

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, February 8, 2023 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 January 4, 2023 Public Safety regular meeting minutes.
5. Citizen appearances other than agenda items listed.
6. Old Business.
 - A. **Discussion and Motion to recommend to Common Council revisions to Chapter 14 – Animals, City of Evansville Municipal Code.**
 - B. **Motion to recommend to the Common Council approval of the Original Alcohol Beverage License Applications for: (approved by Police Chief Reese unless otherwise noted).**
 - 1) Class A Beer/Class A Liquor License for Dolgenercorp, LLC, d/b/a Dollar General Store #23069, 205 Union St., Evansville, WI 53536.
7. New Business.
 - A. **Life Saving Award, presented to Officer Aaron Johnson**
 - B. **Motion to approve the Operator’s License Application(s) for: (*recommended by Evansville Police Department unless otherwise noted*).**
 - 1) Timothy William Verby
 - 2) Andrea Jean Hance (non recommended)
 - C. **Motion to recommend to the Common Council approval of the Original Alcohol Beverage License Applications for: (approved by Police Chief Reese unless otherwise noted).**
 - 1) Class A Beer License for Consumers Cooperative, d/b/a Cenex, 9 John Lindemann Dr., Evansville, WI 53536.
8. Evansville Police Department Report.
9. Evansville Emergency Medical Services Report.
10. Meeting Reminder: Next regular meeting scheduled for Wednesday, March 1, 2023 at 6:00 p.m.
11. Motion to adjourn.

Erika Stuart, Chairperson

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

Public Safety Committee
Regular Meeting
Wednesday, January 4, 2023, 6:00 p.m.
City Hall, 31 S. Madison Street, Evansville, WI

MINUTES

- 1. **Call to Order** – Call to order by Chair Erika Stuart at 6:00pm.
- 2. **Roll Call:**

<u>Members</u>	<u>Present/Absent</u>	<u>Others Present</u>
Aldersperson Erika Stuart, Chair	P	Patrick Reese, Police Chief
Aldersperson Gene Lewis	P	Lt. Chris Jones, EVPD
Aldersperson Susan Becker	P	Morgan Katzenmeyer, EMT
		Carolyn Kleisch, EMS Chief
		Bill Lathrop, Evansville Today
		Leah Hurlley, City Clerk
		Jolene Klitzman Deputy Clerk
		Carla Gay, EMT
		Officer Rittenhouse
		Officer O’Malley
		Norman Barker, Citizen
		Dean Balmer, Citizen

- 3. Motion to approve the Agenda, by Stuart seconded by Becker. Motion passes 3-0.
- 4. Motion to approve the September 7, 2022 Public Safety regular meeting minutes, by Stuart seconded by Lewis. Motion passes 3-0.
- 5. Citizen appearances other than agenda items listed. **None**
- 6. Old Business. **None**
- 7. New Business.
 - A. Motion to approve the Operator’s License Application(s) for agenda items 7A1-7A9 by Stuart, seconded by Becker. Motion passes 3-0.
 - 1) Rene Carol Wielech
 - 2) Debra Lynn Tomlin
 - 3) Lane Jordan McQueen
 - 4) Barbara J. Krumwiede
 - 5) Hannah Quinn Kindstrom
 - 6) Dennis E. Reese
 - 7) Karen Joyce Reese
 - 8) Braden J. Harper
 - 9) Elissa S. Scott
 - 10) Amy Marie Schoonover (Non recommendation)
 - 11) Ashley Elizabeth Janes (Non recommendation)

Agenda item 7A10 and 7A11 were discussed separately. Ms. Schoonover, was originally a non recommendation however, elected to resubmit a new application Chief Reese approved her for the board and board agreed. Becker asked how Chief Reese decides on approval and he said he follows the codes in ordinance. Leah added that we tell the applicants to please fill the form out and be truthful as possible.

- B.** Motion to recommend to the Common Council approval of the Original Alcohol Beverage License applications for a Class A Beer/Class A Liquor License for: (approved by Police Chief Reese unless otherwise noted).
- 1) DOLGENCORP, LLC, 205 Union St., Evansville, WI 53536, d/b/a Dollar General Store #23069, 205 Union Street, Evansville WI 53536.

The board tabled the motion as it came to the attention of the city that they are not in full compliance of building codes as of the meeting.

- C.** Review and discussion of Chapter 14 - Animals of the City of Evansville Municipal Code.

