignition 66.6.5.4.1</p> <p><input type="checkbox"/> Adequate ventilation 66.9.14</p> <p><input type="checkbox"/> Proper electrical equipment/wiring 66.7.3.1</p> <p>UTILITY, MECHANICAL, HVAC EQUIPMENT</p> <p><input type="checkbox"/> Adequate clearances from appliances 34.4.2.4</p> <p><input type="checkbox"/> Clean ducts & filters 4.5.8</p> <p>FIRE EXTINGUISHERS</p> <p><input type="checkbox"/> Readily accessible/suitable location 13.6.8.1.3.1, 13.6.8.1.3.2</p> <p><input type="checkbox"/> Proper type 13.6.7.1, 13.6.8.1.1</p> <p><input type="checkbox"/> Routine inspection & labelling 13.6.9.2.12</p> <p><input type="checkbox"/> Visible, no obstruction 13.6.8.1.3.3.1</p> <p><input type="checkbox"/> Properly serviced / maintained 13.6.9.1.1</p> <p>Last Service Date: _____</p> <p>HAZARDOUS MATERIALS</p> <p><input type="checkbox"/> Proper quantities 60.1.3.1</p> <p><input type="checkbox"/> Proper storage/dispensing 60.4.1.1, 60.5.1.4.2.2</p> <p><input type="checkbox"/> Proper separation/compatibility 60.5.1.12.1</p> <p><input type="checkbox"/> Marking/identification system (NFPA 704) 60.5.1.8.2</p> <p><input type="checkbox"/> Compressed gas cylinders secured 63.3.1.8.4</p> <p>MISCELLANEOUS</p> <p><input type="checkbox"/> No smoking ss.101.123</p> <p>SPRINKLER SYSTEMS</p> <p><input type="checkbox"/> Controls readily accessible 13.7.1.4.13</p> <p><input type="checkbox"/> Valves locked, open, or supervised 13.4.3.1</p>	<p>SPRINKLER SYSTEMS (continued)</p> <p><input type="checkbox"/> Properly serviced & maintained 13.3.3.1</p> <p><input type="checkbox"/> Heads in good condition 13.3.3.5.1.8</p> <p><input type="checkbox"/> Wrench/spare heads present 13.3.3.5.1</p> <p><input type="checkbox"/> Central station monitoring provided 13.3.1.7.1</p> <p>Last Date inspected, tested: _____</p> <p>FIRE ALARM EQUIPMENT</p> <p><input type="checkbox"/> Smoke/Heat detectors properly maintained 13.7.1.2</p> <p><input type="checkbox"/> Pull stations properly maintained 13.7.1.4.8.3</p> <p><input type="checkbox"/> Alarm equipment serviced/maintained 13.7.4.4.1</p> <p><input type="checkbox"/> Tests/drills conducted 13.7.1.4.3, 13.7.3.1.1.2</p> <p>Date inspected, tested: _____</p> <p><input type="checkbox"/> Carbon monoxide alarms (R occupancies) ss. 101.149</p> <p>OTHER FIRE PROTECTION EQUIPMENT</p> <p><input type="checkbox"/> Standpipe/hose condition good 13.2.3.1</p> <p><input type="checkbox"/> Hood extinguishing system-fuel shutoff present 50.4.6.1</p> <p><input type="checkbox"/> Hood extinguishing system serviced 50.5.2.3</p> <p>Last Date system serviced: _____</p> <p><input type="checkbox"/> Hood properly cleaned/maintained 50.5.6.1</p> <p><input type="checkbox"/> Cooking equipment maintenance 50.5.7.1</p> <p>ELECTRICAL</p> <p><input type="checkbox"/> Panels/appliances/fixtures in good condition 11.1.1</p> <p><input type="checkbox"/> Clear access to electrical panel 11.1.9.2</p> <p><input type="checkbox"/> Covers present, condition good 11.1.10</p> <p><input type="checkbox"/> Overcurrent protection present 11.1.3</p> <p><input type="checkbox"/> Proper use of wiring, connections & equipment 11.1.2</p> <p><input type="checkbox"/> Extension cords used properly, condition good 11.1.7.6</p> <p><input type="checkbox"/> Power strips, taps, listed & in good condition 11.1.6.1</p> <p><input type="checkbox"/> Photovoltaic system shut-off present, marked 11.12.2.1.1</p> <p><input type="checkbox"/> Elevator access, operation & testing 11.3.4, 11.3.4.2</p> <p>Last Test Date: _____</p>
--	--	--

Correction order: Pursuant to section 101.14 Wis. Stats., you are hereby ordered to correct the items marked or listed, by the compliance date.
Right to Appeal: An appeal to any orders must be submitted in writing within 10 days of the date of the order to: _____
Petition for Variance: The department may grant a variance to a provision of ch. SPS 314 Wis Admin Code in accordance with ch. SPS 303.

3 exit signs need battery's replaced

No violations observed during this inspection. Violations observed during this inspection were corrected while inspector on site.

