

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, September 7, 2022 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 August 3, 2022 Public Safety regular meeting minutes.
5. Citizen appearances other than agenda items listed.
6. Old Business.
7. New Business.
 - A. **Motion to approve the Operator's License Application(s) for:** *(recommended by Evansville Police Department unless otherwise noted).*
 - 1) Alexya Wood
 - 2) Jessica Ross
 - 3) Drew Thompson
 - 4) Sarah M Kilps
 - 5) Kacy Bott
 - 6) Connor Baumberger – *(non recommendation)*
 - B. **Motion to recommend to the Common Council approval of the Renewal Alcohol Beverage License applications for a Class B Beer/Class B Liquor License for:** *(background check recommendations by Evansville Police Department unless otherwise noted).*
 - 1) **Ceili, LLC, Shannon R. Arndt, Agent**, 414 Meadow Lane, Evansville, WI 53536, d/b/a Ceili Coffee and Wine, 16 W. Main Street, Evansville, WI 53536.
 - 2) **Slice Golf LLC, Andrew Tomlin, Agent**, 300 S 1st Street, Evansville, WI 53536, d/b/a Slice Golf, 1 E. Main Street, Evansville, WI 53536.
8. Evansville Police Department Report.
9. Evansville Emergency Medical Services Report.
10. Meeting Reminder: Next regular meeting scheduled for Wednesday, October 5, 2022 6:00 p.m.
11. Motion to adjourn.

Erika Stuart, Chairperson

Public Safety Committee
Regular Meeting
Wednesday, August 3, 2022 6:00 p.m.
City Hall, 31 S. Madison Street, Evansville, WI

MINUTES

1. **Call to Order**– The meeting was called to order by Public Safety Chair at 6:00 pm.
2. Roll Call:

Members

Present/Absent

Others Present

Aldersperson Erica Stuart, Chair

A

Patrick Reese, Police Chief

Aldersperson Gene Lewis

P

Chris Jones, Police Lieutenant

Aldersperson Susan Becker

P

Carolyn Kleisch, Acting EMS Chief

Bill Lathrop, Evansville Today

Leah Hurlley, Interim City Clerk

3. **Motion to Approve the Agenda was made** by Lewis, seconded by Becker. *Approved Unanimously.*
4. **Motion to approve the July 6, 2022 Public Safety regular meeting minutes and approve as presented, by Lewis, seconded by Becker. Approved unanimously.**
5. **Citizen appearances other than agenda items listed.** None
6. **Old Business.** None
7. **New Business.**
 - A. **Presentation by Issiah Jones on K-9 Program for Evansville PD as part of a senior project.** Issiah Jones read through the Power Point presentation and answers questions from the Committee.
 - B. **A motion was made by Becker, seconded by Lewis, to approve the Operator’s License applications for names 1-4. Motion approved unanimously:**
 - Carissa J. M. Guetzke
 - Whitney S McIntyre
 - Britta L Hegge
 - Alexandra Michaelene Ramirez

A motion was made by Lewis, seconded by Becker, to discuss and possibly approve the Operator’s License application for last name: Discussion was held and Jones stated the City Ordinance with regards to the 2 offenses within 5 years. A possible revisit in a year may be approved. **Operator’s License was denied with the discussion of possibly going before the Common Council.**

- Andrea Jean Hance, *Non-recommendation*

- C. **A motion was made by Lewis, seconded by Becker, to discuss and possibly approve the Temporary Extension of Premise Application for:**

- The Night Owl’s “Evansville Hero’s Concert”, on September 24th 2022 from 12:00pm-6:00pm at 189 E Main St. Leah Hurlley discussed the issue of this application not being necessary per licensing

requirements at this time. The issues were raised regarding barriers or wristbands to determine who is able to be served. Determined that this will be a great event and no application for Extension of Premise is required.

D. A motion was made by Becker, seconded by Lewis, approved unanimously, to approve the Temporary Class “B”/ “Class B” Retailer’s License to:

- Evansville Area Chamber of Commerce & Tourism for a Chamber Commerce’s “Ladies Night Out”, on September 23rd, 2022 from 3:00pm-8:00pm at the following locations: The Grange Building, 21 W Main St; Urban Exchange Consignment, 26 W Main St; Vintage Charm Boutique & Nail Bar, 11 W Main St; Olive You Create & Shoppe, 15 W Main St; The Vintage Roost, 14 W Main St; Land Home Financial, 21 E Main St and Emma’s Table, 104 W Main St.

