

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. The meeting will also be held virtually in response to COVID-19. To participate via video, go to this website: <https://meet.google.com/xtf-ayun-xwn>. To participate via phone, call this number: 475-222-5110 and enter PIN: 808 226 480# when prompted. (Your microphone may be muted automatically).

**CITY OF EVANSVILLE
PUBLIC SAFETY COMMITTEE**
Regular Meeting
City Hall, 31 S. Madison Street, Evansville, WI
Wednesday, September 1st, 2021 6:00 p.m.

AGENDA

1. **Call to Order.**
2. **Roll Call.**
3. **Approval of Agenda.**
4. **Motion to approve the August 4th, 2021 Public Safety regular meeting minutes.**
5. **Citizen appearances other than agenda items listed.**
6. **Old Business.**
7. **New Business.**
 - A. **Motion to approve Operators License application(s) for:** *(approved by Chief Reese unless otherwise noted).*
 - (1) **Torri Lynn Grow**
 - (2) **Josie Lea Neeley**
 - (3) **Brandon Christopher Robinson**
 - (4) **Casey Ann Eldred**
 - B. **Motion to recommend to the Common Council approval of the Original Alcohol Beverage License applications for a Class B Beer/Class B Liquor License for:** (approved by Police Chief Reese unless otherwise noted)
 - (1) **Whiskey Throttle Bar, Grill & Pizzeria Inc., DeeAnna K Straub, Agent, N3938 Cty Rd F, Brodhead, WI 53520, d/b/a Whiskey Throttle, 50 Union Street, Evansville WI 53536.**
 - C. **Discussion and possible motion to approve the following Evansville Community School District function:**
 - (1) **High School Homecoming Parade, Friday, October 8th 2021. Time and route TBD.**
8. **Evansville Police Department Report.**
9. **Evansville Emergency Medical Services Report.**
10. **Meeting Reminder: Next regular meeting scheduled for Wednesday, October 6th, 2021 6:00 p.m.**
11. **Motion to adjourn.**

Dianne Duggan, Chairperson

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

MINUTES

1. **Call to Order**-The meeting was called to order by Public Safety Chair Dianne Duggan at 6:02 p.m.
2. **Roll Call**-

Members	Present/Absent	Others Present
Aldersperson Dianne Duggan, Chair	P	Patrick Reese, Police Chief
Aldersperson –Gene Lewis	P	Jamie Kessenich, EMS Chief
Aldersperson Erika Stuart	P	Chris Jones, Lieutenant Leah Hurtley, Deputy Clerk

3. **Approval of Agenda**-Lewis made a motion, seconded by Duggan to approve the agenda as presented. Motion passed 2-0, with Stuart abstaining.
4. **Approval of Minutes**-Lewis made a motion, seconded by Duggan to approve the July 7th, 2021 Public Safety regular meeting minutes. Motion passed 2-0, with Stuart abstaining.
5. **Citizen appearances other than agenda items listed**-None
6. **Old Business**-None
7. **New Business.**
 - A. Operator’s License application
 - Lewis made a motion seconded by Duggan, to approve Operator license application for: (approved by Police Chief Reese unless otherwise noted.) Motion passed 2-0
 - (1) Michelle Lee Thompson
 - (2) Steven Robert Hallmark
 - (3) Abigail Lee Rosonke
 - (4) Brittany Michelle Slagle
 - (5) Karah Nicole Flenke
8. **Evansville Police Department Report.** Chief Reese emailed his written monthly report covering the training for officers, community outreach, updates in the department, staffing matters, and accreditation.
9. **Evansville Emergency Medical Services Report.** Chief Kessenich shared her written monthly report
10. **Meeting Reminder:** Next regular meeting scheduled for Wednesday, September 1st, 2021 6:00 p.m.
11. **Adjourn**-Lewis made a motion, seconded by Duggan to adjourn at 6:24 p.m. Motion passes 2-0