A COPY OF THIS NOTICE WILL BE KEPT ON FILE IN THE OFFICE OF THE FIRE INSPECTOR FOR FURTHER ACTION
 Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

[Signature]
 OWNER/OCCUPANT/AGENT/MANAGER REPRESENTATIVE

[Signature]
 INSPECTING OFFICER/FIRE DEPARTMENT



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

CITY OF EVANSVILLE CLERK'S OFFICE

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

Application Fee: \$10.00 per Licensed Premises

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN

Number of Licensed Premises: x \$10.00 = \$ 10⁻ Total Due

License Type: (Check one)



Beer Only

Wine Only

Beer & Wine

Event Name:

Business After 5/Ribbon Cutting

Event Date:

May 30th, 2024

Event Time:

5:00 p.m.

Name of Person in Charge of Event:

Shawn Dumphy

Organization

Bona fide Club

Church

Lodge/Society

Chamber of Commerce/ similar
Civic or Trade Organization

Fair Assoc/Agricultural Society

Veteran's Organization

Organization Name:

Evansville Area Chamber of Commerce

Address:

26 W. Main St. Evansville WI 53536

Date Organized:

If Corporation, Date of Incorporation:

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

Names and addresses of all Organization Officers:

President/Primary Officer:

Abbey Barnes

14 W. Main Evansville

Name

Address

City/State/Zip

Vice President:

Carrie Olson

1 E Main St Evansville

Name

Address

City/State/Zip

Secretary:

Nicole Rice

Evansville

Name

Address

City/State/Zip

Treasurer:

Joe Speich

Evansville

Name

Address

City/State/Zip

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

Address/Location Description:

498 S. Water Street, Evansville WI Unit 10 -

Do premises occupy all or part of building?

Unit 10

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

Unit 10

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

Abbey Barnes

(Officer Signature/Date)

(Name of Organization)



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

AFFIRMATION OF UNDERSTANDING FOR EVENT MANAGER

CITY OF EVANSVILLE CLERK'S OFFICE

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

EVENT DATE: <u>May 30, 2024</u>	EVENT TIME: <u>5:00pm.</u>
NAME: <u>Shawn Dunphy</u>	DATE OF BIRTH: <u>8/5/69</u>
ADDRESS: <u>213 Maple St.</u>	
EMAIL: <u>dunphys91@gmail</u>	PHONE: <u>608-751-5363</u>

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

ATTESTATION AND ACKNOWLEDGEMENT OF RESPONSIBLE PARTY

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

- Successfully completed a responsible Alcohol Servers course
- Held a Wisconsin Operator's License
- An Alcohol Agent for a Retail Alcohol License
- The Sole Proprietor of Retail Alcohol License.

I acknowledge I am the responsible party for this event and I agree to obey all the laws which regulate the activities planned for said event. I further acknowledge that I am familiar with or have asked for copies of such laws.

Shawn Dunphy 4/22/24
 Signature of Manager/Person in Charge of event Date

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Chief Recommendation and Comments:

Recommend Non-Recommend Recommend with conditions

Pell 4/25/24
 Police Chief's Signature Date

Date Filed with Clerk:	Date License Issued:
Public Safety:	Clerk's Signature: <u>Paid To:</u> City of Evansville

Notes & Receipt Information:

Receipt: 1.156817 10.00
 SHAWN DUNPHY
 Apr 23, 2024 1:02 PM



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

CITY OF EVANSVILLE CLERK'S OFFICE

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

Application Fee: \$10.00 per Licensed Premises

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN

Number of Licensed Premises: 1 x \$10.00 = \$ 10- Total Due

License Type: (Check one) Beer Only Wine Only Beer & Wine

Event Name: Ribbon Cutting / Business After 5

Event Date: May 17, 2024 Event Time: 4:30pm.

Name of Person in Charge of Event: Shawn Dunphy

Organization

<input type="checkbox"/> Bona fide Club	<input type="checkbox"/> Church	<input type="checkbox"/> Lodge/Society
<input checked="" type="checkbox"/> Chamber of Commerce/ similar Civic or Trade Organization	<input type="checkbox"/> Fair Assoc/Agricultural Society	<input type="checkbox"/> Veteran's Organization

Organization Name: Evansville Chamber of Commerce

Address: 26 W. Main St

Date Organized: 1970's If Corporation, Date of Incorporation:

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

Names and addresses of all Organization Officers:

President/Primary Officer: <u>Abbey Barnes</u>	Name	Address	City/State/Zip
Vice President: <u>Carrin Olson</u>	Name	Address	City/State/Zip
Secretary: <u>Nicole Rice</u>	Name	Address	City/State/Zip
Treasurer: <u>Joe Speich</u>	Name	Address	City/State/Zip

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

Address/Location Description: 8 W. Main St.