E. A motion was made by Lewis, seconded by Becker, approved unanimously, to recommend to Common Council to approve use of Police Department Equipment for up to 40 days to the Village of Footville Police Department. Jones discusses what the agreement entails.

8. Evansville Police Department Report.

Officer Training for August is surviving and recovering from a traumatic event and all staff will take part in this training. Community relations-National Night Out will be on August 16th from 6-8pm with a pool party to follow. Officer Wickstrom will attend Cruise Night at Creekside. Chief Reese and Detective Rittenhouse are working with the School District to bring guest speakers to science class. Monthly updates regarding new equipment are discussed. New US Cellular plan should save some money this year.

Calls for service are up just slightly from last year. Accreditation is in full swing with a mock in October.

9. Evansville Emergency Medical Services Report. Acting Chief Kleisch reports EMS calls for service have increased from last year (433 so far in 2022, compared to 356 this time last year). EMS continues to use N-95 masks with all patient care. New protocol rollouts were discussed. New candidates have showed an interest in applying for positions within our program. Radio equipment on hold with EMS as well as PD. Building needs were discussed. FLEX grant has been applied for. Actively recruiting new candidates with flyers at BTC and MATC.

10. Meeting Reminder: Next regular meeting scheduled for Wednesday, September 7, 2022 6:00 p.m.

11. Motion to adjourn, by Becker, seconded by Lewis at 6:50pm. Approved unanimously.

Kim Dienberg, Account Clerk

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



APPLICATION FOR OPERATOR'S LICENSE

7A2

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 Mac Ross
First Middle Last
 DATE OF BIRTH: 12/3/1980
 ADDRESS: 449 S 6th St
 PHONE: 608 573 2032
 CITY: Evansville STATE: WI ZIP: 53536 GENDER: Male Female
 Driver's License No.: K2104338091301 Issuing State: WI
 HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 9 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
 b) Operating a motor vehicle while intoxicated? Yes No
 c) Selling or furnishing alcoholic beverages to underage person? Yes No
 d) Permitting underage person on licensed premises? Yes No
 e) Allowing persons on licensed premises after closing? Yes No
 f) Any alcohol related violation other than a, b, c, d, and e? Yes No
 g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you? Yes No
 h) Fighting, disorderly conduct, assault, or battery? Yes No
 i) Resisting arrest, interfering with a police officer or obstructing an officer? Yes No
 j) Any crime or ordinance violation not listed above other than traffic or parking tickets? Yes No

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: Jessie Ross Email: jessmacross@gmail.com
 Printed Name: Jessica M. Ross Date: 8/9/2022

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

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



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: Drew Donald Thompson
First Middle Last

DATE OF BIRTH: 05/08/2000

ADDRESS: 3200 West Northfield Crossing
XXXXXX XXXXX XXXXX XXXXX XXXXX XXXXX

PHONE: 608-931-1025
XXXX-XXXX-XXXX

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

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 16 Years **Former Name(s):** NA

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

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 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: Drew Thompson **Email:** drewt3791@gmail.com

Printed Name: Drew Thompson **Date:** 8/24/22 **Paid To:** _____

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: Approved: <u>[Signature]</u> Denied: _____	Public Safety Committee: Approved: _____ Denied: _____ Date: _____
	Clerk's Office Signature Receipt #
	Receipt: 1.14995 Date: 35.00 THOMPSON DREW Aug 24, 2022 02:00PM

[Signature] 8/24/22



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/caserearch.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

1. LEGAL NAME: Sarah M Klips
 First Middle Last
 DATE OF BIRTH: ~~XXXXXXXXXX~~
~~XXXXXXXXXX~~
 ADDRESS: ~~XXXXXXXXXXXXXXXXXXXX~~
 PHONE: 202-745-6451
 CITY: Evansville STATE: WI ZIP: 53536 GENDER: Male Female
 Driver's License No.: Issuing State: WI
 HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 2 Years Former Name(s): Sarah Sillas
 Prior Street Address if Above Address is Less Than 5 Years State Zip From To