Leah Hurtley, Deputy Clerk

The minutes are not official until approved by the Evansville Public Safety Committee at the next regular meeting



APPLICATION FOR OPERATOR'S LICENSE

7A1

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: TORRI LYNN EROW
First Middle Last

DATE OF BIRTH: 6-1-1982

ADDRESS: 5-1111-1111

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

Driver's License No: _____ Issuing State: WI

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?
 Prior Street Address if Above Address Is Less Than 5 Years State/Zip From To City State Zip From To

State	Zip	From	To

Former Name(s): _____

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"/>

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>MS - Don't Remember Charges</u> <u>Charges of worthless checks</u>	<u>35 yrs ago</u> <u>5/1992</u>	<u>Unknown</u>	<u>WI</u>

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

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

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

Signature: [Signature] Email: _____
 Printed Name: _____ Date: _____

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee: Approved: _____ Denied: _____	Paid To: _____ City of Evansville Date: _____
Clerk's Office Signature: _____	Date: _____
Approved: <u>[Signature]</u> Police Chief's Signature	Denied: _____ Date: <u>8/24/21</u>

Receipt # _____
 Receipt: 1.145267 35.00
 TORRI EROW
 Aug 23, 2021 10:06AM



CITY OF EVANSVILLE
Operator's License Application

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

Provisional License \$15.00 Original License \$28.00 Renewal License \$25.00

First Josie Middle Lea Last (as on your driver's license) Neeley Date of Birth 6/15/1988

Address 1111 1st St Street Evansville City WI State 535710 Zip Code

Telephone No.: (708) 882-1234 Gender: Male Female

Current Driver's License No.: W1-123456789 Issued in the State of: WI
(If no current DL, Provide the Last Valid Driver's License No.)

If you are unsure about the answers to questions 3-5 below, you may obtain a copy of your record from the Wisconsin Department of Transportation or visit CCAP's website at <http://wcca.wicourts.gov>. Incomplete information may result in a delay or denial of your application. Answer ALL questions below.

- 1) In the last 2 years, have you held a valid Wisconsin Operator's License or completed a Wisconsin Certified Responsible Beverage Server's Training Course?
Yes No Original applications require a copy of either document.
- 2) Do you need to apply for a Provisional (60 Day) License?
Yes No If yes, please enclose an additional \$15.00 fee
- 3) Have you ever been cited and/or convicted of any felony or misdemeanor in the State of Wisconsin or in the United States?
Yes No If yes, state nature of offense and, if applicable, the conviction date and name of court: _____
- 4) Within the last 10 years have you been cited and/or convicted of violating any other law or ordinance in the City of Evansville or State of Wisconsin?
Yes No If yes, state nature of offense and if applicable the conviction date and name of court: _____
- 5) Within the last 10 years have you been cited and/or convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors?
Yes No If yes, state nature of offense and if applicable the conviction date and name of court: _____

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

I certify that I am a citizen of the United States; I am _____ years of age; and that all answers in this application are true and correct, and I agree that any misstatements or omissions of material fact may result in the denial of this application. I understand the application fees are non-refundable.

Date: 07/27/21 Signature of Applicant: [Handwritten Signature]

For Office Use Only

Provisional License Receipt # _____ Faxed _____ Initials _____

Police: Recommend _____ Non-Recommend _____ Signature/Date: _____

Reason for Non-Recommendation if Applicable: _____

Lic No. _____ Issue Date: _____ Date Approved: _____ Clerk Approval: _____

Operator's License Receipt # _____ Faxed _____ Initials _____

Police: Recommend Non-Recommend _____ Signature/Date: [Handwritten Signature] 8/23/21