Do premises occupy all or part of building? All

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

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

Abbey Barnes

(Officer Signature/Date)

(Name of Organization)



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

AFFIRMATION OF UNDERSTANDING FOR EVENT MANAGER

CITY OF EVANSVILLE CLERK'S OFFICE

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

EVENT DATE: May 17, 2024 & May 30, 2024	EVENT TIME: 4.30 p.m. -
NAME: Shawn Dunphy	DATE OF BIRTH: 8/5/69
ADDRESS: 213 Maple St	
EMAIL: dunphys91@gmail.com	PHONE: 608-751-5363

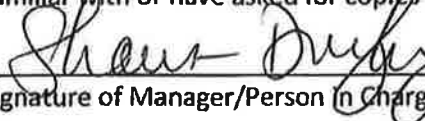
Chapter 6 of the Evansville Code and the WI Publication 309 (Retail Alcohol Beverage Licensing Information) specifies all the laws and requirements which you are governed by and with which you are responsible for knowing and must comply with. The City Clerk's Office will provide you a copy of this ordinance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

ATTESTATION AND ACKNOWLEDGEMENT OF RESPONSIBLE PARTY

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

- Successfully completed a responsible Alcohol Servers course
- Held a Wisconsin Operator's License
- An Alcohol Agent for a Retail Alcohol License
- The Sole Proprietor of Retail Alcohol License.

I acknowledge I am the responsible party for this event and I agree to obey all the laws which regulate the activities planned for said event. I further acknowledge that I am familiar with or have asked for copies of such laws.

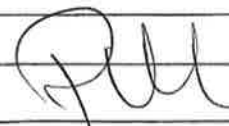

 Signature of Manager/Person in Charge of event

4/22/24
 Date

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Chief Recommendation and Comments:

Recommend Non-Recommend Recommend with conditions


 Police Chief's Signature

4/25/24
 Date

Date Filed with Clerk:

Date License Issued:

Public Safety:

Clerk's Signature:

Notes & Receipt Information:

Paid To:
City of Evansville

Receipts: 1,156817 10.00
SHAWN DUNPHY
Apr 23, 2024 1:02 PM

Additional Licensee Information

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

Business Name: <i>Expressions Salon</i>	Description of Premises: <i>Entire building</i>
Business Address: <i>8 W. Main St. Evansville IN</i>	
Business Owner: <i>Kelly Shannon</i>	Signature: <i>Kelly Shannon</i>
Business Name: <i>U.</i>	Description of Premises:
Business Address:	
Business Owner:	Signature:
Business Name:	Description of Premises:
Business Address:	
Business Owner:	Signature:
Business Name:	Description of Premises:
Business Address:	
Business Owner:	Signature:
Business Name:	Description of Premises:
Business Address:	
Business Owner:	Signature:
Business Name:	Description of Premises:
Business Address:	
Business Owner:	Signature:



Evansville Underground Music
104 Garfield Ave.
Evansville, WI 53536-1113

April 16, 2024

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

Dear Public Safety Committee:

Evansville Underground Music, Inc. is requesting a Class B Beer License for 23 N. First Street and a Street Closure permit for the block of 23 N. First Street as well for the following dates: 5/24/2024, 6/29/24, 7/20/24 & 8/11/24, 9/28/24 & *10/5/24

*10/5/2024 is a backup date as we solidify our calendar (it will either be 9/28 or 10/5 not both dates).

Please find enclosed:

Application Form
Exhibit A-Evansville Underground Music Officers
Exhibit B-Location of Premises

I will attend the April Public Safety Committee Meeting (or May if it is too late to get on the April Agenda – Please let me know).

If you have questions regarding this application, before the next Public Safety Committee Meeting: please call me at 608-213-0797.

Kind regards,

Mark H. Schnepfer

President – Evansville Underground Music

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 per DATE

Application Date: _____

Town Village City of Evansville

County of Rock

The named organization applies for: (check appropriate box(es).)

A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning _____ and ending _____ and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →
- Bona fide Club
 - Church
 - Lodge/Society
 - Veteran's Organization
 - Fair Association or Agricultural Society
 - Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Evansville Underground Music

(b) Address 104 Garfield Ave.

(Street)

Town Village City

(c) Date organized March 11, 2022

(d) If corporation, give date of incorporation March 11, 2022

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President _____

Vice President _____

Secretary See Exhibit A

Treasurer _____

(g) Name and address of manager or person in charge of affair: Mark Schnepfer 477 W. Main St.

Joe Kaether 23 N. First St.

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number Served- 23 N. First Street Stored 477 W. Main St.

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building?

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: _____

3. Name of Event

(a) List name of the event Evansville Underground Music 2024 Music Series

(b) Dates of event 5/24/2024, 6/22/24, 6/29/2024, 7/20/24, 8/11/2024, 9/28/24 & *10/5/24

DECLARATION

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

Officer

Mark H. Schnepfer
(Signature / Date)

4/6/24

Evansville Underground Music

(Name of Organization)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____



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

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

Application Fee: \$10.00 per Licensed Premises **APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN**

Number of Licensed Premises: _____ x \$10.00 = \$ _____ Total Due

License Type: (Check one)	<input type="checkbox"/> Beer Only	<input type="checkbox"/> Wine Only	<input type="checkbox"/> Beer & Wine
---------------------------	------------------------------------	------------------------------------	--------------------------------------

Event Name: EVANSVILLE UNDERGROUND OUTDOOR SERIES 2024

Event Date: 5/24/24, 6/29/24, 7/20/24, 8/11/24, 9/28/24 & *10/5/24 **Event Time:** 5:30 PM - 10 PM (8/11/24 4:30-9 PM).