<u>785 Brown School Rd C</u>	<u>Evansville</u>	<u>WI</u>	<u>53536</u>	<u>2018</u>	<u>2019</u>
<u>550 Spencer dr.</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 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:

Attach certificate of completion for Responsible Alcohol Servers Course

- Successfully completed a Responsible Alcohol Servers Course An alcohol agent for a retail alcohol license
- Held an Operator's License issued in Wisconsin The sole proprietor of retail alcohol license

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

Signature: Sarah Klips Email: Sarah.Klips@cityofevansville.com
 Printed Name: Sarah Klips Date: 8-24-22

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: _____

Approved: _____ Denied: _____

Police Chief's Signature: _____ Date: _____

Receipt # _____ Receipt: 1.149970 680.00
 SLICE GOLF LLC 35.00
 Aug 30, 2022 10:35AM



APPLICATION FOR OPERATOR'S LICENSE

7A5

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: Kacy First Mae Middle Bott Last DATE OF BIRTH: XXXXXX

ADDRESS: XXXXXXXXXXXXXXXXXXXX PHONE: XXXXXXXXXXXX

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

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 6-7 yrs 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:

Attach certificate of completion for Responsible Alcohol Servers Course

- Successfully completed a 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: K. Bott Email: XXXXXXXXXXXXXXXXXXXX

Printed Name: K. Bott Date: 8/30/22

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: _____

Receipt # 1.149996 Date 35.00

BOTT KACY

Aug 31, 2022 02:16PM

Approved: [Signature] Denied: _____

Police Chief's Signature: _____ Date: 9/6/22



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

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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: Connor Drew Baumberger
First Middle Last
 DATE OF BIRTH: 02/07/1997
 ADDRESS: 5354 Oakton Street
 PHONE: (608) 785-2897
 CITY: Belo STATE: WI ZIP: 53536 GENDER: Male Female
 Driver's License No.: 0516-1000-200000 Issuing State: WI

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

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

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 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: Connor.Baumberger@evansvillewi.gov
 Printed Name: Connor Baumberger Date: 9/12/22

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: <u>OVI/PAC in 2012</u> <u>Intoxicants in Vehicle in 2019</u> <u>Checked yes in Sec. 3 but did not specify charge</u> <u>and date/location in Sec. 5</u>	Public Safety Committee: <u>City of Evansville</u> Approved: _____ Denied: _____ Date: _____
Approved: <u>[Signature]</u> Denied: <u>X</u>	Clerk's Office Signature _____ Date _____
Police Chief's Signature _____ Date <u>9/6/22</u>	Receipt # _____ Receipt: <u>1.150040</u> <u>35.00</u> <u>BAUMBERGER CONNOR</u> <u>Sep 2, 2022 03:40PM</u>

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7/22/22 ending: 6/30/2023
(mm dd yyyy) (mm dd yyyy)

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

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>456-102951-2597-04</u>	
FEIN Number <u>84-3879259</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>15</u>
TOTAL FEE	\$ <u>615.00</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Ceili LLC

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>Arndt</u>	<u>Shannon</u>	<u>R</u>	<u>414 Meadow Lane Evansville, WI 53536</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Maly</u>	<u>Carl</u>	<u>J</u>	<u>414 Meadow Lane Evansville, WI 53536</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 Ceili Coffee Wine Bar Business Phone Number 608-698-9298
2. Address of Premises New Main St Evansville 53536 Post Office & Zip Code 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.)
Two story historic building space upstairs is a separate two bedroom apartment. 1st floor is commercial space with internet space at 720 sq feet and a patio out front. between the front door and side walk patio space is approx 50 sq ft with outdoor seating we have multiple locked cabinets and refrigerators to store wine and beer. There is also one utility closet and a handicap accessible restroom inside.