Reason for Non-Recommendation if Applicable: _____

Public Safety Committee: Granted _____ Denied _____

Reason for Denial: _____

Lic No. _____ Issue Date: _____

Signature/Date: _____ / _____

Paid To:
City of Evansville

Receipt: 1.145232 35.00
BESSIE BOWL LLC
AUG 17, 2021 12:39PM

31 S. Madison St, Evansville WI 53536 / Phone 608.882.2266 / Fax 608.882.2282

www.ci.evansville.wi.gov



APPLICATION FOR OPERATOR'S LICENSE

7A3

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

New/Renewal Operator's License: \$35.00

Provisional Fee: \$15.00

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

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

1. LEGAL NAME: Brandon Christopher Robinson

First Middle Last

DATE OF BIRTH: _____

ADDRESS: _____

CITY: Evansville STATE: WI ZIP: 53536 PHONE: 608-782-1111

Gender: Male Female

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 2 years

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

City	State	Zip	From	To
<u>Evansville</u>	<u>WI</u>	<u>53536</u>	<u>2011</u>	<u>2019</u>

Former Name(s): _____

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

ARREST AND CONVICTION RECORD

2. Have you ever been convicted of a felony? Yes No

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following in the City of Evansville or the State of Wisconsin?

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

5. For each Yes response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	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: [Signature]
Printed Name: Brandon Robinson

Email: _____
Date: 07/06/2021

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

City Clerk's Signature: _____ Date: _____

Approved: [Signature] Denied: _____
Police Chief's Signature Date: 8/04/21

Receipt # 1.145050 7/29/21
\$50.00



APPLICATION FOR OPERATOR'S LICENSE

7A4

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: Casey Ann Eldred DATE OF BIRTH: _____
First Middle Last

ADDRESS: _____ PHONE: _____

CITY: Evansville STATE: WI ZIP: 53548 GENDER: Male Female

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

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

Prior Street Address If Above Address Is Less Than 5 Years State Zip From To	City	State	Zip	From	To
<u>120 collage Dr Apt 21</u>	<u>Evansville</u>	<u>WI</u>	<u>53536</u>	<u>2017</u>	<u>2018</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"/>

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: Casey Eldred Email: eldred@evansvillewi.gov

Printed Name: Casey Eldred Date: 08/20/2021

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

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

Clerk's Office Signature: _____ Date: _____

Recapt # pd 8/20/21 rec# 1.145318 \$50

Approved: [Signature] Denied: _____

Police Chief's Signature: _____ Date: 8/26/21



City Clerk's Office

www.ci.evansville.wi.gov
31 S Madison St
PO Box 529
Evansville, WI 53536
(608) 882-2266

Tuesday, August 31, 2021

Staff Memo

To: Public Safety Committee
From: City Clerk's Office

RE: Issuance of Temporary Class "B" License in Regards to a DBA Name

Background

City staff has received inquiries regarding the ability to deny the issuance of a Class B Beer/Class B Liquor License based on the business name of an establishment. Specifically, these inquiries were as part of Whiskey Throttle Bar, Grill & Pizzeria Inc.'s business name. The clerk's office researched City ordinances and State Statutes that regulate alcohol licensing. Of specific note:

- The Public Safety Committee, along with Common Council, is entrusted to promote the safety and well-being of Evansville residents and visitors. Per (Pub 302 WI Alcohol Beverage & Tobacco Laws for Retailers-December 2016, Sec IV) A license is a privilege. Municipalities have the right to approve or deny alcohol licenses based on their best judgment, but cannot be unfair or discriminate. Additionally, The Committee may at any time add conditions to this agreement as it deems necessary for the health, welfare or safety of the community. The council may waive any of these requirements. (Sec. 6-36(d)(1)(b)(5)) Municipalities have the right to approve or deny alcohol licenses based on their best judgment, but cannot be unfair or discriminate. With that being said, the board should exercise caution when evaluating a new business owner Doing Business As (DBA) Name, to prevent any discrimination possibly leading to any unfair treatment. It is recommended the committee and council to examine other business names in Evansville to avoid any discrimination or unfair treatment against the said applicant.

Public Safety Commission Actions:

- The Committee can recommend the license, as submitted, Common Council will review the application at its September 14th, 2021.
- The Committee can deny the license if it finds the name to be offensive.
- The Committee can table the decision, or recommend the license with conditions it finds appropriate.