Name of Person in Charge of Event: MARK SCHNEPPER & JOE KAETHER

Organization

<input checked="" type="checkbox"/>	Bona fide Club		Church		Lodge/Society
	Chamber of Commerce/ similar Civic or Trade Organization		Fair Assoc/Agricultural Society		Veteran's Organization

Organization Name:

Address: 104 GARFIELD AVE. EVANSVILLE. WI 53536

Date Organized: _____ **If Corporation, Date of Incorporation:** _____

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

Names and addresses of all Organization Officers:

SEE ATTACHEMENT A

President/Primary Officer:

Name	Address	City/State/Zip
------	---------	----------------

Vice President:

Name	Address	City/State/Zip
------	---------	----------------

Secretary:

Name	Address	City/State/Zip
------	---------	----------------

Treasurer:

Name	Address	City/State/Zip
------	---------	----------------

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

Address/Location Description: SERVED-23 N FIRST STREET STORED 477 W. MAIN STREET

Do premises occupy all or part of building?

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

SEE ATTACHED MAP

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

Mark H. Schnepfer 4-16-24
(Officer Signature/Date)

EVANSVILLE UNDERGROUND MUSIC
(Name of Organization)



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

AFFIRMATION OF UNDERSTANDING FOR EVENT MANAGER

CITY OF EVANSVILLE CLERK'S OFFICE

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

EVENT DATE: 5/24/24, 6/29/24, 7/20/24, 8/11/24, 9/29/24 (*10/5/24)
*9/28 backup date

EVENT TIME: 5:30 pm-10 p.m. (8/11 4:30 p.m. - 9 p.m.)

NAME: Mark Schnepfer

DATE OF BIRTH: 05/30/1969

ADDRESS: 477 W. Main Street

EMAIL: markschnepfer@gmail.com

PHONE: 608-213-0797

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

ATTESTATION AND ACKNOWLEDGEMENT OF RESPONSIBLE PARTY

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

- Successfully completed a responsible Alcohol Servers course
- Held a Wisconsin Operator's License
- An Alcohol Agent for a Retail Alcohol License
- The Sole Proprietor of Retail Alcohol License.

I acknowledge I am the responsible party for this event and I agree to obey all the laws which regulate the activities planned for said event. I further acknowledge that I am familiar with or have asked for copies of such laws.

Mark H Schnepfer
Signature of Manager/Person in Charge of event

4-16-24
Date

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Chief Recommendation and Comments:

Recommend

Non-Recommend

Recommend with conditions

[Signature]
Police Chief's Signature

4/23/24
Date

Date Filed with Clerk:

Public Safety: 5-1-24

Date License Issued:

Clerk's Signature:

Notes & Receipt Information:

Exhibit A

**Evansville Underground Music, Inc.
104 Garfield Ave.
Evansville, WI 535361113**

Officers:

**Mark Schnepfer-President
Einar Floan-Vice President
Event Manager-Joe Kaether
Treasurer-Ry Thompson
Secretary-Clay Blohm**

Addresses of people in charge of event:

**Mark Schnepfer
477 W. Main St.
Evansville, WI 53536**

**Einar Floan
114 S. Third Street
Evansville, WI 53536**

**Joe Kaether
23 N. 1st Street
Evansville, WI 53536**

**Ry Thompson
104 Garfield Ave.
Evansville, WI 53536**

**Clay Blohm
8638 Whitmore Road
Evansville, WI 53536**

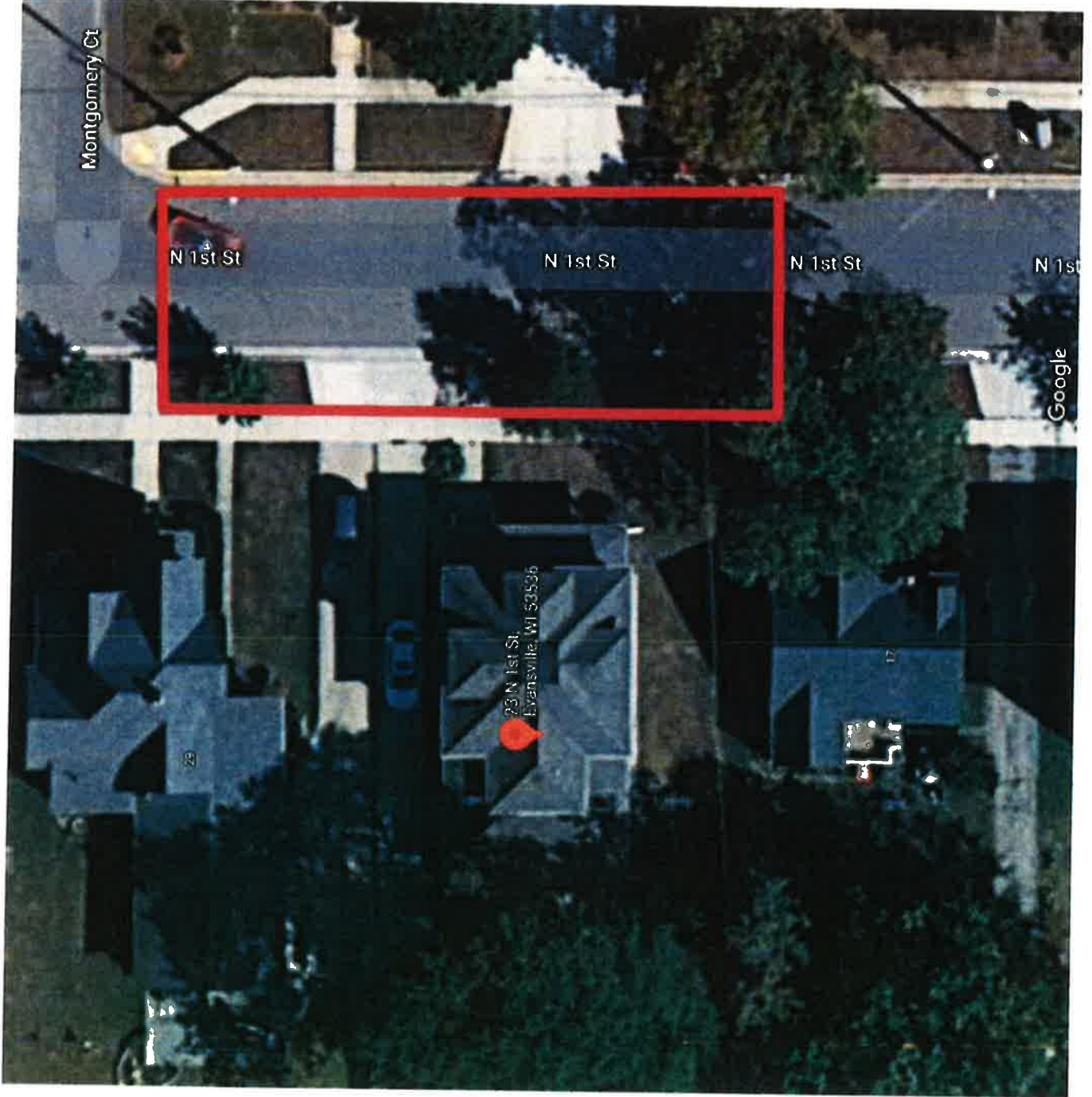


Exhibit B



APPLICATION FOR Street Closure License

(Section 106 Municipal Code)

CITY OF EVANSVILLE CLERK'S OFFICE
31 S. Madison St, PO Box 529, Evansville, WI 53536
(608) 882-2266 – Fax (608) 882-2282

<input type="checkbox"/> Application Fee: \$25.00 per Event	APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN
---	--

<input type="checkbox"/> Short Term (4 hours or less) Street Closure	<input checked="" type="checkbox"/> Long Term (More than 4 hours) Street Closure <small>(The attached Petition must be included with at least 2/3 signatures)</small>
--	--

This permit shall license the closure of a City Street for the purpose of business, celebration or other event that would require the full or partial closure of a road for a set period of time.

Name of Organization: EVANSVILLE UNDERGROUND MUSIC	Phone: 608-213-0797
---	----------------------------

Organization address:

Responsible Person: MARK	H.	SCHNEPPER
<small>First</small>	<small>Middle</small>	<small>Last</small>

Home Address: **477 W. MAIN STREET**

City EVANSVILLE	State: WISCONSIN	Zip: 53536
------------------------	-------------------------	-------------------

Phone No: - -	Email Address:
---------------	----------------

Date(s) of Event(s): **5/24/24, 6/29/2024, 7/20/24, 8/11/24, 9/28/24 & *10/5/2024**

Hours of Operation: **5:30 PM TO 10 PM (8/11/2024 4:30 PM- 9 PM).**

Location of Event: **23 N. FIRST STREET**

Please attach a copy of map, showing where you wish to have the road blocked off.

Hold Harmless- The applicant agrees to indemnify, defend and hold the city and its employees and agents harmless against all claims, liability, loss, damage or expense asserted against or incurred by the city on account of any injury or death of any person or damage to any property caused by or resulting from the activities for which the license is granted. As evidence of the applicant's ability to perform the conditions of the license, the public safety committee may require the applicant to furnish a certificate of comprehensive general liability insurance with the city and its employees and agents as an additional insured. The insurance shall include coverage for a contractual liability with minimum limits in an amount as required by the public safety committee. The certificate of insurance shall provide 30 days written notice to the city upon cancellation, non-renewal or material change in policy.