4. Legal description (omit if street address is given above):
City of Evansville City of Evansville

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? Ceili LLC
Receipt: 1.149520 15.00 Receipt: 1.149519 600.00
CEILI LLC CEILI LLC

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
All of our employees ~~are~~ have passed responsible beverage training that are over 18 yrs
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 WI and date 11/19/19 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>Arndt Shannon R</i>	Title/Member <i>Owner</i>	Date <i>7/22/22</i>
Signature <i>[Signature]</i>	Phone Number XXXXXXXXXXXXXXXXXXXXXXXX	Email Address XXXXXXXXXXXX@XXXXXX

TO BE COMPLETED BY CLERK *Publication 8/17/2022*

Date received and filed with municipal clerk <i>7-26-2022</i>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

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 Ceili LLC
(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 Ceili Coffee and Wine Bar
(Trade Name)

located at 116 W. Main St Evansville WI 53536

appoints Shannon Arndt
(Name of Appointed Agent)

414 Meadow Lane Evansville WI 53536
(Home Address of Appointed Agent)

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

Yes 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? 44 yrs

Place of residence last year 414 meadow lane Evansville 53536

For: Ceili LLC
(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, Shannon Arndt
(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] 10/27/2022 Agent's age 44
(Signature of Agent) (Date)

414 Meadow Lane Evansville WI 53536 Date of birth 01/17
(Home Address of Agent)

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Arndt		(first name) Shannon		(middle name) Renee	
Home Address (street/route) 444 Meadow Lane		Post Office	City Evansville	State WI	Zip Code 53536
Home Phone Number XXXXXXXXXXXX		Age 44	Date of Birth 08/04/1977	Place of Birth Eau Claire WI	

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.

owner of **Ceili LLC**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

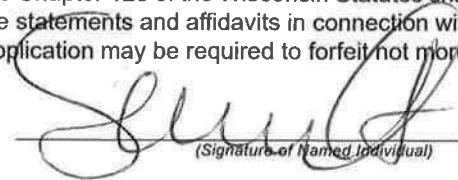
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 44 yrs
- 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.)
- 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.
- 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. Class B Beer Class C wine Ceili LLC
(Name, Location and Type of License/Permit)
- 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 UW Health	Employer's Address 600 University Ave	Employed From 5/2004	To Current
Employer's Name Club Tavern	Employer's Address Middleton WI	Employed From 1/2002	To 10/2004

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)

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7/20/2022 ending: 6/30/2023
(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>456-1031083731</u>	
FEIN Number <u>88-2640513</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	\$ <u>115.00</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Andrew Tomlin Slice Golf LLC

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>Tomlin</u>	<u>Andrew</u>	<u>Mark</u>	<u>300 S 1st St Evansville WI 53536</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Kiles</u>	<u>Parah</u>	<u>Marie</u>	<u>300 S. 1st St Evansville WI 53536</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 Slice Golf Business Phone Number 262-728-4653
2. Address of Premises 16 Main St Evansville Post Office & Zip Code 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 where beverages will be sold and served in main room of first floor. Secure storage will have coolers and average in main room adjacent to bar. Seating will occur in main room and hallway with outdoor seating when / if permitted.

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? _____

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
Yes, Andrew Tomlin still has to complete beverage server training and will before store opens
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 _____ and date _____ 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>Tomlin, Andrew M. / Sarah Kips</i>	Title/Member <i>Owner</i>	Date <i>7-20-22</i>
Signature <i>[Signature]</i>	Phone Number 888-728-4653	Email Address <i>did.t@evansvilleon.com</i> City of Evansville

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk Receipt: 1.149970 SLICE GOLF LLC Aug 30, 2022 10:35AM
Date license granted	Date license issued	License number issued	

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 Slice Golf LLC
(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 Slice Golf
(Trade Name)

located at 1 E. Main St. Evansville WI 53536

appoints Andrew Tomlin
(Name of Appointed Agent)
300 S. 1st. St. Evansville WI 53536
(Home Address of Appointed Agent)

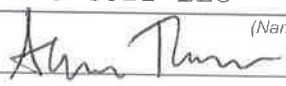
to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability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

Yes 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? 16 Years

Place of residence last year 300 S. 1st. St. Evansville WI 53536

For: Slice Golf LLC
(Name of Corporation / Organization / Limited Liability Company)
By: 
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, Andrew Tomlin
(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.