Officer Jones read a revised code Section 14.2 #2 and 14.3 discussion occurred. Citizen Norman Barker mentioned he likes to take his dog down to the park for exercise and uses the E-collar and his dog is professional trained. The committee would like to see the E-Collar option added to the changes. Citizen Dean Balmer asked for consideration to utilize an area in Lake Leota Park during specific times/locations for “off leash” use as there is a large group on Saturday morning would congregate. Locations in the Park were briefly discussed including the use of the upper park area but was reminded of the Geese droppings. Stuart compared the Oregon dog park to ours as they have a walking path and a much bigger park. It was the decision of the committee to involve Park Board Committee for further discussion in regards to potential times/area as a dog park area. The committee would like to see this item back as an agenda item prior to making a recommendation to bring before council. The next Park Board Meeting is January 17th.

8. Evansville Police Department Report. *Chief Reese read his written report. Officer Johnson saved a life on an overdose w/kids and EMS responded also. Bill asked about the 911 hang ups and Chief Reese mentioned the new iPhone feature that calls if it thinks there was an issue. Stuart agreed and said her phone has done it.*
9. Evansville Emergency Medical Services Report. *Chief Kleisch read her report. All sirens are now fixed and Grant money is being used.*
10. Meeting Reminder: Next regular meeting scheduled for Wednesday, February 1, 2023 6:00 p.m.
11. Motion to adjourn by *Becker, seconded by Lewis at 7:01 p.m.*

Jolene Klitzman, Deputy Clerk

February 1, 2023

Public Safety Committee

Hello – our names are Tim and Melissa Goke, we live at 719 Garfield Avenue. We have 3 smaller dogs that we like to walk around, leashed, in our neighbor daily.

Since we have lived here, we often cross paths with individuals walking their dogs off leash. This can be anywhere from the sidewalk, middle of the road, or in Westside Park. Recently, my husband stepped out the front door when a dog, off leash, rushed from across the street onto our porch jumping on him nearly knocking him down. The adult male walking the dog without a leash made repeated calls to the dog before it returned. This encounter was caught by our ring camera and it was forwarded to our Alderwoman.

Several times we have been forced to try and pick up our smallest dog (20 lbs) or been forced to have one of us jump in front of our pets to avoid contact with a charging dog, putting ourselves in a situation to get knocked down. We are tired of having the owner tell us “he/she won’t hurt you, he/she is friendly”. You don’t know that! Dogs are animals and don’t always behave as expected. A leashed dog will always react defensively to an unleashed dog running up to them.

We have questioned the vague “control” law Evansville has that says an animal must be under control at all times. We do not feel this is sufficient in any way to maintain safety while walking dogs in a public area. We would like a law that states the dog should be on a leash AND under control off the owner’s property. It's THAT simple.

We understand this has caused a negative reaction by dog owners who seem to think their rights are being infringed upon. We just want the right to walk on the public sidewalk with our pets in safety. We have that right. People are often very rude when we encounter an unleashed dog and we ask them not to let their pets approach our pets.

We are not addressing dogs that stay on the owner’s property or have an invisible fence. We were not even aware of the dog gathering on Saturday mornings at Lake Leota Park. Now that we are, we will avoid the area as our dogs are only off

leash at the dog park itself. Maybe that can be a designated area at specific times?

We are not trying to control all situations but we also don't feel like we can make a complaint to the PD about off leash dogs rushing us on the street or even on our property because the current law is so vague. Our complaint to the police didn't produce any results. The general description of a man walking a tan dog fits about half the dog walkers out there and therefore, not likely to produce a "suspect". Even in our case when it was on video, the police couldn't identify the offender. If there was a simple leash law, an officer on patrol could simply enforce the rule through his or her own observations, not based on vague descriptions.

The City already offers an "off leash" dog park that dogs can run and play and interact without a leash. The argument that the area "just isn't bug enough" doesn't justify having the entire city be "leash free".

Thank you for your consideration,

Tim and Melissa Goke

719 Garfield Avenue

6B1

WB3

28069

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/2022 ending: 6/30/2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of this: 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 456000020884505	
FEIN Number 61-0852764	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>100</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>15</u>
TOTAL FEE	\$ <u>715</u>

Name (Individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
DOLGENCORP, 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>DECLARD</u> <u>Sunderland</u>	<u>STEVEN</u>	<u>Marie</u>	<u>SEE ATTACHED</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City, or Post Office, & Zip Code)
<u>TAYLOR</u>	<u>EMILY</u>	<u>christine</u>	<u>SEE ATTACHED</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)
<u>Engelhardt</u>	<u>Christine</u>	<u>Marie</u>	<u>SEE ATTACHED</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name DOLLAR GENERAL STORE # 28069 Business Phone Number 785 (808) 502-0032
2. Address of Premises 205 Union St Post Office & Zip Code EVANSVILLE 58536

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.)