Cancellation- The city, through its police department or other agents, may terminate, without prior notice, any use authorized by a street use license if the health, safety or welfare of the public appears to be endangered by activities generated by or associated with the use or if there are activities that violate any condition specified by the public safety committee when authorizing the issuance of the street use license.

For Long Term Street Closures Only

Public Hearing and/or Petition-The applicant further agrees to pay the fee for holding a public hearing; or completing the petition attached to this permit. The applicant has been honest and truthful to his or her best ability in following the instructions on the attached petition.

Mark H. Schnepfer 4-16-24
 Signature of Applicant Date

Police Chief Recommendation and Comments:

Recommend X Non-Recommend Recommend with conditions

See Email

Police Chief's Signature

Date

Municipal Services Recommendation and Comments:

Recommend X Non-Recommend Recommend with conditions

[Handwritten Signature]

Municipal Services Signature

4/23/24

Date

City Clerk's Office:

Public Safety Meeting required?

 Yes

No

If Yes, Meeting Date:

5-1-24

Date License Issued:

Clerks Notes and Receipt Information:

Jolene Klitzman

From: Dale Roberts
Sent: Wednesday, April 24, 2024 6:18 AM
To: Jolene Klitzman
Subject: Re: EUM Street Closure

I do not have any issues with this.

From: Jolene Klitzman <j.klitzman@evansvillewi.gov>
Sent: Tuesday, April 23, 2024 12:34 PM
To: Dale Roberts <d.roberts@evansvillewi.gov>
Subject: EUM Street Closure

Please let me know if approve this closure.