Andrew Tomlin 7-5-2022 Agent's age xx
(Signature of Agent) (Date)
300 S. 1st. St. Evansville WI 53536 Date of birth xx/xx/xx
(Home Address of Agent) ~~XXXXXXXXXX~~

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Tomlin		Andrew		Mark	
Home Address (street/route)		Post Office	City	State	Zip Code
300 S. 1st St.			Evansville	WI	53536
Home Phone Number		Age	Date of Birth	Place of Birth	
XXXXXXXXXXXXXX		42	XXXXXXXXXXXX	Madison	

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

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Owner _____ of Slice Golf LLC
- (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:

- How long have you continuously resided in Wisconsin prior to this date? 16 Years
- 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.)
- 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 any other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- 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	Employer's Address	Employed From	To
City of Evansville	31 S. Madison St. Evansville WI	2006	Present
Employer's Name	Employer's Address	Employed From	To
Evansville High School	640 S. 5th St. Evansville	2016	Present

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.

Andrew Tomlin

(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 Mile Golf LLC
(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 Mile Golf
(Trade Name)

located at 1 E. Main St Evansville WI 53530

appoints Sarah Klips
(Name of Appointed Agent)
300 S. 1st St. Evansville WI 53530
(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? 31 years

Place of residence last year 300 S 1st St. Evansville WI 53530

For: Mile Golf LLC
(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, Sarah Klips, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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

[Signature] 8-30-22 Agent's age 31
(Signature of Agent) (Date)
300 S 1st St. Evansville WI 53530 Date of birth XXXXXXXXXXXX
(Home Address of Agent) XXXXXXXXXX

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Kilps Sarah M.					
Home Address (street/route)		Post Office	City	State	Zip Code
300 S. 1st St.			EVANSVILLE	WI	53536
Home Phone Number		Age	Date of Birth	Place of Birth	
XXXXXXXXXXXXXXX		31	XXXXXXXXXXXXXXX	Elkhorn WI	

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.
- Member of Miu Golf LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

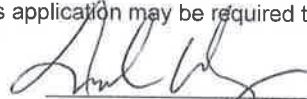
which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 21 years
- 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.)
- 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.
- 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)
- 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)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
<u>Washa Remodeling</u>	<u>2605 S. Stoughton Rd. Madison</u>	<u>April 2021</u>	<u>Present</u>
Employer's Name	Employer's Address	Employed From	To
<u>Night Owl</u>	<u>189 East Main St Evansville</u>	<u>August 2018</u>	<u>Present</u>

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)



Evansville Public Safety Police Report

September 7th 2022

Committee Members:

Chair Erika Stuart
Aldersperson Gene Lewis
Aldersperson Susan Becker

City Representatives:

Mayor: Dianne Duggan
City Administrator: Jason Sergeant
Prepared by: Chief Patrick Reese

Officer Training:

All officers will attend firearms training and will qualify with department rifles

Detective Sergeant Rittenhouse attended genealogy training

Community Relations:

- EPD will have on extra patrol on during school patrols for the first week of school
- Ofc. Wickstrum will attend Cruise Night at Creekside
- Chief Reese and Mark Stano met to discuss the homecoming parade and route
- Chief Reese and Lt. Jones will participate in a cancer awareness kick off event with other local law enforcement agencies on September 30th. This will be in partnership with Justice for a Cure
- Chief Reese will be assisting Mount Horeb PD with promotional interviews on 09/08/22

Monthly Update:

Technology/Equipment/Building Update:

- The Tahoe will be taken to GenCom to be switched over to a municipal vehicle and then brought to GenCom's decal department for the city logo to be added
- We are still awaiting equipment for the new squad to be placed into service
- Chief Reese, Lt. Jones and Chad Renly spoke with and received a demo of the Nixel notification system. The cost would be between \$3,000 and \$4,000 a year for the notification system. We thought Nixel had a free version but learned they no longer offer that. Other companies are similarly priced

Police Commission/staffing:

Police Commission will not meet in August

Calls for Service:

August 2021: 1104

August 2022: 1029

Accreditation:

- Quinn and Det. Sgt. Rittenhouse continue working on our files for accreditation

Notable calls/incidents by Sergeant Reilly:

- Officers made two arrests for domestic violence offenses
- Officers conducted 49 traffic stops
- Rock County Dispatch advised officers that Janesville PD had been in a pursuit with a white jeep but had terminated. The vehicle was later located by Rock County SO on W Hwy 14 at Cty Hwy H. ROSO followed the vehicle to the Evansville city limits. Sgt Reilly began following the vehicle when he observed it operating in the opposing lane of traffic on E Main St near Cty Tk M. Sgt Reilly attempted to make a traffic stop on the vehicle. The vehicle fled from Sgt Reilly reaching speeds of over 60 mph on E Main St. Sgt Reilly terminated the pursuit. Ofc Tway later located the vehicle crashed at the intersection of W Main St and Wyler Dr. The vehicle was occupied. A K9 from ROSO was asked to assist to attempt to locate the suspects. Officers searched for some time but were unable to locate the suspects. The vehicle was later reported stolen to Janesville PD
- Officer Nankee located a suspicious vehicle at a local business. Officer Nankee observed the vehicle was loaded with numerous items of scrap metal that was later determined to be stolen. The vehicle was impounded and officers and processed nearly 120 stolen items. The suspect in the case was arrested for two counts of theft. The investigation is ongoing

Budget update:

- Attached

CAD Incidents By Type

Agency: EVPD

Printed: 9/1/2022 8:39:47 AM

Covering Incidents From: 08/01/2022 00:00:00 To: 08/31/2022 00:00:00

Incident Type Description	# of Incidents	Incident Type Code
911 ABANDONED OR HANGUP OR OPEN LINE	9	911
ABANDONED VEHICLE	1	AVR
ALARM	4	ALARM
ANIMAL COMPLAINT	15	ANM
ASSIST CITIZEN	29	ACIT
ASSIST FIRE OR EMS	11	FAST
ASSIST OTHER JURISDICTION	19	OJUR
BUSINESS CHECK	22	BCK
CHASE	1	CHASE
CIVIL DISPUTE	7	CD
CIVIL PAPER SERVICE	1	CPS
DISORDERLY CONDUCT	3	DC
DISTURBANCE	1	DIST
DRUG OFFENSE	2	DRUG
ESCORT/TRANSPORT	7	ESCORT
FAMILY PROBLEM	1	FAM
FOLLOWUP	72	FOL
FOOT PATROL	32	FOOT
HARASSMENT	4	HAR
HAZARDOUS CONDITION	4	HAZC
HIT & RUN	3	HR
KID PROBLEM	2	KID
LOUD NOISE	1	LOUD
MESSAGE DELIVERY	2	MESD
OPEN DOOR/WINDOW	6	OPEN
ORDINANCE VIOLATION	6	ORD
OUT WITH SUBJECT	7	OWS
PARKING COMPLAINT	11	PARK
PHONE MESSAGE FOR OFFICER	5	PHONE
PROPERTY	11	PROPERTY
PUBLIC WORKS/UTILITY	1	PWU
SCHOOL PATROL	3	SCHOOL
SECURITY CHECK	598	SECK

SEX OFFENSE	2	SEX
SPECIAL ASSIGNMENT	21	SPAS
STALLED VEHICLE	4	STALLD
SUSPICIOUS	30	SUSP
THEFT	3	THFT
TRAFFIC ACCIDENT	1	TA
TRAFFIC COMPLAINT	5	TC
TRAFFIC STOP	43	T
VANDALISM	3	VAND
VEHICLE UNLOCK	3	UNLK
WELFARE CHECK	13	WELF
Number of CAD Complaints During Period	1029	

Police Department 2023 Budget Proposal

Budget Highlights

1. 10-52200-180 **Decrease \$200**. Recognition Program Police.
2. 10-52200-360 **Increase of \$2,000**. Police Building Utilities Expense. In order to reflect more accurately what our expense is expected to be
3. 10-52200-205 **Increase of \$500**. Investigative Expenses. Expense relating to testing evidence has increased and due to the increase in evidence materials this is needed
4. 10-52200-260 **Increase of \$1000**. Accreditation. In 2023 we have a three day on site which will increase our expense for this year. This will go back down in 2024
5. 10-52200-343 **Increase of \$1000**. Police Vehicle Fuel. To adjustment for rising fuel prices
6. 10-52200-380 **Increase of \$1500**. Police Body Armor. In anticipation of needing to hiring two patrol officers (part or full time)
7. 10-52200-392 **Increase of \$3200**. Police Public Relations. This in anticipation of purchasing a community notification system for urgent messages for snow emergencies, water main breaks, outages, etc. This could be a shared expense.