Additional Notes

- If the Committee decides to recommend a license conditionally and the conditions are approved by council, the license will be revoked and subsequently considered denied if the required conditions are not met or maintained..
- If the Committee denies the application, the applicant may appeal the denial by notifying the Clerk within 14 days of receiving the denial letter from the Clerk's office. The letter should state, in detail, why they think the denial should be reversed and specifically request an appeal hearing before the board. They will then be given the opportunity to address the Council at a future Common Council meeting and request reconsideration of the denial.

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: Aug. 4, 21 ending: June 30, 2022
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Evansville
 Village of }
 City of }

County of Rock Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>456-1030773452-04</u>	
FEIN Number <u>87-1473444</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$ 100
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15
TOTAL FEE	\$ 615

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
DeeAnna K Straub

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Straub</u>	<u>DeeAnna</u>	<u>Kay</u>	<u>N39.38 Cty Rd F Brodhead, WI 53520</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Straub</u>	<u>Danny</u>	<u>Lee</u>	<u>N39.38 Cty Rd F Brodhead WI 53520</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Mickey Shuttle Business Phone Number 608.882.6786
 2. Address of Premises 50 Union St Post Office & Zip Code Evansville, WI 53536

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
Bar on main floor behind bar counter. Excess inventory to be stored in basement in a locked room.
The restaurant has a large dining room, another dining hall room, bar area and kitchen. Alcohol & beer will be served in bar, front dining room and hall/dining room in back of restaurant.

4. Legal description (omit if street address is given above): _____
 5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
 (b) If yes, under what name was license issued? Romanos

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
As responsible owners we will complete the training course
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state Wis and date 6/30/21 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <i>Straub DeAnna K</i>	Title/Member <i>President</i>	Date <i>7/6/21</i>
Signature <i>DeAnna K Straub</i>	Phone Number <i>608-225-5931</i>	Email Address <i>Whiskeythrottleinc@gmail.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>7/6/2021</i>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Straub		(first name) DeeAnna		(middle name) Kay	
Home Address (street/route) N3938 Cty Rd F		Post Office	City Brodhead	State WI	Zip Code 53520
Home Phone Number 608.225.5931		Age 50	Date of Birth 12/25/70	Place of Birth Janesville	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
 - A member of a **partnership** which is making application for an alcohol beverage license.
 - DeeAnna Kay Straub** of **Whiskey Throttle Bar Grill & Pizzeria Inc.**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? **50 years**
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. *(If more room is needed, continue on reverse side of this form.)*
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name Northern Lights Accounting	Employer's Address 1007 1st Center Ave Brodhead WI 53520	Employed From 2/2003	To Present
Employer's Name Rockford Structures	Employer's Address 10540 N 2nd Rockford IL	Employed From 3/18	To 8/18

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


(Signature of Named Individual)

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

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village City of Evansville County of Rock

The undersigned duly authorized officer/member/manager of Whiskey Shottle Bar, Grill + Pizzeria Inc.
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Whiskey Shottle
(Trade Name)

located at 50 Union St Evansville, WI 53536

appoints Deanna Straub
(Name of Appointed Agent)

N3938 Cty Rd F Brodhead WI 53520
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? XXXX

Place of residence last year N3938 Cty Rd F Brodhead WI 53520

For: Whiskey Shottle Bar, Grill + Pizzeria Inc.
(Name of Corporation / Organization / Limited Liability Company)

By: Deanna Straub
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, Deanna K Straub
(Print / Type Agent's Name), hereby accept this appointment as agent for the

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Deanna K Straub
(Signature of Agent) 7/2/21
(Date)

Agent's age XXXX

Date of birth XXXXXXXXXX

N3938 Cty Rd F Brodhead WI 53520
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 07-27-21 by [Signature] Title Lieutenant of Police
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

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

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village City of Cranville County of Rock