Jolene Klitzman

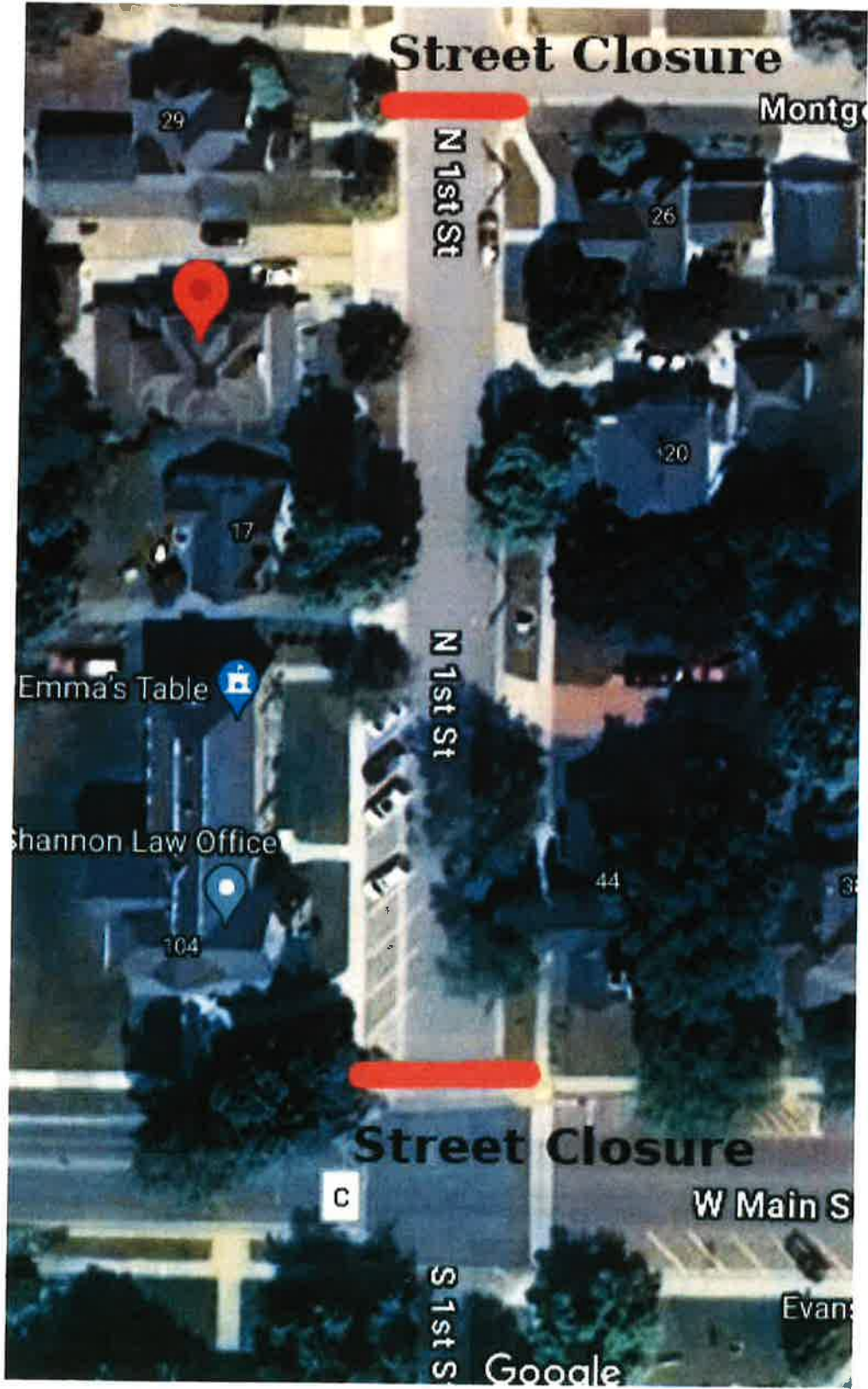
Deputy Clerk

31 S. Madison St./PO Box 529

Evansville, WI 53536

Phone: 608-882-2266 Option 2

****Please see new email j.klitzman@evansvillewi.gov****



Street Closure

Montg

N 1st St

29

26

20

17

Emma's Table

N 1st St

Shannon Law Office

104

44

3

Street Closure

W Main St

C

S 1st St

Evans

Google



May 1st 2024

Evansville Police Department

Public Safety Report

- **Training:**

- All staff will attend de-escalation training

- Officer Delgado will attend intox training at BTC

- Officer Tway is attending ARIDE training at BTC

- Officers who missed vehicle contacts training last month will make that course up inhouse

- Quinn will travel to Fox Valley Tech to attend two days of open records laws

- **Community Outreach:**

- Staff will participate in Civics Day at the Staff will attend Cruise Night at Creekside for First Responder appreciate night Sgt. Reilly will attend advanced patrol tactics followed by advanced patrol tactics for supervisors

- Sgt. Reilly will attend the 4th of July meeting EPD is currently backgrounding a student for an internship over the summer

- EPD collected 191.93lbs of unwanted and unused RX meds since our last take back event. They were transported to Janesville PD to be collected with the rest of the county collection to be destroyed

- Chief Reese and Lt. Jones disposed of 5 large containers of sharps collected in our drug take back box. Rock County Health Department takes them at no cost to EPD

- **Calls for service:** April 2023: 1346 April 2024: 904 (as of 04/29/24 at 11:17AM)

- **Police Commission/Staffing:** Did not meet in April

- Officer Delgado is in the final stages of the Police Academy

- **Accreditation:**

- Policy review is being conducted

- Chief Reese was selected to be the lead assessor on Platteville PD's accreditation in October

- **Notable calls:**

- OWI arrest involving a juvenile with a handgun located in the backseat

- Threat to the school district. Quickly determined it was a hoax and the suspect lives in Canada

- Disorderly Conduct arrest and resisting arrest resulting in a use of force incident

- Report of an armed subject at Lenoard Leota Park. It was determined the individuals were not armed but it did result in two juvenile referrals to Rock County for Disorderly Conduct

- **Admin update:**

- Chief Reese is getting quotes on making our public entrance door handicap accessible

- Chief Reese is getting quotes on a deep clean of the PD and to get the floors cleaned and waxed

Chief Reese and Lt. Jones have been working on ordinance revisions regarding tobacco use and vaping use on school property and city owned property. Stay tuned....

CAD Incidents By Type

Agency: EVPD

Printed: 4/29/2024 11:13:26 AM

Covering Incidents From: 04/01/2023 00:00:00 To: 04/29/2023 00:00:00

Incident Type Description	# of Incidents	Incident Type Code
911 ABANDONED OR HANGUP OR OPEN LINE	60	911
ABANDONED VEHICLE	1	AVR
ALARM	3	ALARM
ANIMAL COMPLAINT	17	ANM
ARMED SUBJECT	1	ARMD
ASSIST CITIZEN	41	ACIT
ASSIST FIRE OR EMS	21	FAST
ASSIST OTHER JURISDICTION	23	OJUR
BUSINESS CHECK	31	BCK
CIVIL DISPUTE	1	CD
CIVIL PAPER SERVICE	13	CPS
CODE ENFORCEMENT	2	CODE
DISORDERLY CONDUCT	5	DC
DISTURBANCE	2	DIST
DRUG OFFENSE	2	DRUG
ESCORT/TRANSPORT	2	ESCORT
FAMILY PROBLEM	2	FAM
FOLLOWUP	56	FOL
FOOT PATROL	28	FOOT
FRAUD/FORGERY	2	FRD
HARASSMENT	3	HAR
HAZARDOUS CONDITION	5	HAZC
HIT & RUN	1	HR
KID PROBLEM	7	KID
LOUD NOISE	11	LOUD
OPEN DOOR/WINDOW	1	OPEN
ORDINANCE VIOLATION	5	ORD
OUT WITH SUBJECT	4	OWS
OVERDOSE	2	POD
PARKING COMPLAINT	4	PARK
PROPERTY	1	PROPERTY
PUBLIC WORKS/UTILITY	1	PWU
RUNAWAY	1	RUN