Capital Improvement Projects (2023 to 2026)

Item: Patrol Vehicle (Every year)

Purchase Cost: \$52,000 / \$17,000 (*waiting on quotes*)

Summary: Vehicle would replace the 2019 Ford Explorer and would require approximately \$17,000 in equipment, lights, docking station, siren box, rear seat **(2023)**

Item: Evidence room lockers (one time purchase) (moved in 2022 to **2023**)

Purchase Cost: \$18,000 (*waiting on updated quote*)

Summary: Renovations to our evidence room to update our current lockers from old gym lockers to professional evidence lockers as recommended by our WILEAG accreditation team. This price does not include removing a wall and fitting the lockers properly *quote requested.

Item: Two Pole Mounted Electronic Speed Signs & Pedestrian Crossing Signs (2023)

(Move to 2024)

Purchase Cost: \$8,000

Summary: Permanent electric signs mounted at 2 locations within the City to help with speed reduction. 2 locations for crossing guard flashing signs

Item: Two internal cameras added to our current system (2023)

Purchase Cost: \$1,500 (*waiting on quote*)

Summary: Add one camera to our evidence intake room and public hallway

Item: Livescan (2024) [move to 2025]

Purchase Cost: \$24,000

Summary: Live Scan technology for fingerprinting and issuing arrest tracking numbers. This would eliminate the need for paper fingerprinting cards. EPD was awarded a grant for \$6,898.00 to help cover a portion of the cost but the cost came in significantly higher than the grant and this project was pushed out

Item: Fire suppression/alarm system installed (2024)

Purchase Cost: Unknown

Summary: The PD currently does not have any fire suppression (except fire extinguishers). Adding this to a minimum our server room and evidence room

Item: Modification to lobby (2025)

Purchase Cost: Unknown

Summary: Renovate the lobby to make it more handicap accessible, larger, with 24 access. Move the drug drop off inside the lobby to help with erosion. This would help keep the public out of the elements during closed office hours

Item: Tasers (2026)

Purchase Cost: Unknown

Summary: Department tasers to be replaced

Long-term Department Goals

- Add 2 full time position by 2026 and move an experienced officer into a full time Detective
- New Police/EMS/Court building