The undersigned duly authorized officer/member/manager of Whiskey Throttle Bar Grill + Pizzeria Inc
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Whiskey Throttle
(Trade Name)

located at 50 Union St Cranville WI 53532

appoints Danny L. Straub
(Name of Appointed Agent)

N3938 Cty Rd F Broadhead WI 53520
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? XXXXXXXX

Place of residence last year N3938 Cty Rd F Broadhead WI 53520

For: Whiskey Throttle Bar Grill + Pizzeria Inc
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature]
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, Danny L. Straub
(Print / Type Agent's Name), hereby accept this appointment as agent for the

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] 7/2/21
(Signature of Agent) (Date)

Agent's age XXXX

N3938 Cty Rd F Broadhead WI 53520
(Home Address of Agent)

Date of birth XXXXXX

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state/criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 8/26/21 by [Signature]
(Date) (Signature of Proper Local Official)

Title Police Chief
(Town Chair, Village President, Police Chief)



Evansville Public Safety Police Report

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September 1st 2021

Committee Members:

Chair Dianne Duggan
Aldersperson Erika Stuart
Aldersperson Gene Lewis

City Representatives:

Mayor: William Hurtley
City Administrator: Jason Sergeant
Prepared by: Chief Patrick Reese

Officer Training:

- Lt. Jones finished First Line Supervisor training
- Chief Reese will be attending Epiphany Community Services coalition retreat. Jen Braun and Chief Reese will be presenting on the work BASE has done, September 8th – 10th
- Delta 8 THC online training was sent out to all sworn staff members to complete
- Officer Johnson and Blom will be attending Advance Roadside Impaired Driving enforcement
- Department range training will be held at the Rock County range on September 28th

Community Relations:

- Chief Reese met with Jen Braun about a family fall fun fest in Lake Leota Park, since Night Out was cancelled this is something we may do. Further discussions with Chief Kessenich need to take place
- Officer Fraser conducted a ride a long w/ Father Lawrence w/ St. Pauls Church. Fr. Lawrence asked if he could do one to help get to know the officers
- Sgt. Rittenhouse, Ofc. Tway, and Ofc. Johnson attended the Pride Picnic in the park
- Officers are participating in the drive sober or get pulled over nationwide initiative through Labor Day weekend
- Chief Reese will meet with Judge Alisankus, ECSD Administer Burgos and others administrators of the district to discuss the upcoming school year
- Chief Reese met to speak with Judge Alisankus on his thoughts about Delta THC
- Chief Reese is working with Chad Sullivan (retired Janesville PD) and Janessa Katzenberg on the Handle with Care Program. We are trying to implement a streamlined process of notifying the proper school staff of children in crisis or experiencing trauma
- Evansville PD is registered for the fall drug take back event being held in October

Monthly Update:

Technology/Equipment/Building Update:

- Update on the body armor grant, grant will become available again next year and Chief Reese will apply for it
- First quote for the generators: \$15,617 for the detached garage, \$45,286 for the PD, and \$76,876 for City Hall. We are waiting on another quote from one more supplier

- Chief Reese received two quotes for a new squad car for 2022. Options are as follows:
 - \$48,235 for the Hybrid Eco-Boost (best fuel cost savings)
 - \$47,420 for just the hybrid (without Eco-Boost) Approx. 730 gallons of fuel per year
 - \$46,235 for just fuel engine squad (not hybrid, no eco boost) Approx. 1,663 gallons of fuel per year

Ford Hybrid Technology (source: ford.com/police-vehicles):

Hybrid powertrains are ideal for law enforcement use, thanks to significant potential fuel savings from reduced engine idling time. While on duty, even at idle, police vehicles must constantly keep their engines running to power lighting packages, radios, computers and other electrical equipment. Ford hybrid powertrains engineered for police use significantly reduce engine idling time by powering these electrical loads, along with the air conditioning compressor, using the lithium-ion hybrid battery. This allows the engine to run less, only intermittently called upon to top off the battery.