SCHOOL PATROL	47	SCHOOL
SECURITY CHECK	381	SECK
SEX OFFENSE	1	SEX
SPECIAL ASSIGNMENT	12	SPAS
STALLED VEHICLE	2	STALLD
SUSPICIOUS	10	SUSP
THEFT	3	THFT
THREAT	2	THREAT
TRAFFIC ACCIDENT	1	TA
TRAFFIC COMPLAINT	6	TC
TRAFFIC STOP	56	T
TRUANCY	5	TRU
UNWANTED PERSON	1	NOWN
VANDALISM	1	VAND
VEHICLE UNLOCK	6	UNLK
WELFARE CHECK	11	WELF
Number of CAD Complaints During Period	904	

City of Evansville EMS
 11 W. Church St.
 Evansville, WI 53536
 (608) 882-2269
 Chief Carolyn Kleisch
 Public Safety Meeting
 May 1st, 2024

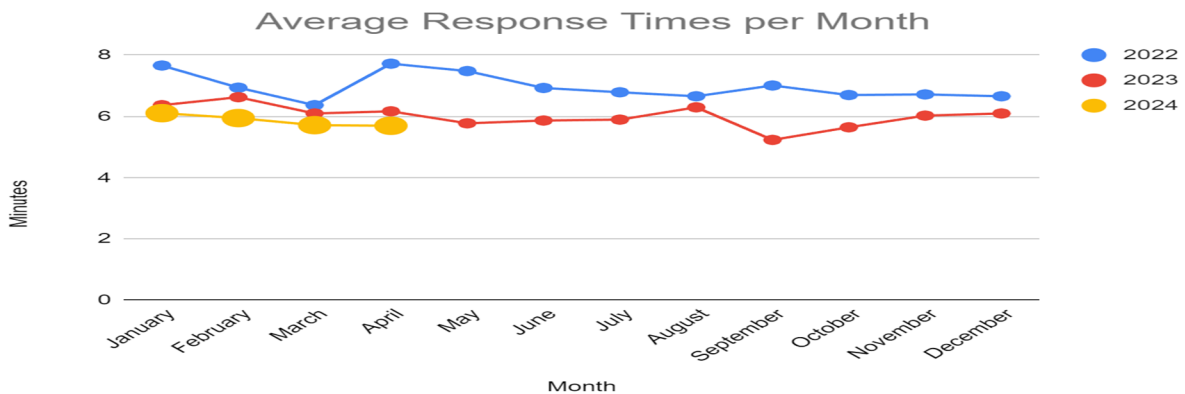
1. Calls for Service:

- a. 41 Calls during the month of April 2024 (641-3/642-38)
- b. 64 Calls during the month of April 2023. (641-37/642-27)
- c. To date call volume 2024-206
- d. To date call volume 2023- 248

Updates:

- 1- EMS training was on Trauma care and C-Spine Clearance with Mercy
- 2- 71% of the monthly schedule was covered by at least 1 AEMT on duty.
- 3- 31 of the 41 EMS responses were at the AEMT level.
- 4- Those in AEMT class have finished class and are awaiting National Registry testing this month. (May)
- 5- Carolyn has been in contact with Zoll, Zoll's are in for upgrades. Scott helped with a temporary changeover for loaner Zolls.
- 6- Carolyn and available crew to meet with Shawn Foster from Foster Coach on May 2 to look over specs for 2026 ambulance.
- 7- EMS attended Family Fun night April 12th
- 8- EMS attended HS Career Fair on April 17th, Mercy was also there handing out flyers for their EMT-B class in the fall that is held at the school.
- 9- EMS attended the Reality Maze at High School.

Avg Unit Notified to Enroute in Minutes	Avg Unit Enroute to Arrived at Scene in Minutes	Avg Unit Arrived on Scene to Left Scene in Minutes	Avg Unit Left Scene to Arrived at Destination in Minutes	Avg Unit Arrived at Destination to Unit Back In Service in Minutes	Number of Runs
5.70	3.13	17.97	26.92	42.05	41



Incident Complaint Reported By Dispatch (eDispatch.01)	Number of Runs	Percent of Total Runs
Chest Pain (Non-Traumatic)	5	12.20%
Abdominal Pain/Problems	4	9.76%
Falls	4	9.76%
Sick Person	4	9.76%
Pain	3	7.32%
Unconscious/Fainting/Near-Fainting	3	7.32%
Breathing Problem	2	4.88%
Cardiac dysrhythmia	2	4.88%
Invalid Assist/Lifting Assist	2	4.88%
Altered Mental Status	1	2.44%
Assist Other Agency	1	2.44%
Cardiac Arrest - Possible DOA	1	2.44%
Chronic Illness/Medical Condition	1	2.44%
Convulsions/Seizure	1	2.44%
Diabetic Problem	1	2.44%
Medical Alarm	1	2.44%
Motor Vehicle Crash	1	2.44%
Pregnancy/Childbirth/Miscarriage	1	2.44%
Syncope/near-fainting	1	2.44%
Traffic/Transportation Incident/MVA	1	2.44%
Unresponsive	1	2.44%
	Total: 41	Total: 100.00%