Police

Account Numbers	Account Titles	FY 2019		FY 2020		FY 2021		FY 2021		FY 2022		FY 2022		FY 2023	
		Actual	12/31/2019	Actual	12/31/2020	Actual	12/31/2021	Budget	12/31/2021	Current	6/30/2022	Budget	12/31/2022	DH Budget	12/31/2023
10-52200-110	POLICE SALARY	682,190.71	722,690.59	802,484.20	758,435.08	384,324.91	782,400.45								
10-52200-131	POLICE CLOTHING ALLOW	7,510.00	8,625.00	-	10,000.00	-	10,000.00								
10-52200-132	POLICE DENTAL INS	10,829.58	10,358.17	11,509.66	10,146.36	4,974.10	12,801.12								
10-52200-133	POLICE HEALTH INS	157,148.27	161,303.63	169,844.65	193,261.68	79,161.57	208,069.30								
10-52200-134	POLICE INCOME CONT	-	-	-	3,248.37	-	3,354.77								
10-52200-136	POLICE LIFE INS	1,648.14	1,010.58	1,124.78	986.83	478.48	1,051.63								
10-52200-137	POLICE LONGEVITY	-	-	-	-	-	-								
10-52200-138	POLICE RETIREMENT	70,905.74	82,506.78	91,148.84	86,764.45	43,912.92	90,920.18								
10-52200-150	POLICE FICA	50,458.88	54,078.82	59,187.90	58,020.28	27,913.87	59,853.63								
10-52200-180	RECOGNITION PROGRAM POLICE	-	902.49	5.79	500.00	69.56	700.00								
10-52200-205	Investigative Expenses	823.73	863.55	1,041.89	500.00	611.07	1,000.00								
10-52200-210	PROFESSIONAL SERVICES	30,495.41	6,076.87	8,088.32	10,000.00	1,804.66	10,000.00								
10-52200-251	POLICE - IT MAINT & REPAIR	8,373.75	11,359.73	11,073.38	12,750.00	12,590.38	13,000.00								
10-52200-252	POLICE- IT EQUIP	319.00	3,778.70	670.12	6,860.00	3,047.87	6,000.00								
10-52200-260	ACCREDITATION	1,885.31	1,864.95	650.00	1,000.00	1,200.00	1,000.00								
10-52200-290	POLICE 911 SERVICE	782.50	(271.78)	-	2,700.00	-	2,700.00								
10-52200-310	POLICE OFFICE SUPPLIES	7,318.71	8,043.99	8,166.12	8,000.00	4,262.78	8,000.00								
10-52200-314	RECORDS ARCHIVE EXPENSE	-	-	-	-	-	-								
10-52200-330	POLICE PROFESSIONAL DEV	6,861.66	5,768.46	8,258.97	9,900.00	5,789.27	10,000.00								
10-52200-331	POLICE AMMUNITION	88.25	1,405.73	3,044.64	3,500.00	2,446.38	3,500.00								
10-52200-340	POLICE EQUIPMENT	4,381.11	4,263.77	6,319.58	6,015.00	4,648.59	6,500.00								
10-52200-342	POLICE COMMISSION	731.11	675.00	335.00	500.00	-	500.00								
10-52200-343	POLICE VEHICLE FUEL	12,993.56	9,716.05	14,667.09	13,350.00	9,511.89	13,500.00								
10-52200-350	POLICE EQUIP MAINTENANCE	9,616.42	6,742.28	8,018.96	8,000.00	3,578.02	8,000.00								
10-52200-355	POLICE BLDG MAINT	8,421.74	6,167.26	6,774.03	3,500.00	1,401.74	6,000.00								
10-52200-360	POLICE BLDG UTILITIES EXPENSE	9,675.60	9,370.12	10,737.99	8,500.00	7,092.14	7,889.00								
10-52200-361	POLICE COMMUNICATIONS	12,666.41	8,582.83	9,504.19	8,100.00	4,864.61	8,100.00								
10-52200-380	POLICE BODY ARMOR	-	450.00	885.00	2,000.00	-	500.00								
10-52200-390	POLICE MISCELLANIOUS	1,145.99	388.06	6,446.44	500.00	70.13	500.00								
10-52200-392	POLICE PUBLIC RELATIONS	-	1,010.50	969.86	1,000.00	-	1,000.00								
10-52200-510	POLICE PROPERTY INSURANCE	1,814.99	2,325.06	1,995.04	1,700.00	1,011.84	1,700.00								
10-52200-511	POLICE LIABILITY INSURANCE	4,095.71	4,256.40	4,758.16	3,000.00	2,396.02	3,000.00								
10-52200-512	POLICE WORKERS COMP INSURANCE	15,814.75	12,535.15	11,004.24	14,865.95	6,120.33	14,827.00								
10-52200-513	POLICE UNEMPLOYMENT INSURANCE	-	-	-	-	-	-								
10-52230-110	PT - POLICE SALARY	72,363.50	37,361.01	39,546.57	68,397.80	19,018.73	81,236.66								
10-52230-132	PT - POLICE DENTAL INS	23.25	-	-	-	137.34	235.44								
10-52230-133	PT - POLICE HEALTH INS	3,294.66	154.00	220.00	78.00	2,706.03	4,886.00								
10-52230-134	PT - POLICE INCOME CONTINUATIO	-	-	-	-	-	111.12								
10-52230-136	PT - POLICE LIFE INS	(1.32)	-	-	-	2.61	63.49								
10-52230-138	PT - POLICE RETIREMENT	1,303.91	682.81	899.67	7,120.82	573.92	8,327.15								
10-52230-150	PT - POLICE FICA	5,261.67	2,726.68	2,947.91	5,232.43	1,376.69	6,214.60								
10-52230-330	PT - POLICE PROFESSIONAL DEV	-	-	-	-	-	-								
10-52230-512	PT - POLICE WORK COMP INS	980.50	939.81	960.37	1,288.76	543.14	1,330.36								
		1,202,223.20	1,188,713.05	1,303,289.36	1,329,721.81	637,641.59	1,398,771.90								