EcoBoost (source: ford.com/police-vehicles):

Available on the Police Interceptor® Utility and standard on the F-150 Police Responder,® EcoBoost gives you the acceleration and closing speed that pursuit driving demands while delivering impressive performance. Two turbochargers effectively deliver horsepower with no turbo lag or hesitation. A high-pressure direct-injection fuel system delivers a mist of vaporized fuel directly into the cylinders during the intake stroke, allowing the engine to breathe more freely and contributing to its efficiency.

Savings for fuel: at \$2.75 per gallon of fuel the savings at 20,000 miles driven per year w/ two shifts and average ideal time of 4.9 hours per shift: cost savings \$3,509 per year. Over the course of 5 years \$17,545 fuel savings (ford.com/police-vehicle-interceptor/hybrid-utility/calculator)

- The speed trailer got a tune up w/ new batteries and is working well

Police Commission/staffing:

- The Police Commission will meet on August 17th and appointed Vincent Blom as our next full time police officer. He is currently in field training and will serve an 18 month probationary period.

Calls for Service: *Calls for service final numbers will not be out in time for this agenda and will be reported verbally at the meeting. Aug 2021: Aug 2020:

Accreditation:

- Chief Reese assisted the Town of Beloit with their mock assessment
- WILEAG is in the process of putting out a new addition which will affect our current files. This is in response to some changes in state law

Notable calls/incidents by Sgt. Reilly:

Officers responded to a hit and run crash in the construction area of S Second St. Witnesses reported seeing the suspect vehicle driving recklessly prior to crashing into some traffic barriers and a water main. The suspect was later located and issued several citations.

A subject was arrested for felony theft after they stole several thousand dollars' worth of scratch off lottery tickets from their employer.

A subject was arrested (different than above) for stealing cash and lottery tickets from their employer

A subject was arrested for stealing money from their employer

Officers continue to be vigilant for suspicious vehicles in the overnight hours. All previously reported stolen vehicles have been recovered. All vehicles were recovered in the Madison area.

Officers conducted a total of 46 traffic stops

Other Concerns/Comments:

- None



City of Evansville EMS

11 W. Church St.
Evansville, WI 53536
(608)882-2269
Chief Jamie Kessenich



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Public Safety Meeting September 1, 2021

1. Calls for Service:
 - a. ?? Calls during the month of August 2021. (641-??/642-??)
 - b. 44 Calls during the month of August 2020. (641-41/642-3)
 - c. To date call volume 2021-??? 2020-350
2. Continue to wear PPE on all calls.
 - a. N95 Mask or Surgical Masks
 - b. Safety Glasses/Goggles
 - c. Face shield
3. Training:
 - a. We will have ongoing monthly training. It will either be a lecture or some type of hands-on skills provided by Mercy.
 - b. September training will be in person lecture on the topic of Airway.
4. Maintenance:
 - a. Oil change schedule for 641.
5. Building Needs:
 - a. Making garage doors larger to fit the current size of ambulances. Possibly remove center garage to make this happen as this door is not used. Discussed with Jason and will be working to get bids so we have an idea of the cost associated with type of project. (Working on contacting companies for bids)
 - i. I have met with two contractors and I am awaiting their bids.
 1. Findorff (Door #1 \$20,000/ Door #3 \$30,000) Total project approximately \$48,000
 2. VJS Construction Services \$46,347
 - b. Different counter space for report writing.
 - c. Sleeping quarters, need to be up to code.
 - d. Kitchen does not meet code.
6. Please continue to call or email if you have any COVID-19 related questions. Rock County has seen a significant rise in COVID-19 cases in both

Vaccinated and Unvaccinated people. I would encourage everyone to get vaccinated.

7. I sent an email out in with links to vaccination information and locations on where to obtain a vaccination.
8. Jason and I meet in reference to Mask use within City buildings. Effective Tuesday August 24, 2021 all must wear a mask when entering a city building or while riding in a vehicle with another employee, no matter your vaccination status.