9,002 SQ FT FREE STANDING BUILDING CONSISTING OF SALES AREA, STOCK ROOM

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? N/A

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

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 (808) 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, MI) Steven Sunderland		Title/Member Manager	Date 8/31/22
Signature <i>[Signature]</i>		Phone Number	Email Address endwineslicense@dofwi.gov

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported in 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 DOLGENCORP, 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 DOLLAR GENERAL STORE # 23069

located at 205 Union St. Evansville WI 53536
(Trade Name)

appoints CHRISTINE ENGELHARDT
(Name of Appointed Agent)
3189 W 3RD AVE OXFORD WI 53952
(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).

AGENT OF SEE ATTACHED LIST

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? 40+ YEARS

Place of residence last year: OXFORD WI

For: DOLGENCORP, 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, CHRISTINE ENGELHARDT, 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.

Christine Engelhardt 3/18/2022 Agent's age _____
(Signature of Agent) (Date)

3189 W 3RD AVE OXFORD WI 53952 Date of birth _____
(Home Address of Agent)

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

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

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

**AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Sunderland		Steven		Grant	
Home Address (street/route)		Post Office	City	State	Zip Code
3604 Hilldale Dr			Nashville	TN	37115
Home Phone Number		Age	Date of Birth	Place of Birth	
		58		Elmhurst, IL	

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.
 - LLC Manager** of **Dolgencorp, 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? n/a
- 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. Manager of See attached list
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee 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 refiller permit in the State of Wisconsin? Yes No
If yes, identify.
(Name of Wholesale Licensee or Permittee)

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

Employer's Name	Employer's Address	Employed From	To
Dollar General Corp	100 Mission Ridge Gerrardsville, TN 37072	9-9-2011	Present
NIA			

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 31 day of August, 2022
Carisa Murrell
(Clerk/Notary Public)

My commission expires July 9, 2023

[Signature]
(Signature of Named Individual)



Printed on Recycled Paper
Wisconsin Department of Revenue

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
TAYLOR		EMILY		Christine	
Home Address (street/route)		Post Office	City	State	Zip Code
1805 Otter Creek Rd			Nashville	TN	37215
Home Page Number		Age	Date of Birth	Place of Birth	
		44	1--	Nashville, TN	

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.
- MANAGER**

(Officer / Director / Member / Manager / Agent)

of **DOLGENCORP, LLC**

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

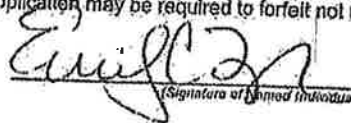
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? N/A
- 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. MANAGER OF - SEE ATTACHED LIST
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee 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)

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

Employer's Name	Employer's Address	Employed From	To
DOLLAR GENERAL STORES	100 MISSON RIDGE, GOODLETTSVILLE, TN	April 1998	Present
N/A			

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)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
ENGELHARDT		CHRISTINE		Marie	
Home Address (street/route)		Post Office	City	State	Zip Code
3189 W 3RD AVE			OXFORD	WI	53952
Home Phone Number		Age	Date of Birth	Place of Birth	
		49	1	WISCONSIN	

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.
- AGENT** of **DOLGENCORP, 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? **40+ 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.)
Appox yr 1998 Statute 943.24
- 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. **AGENT OF SEE ATTACHED LIST**
(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 License or Permit) (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
DOLLAR GENERAL	GOODLETTSVILLE, TN 37072	08/20/2010	Present
Employer's Name	Employer's Address	Employed From	To
NMC	CUBA CITY, WI	06/01/2005	06/01/2009

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.

Christine Engelhardt
(Signature of Named Individual)



City of Evansville

www.ci.evansville.wi.gov

Date: Wednesday, December 21, 2022
 To: Police Department
 From: Leah Hurtley
 Number of pages (including cover sheet): 1
 Phone: 608-882-2266
 Fax: 608-882-2282
 RE: Background Checks: Establishment License

31 S Madison St
 PO Box 529
 Evansville, WI 53536
 (608) 882-2266 phone
 (608) 882-2282 fax

Establishment	Agent/Members				Police Department Review		
	Class A Liquor/Beer and or Class B Liquor/Beer Class C Wine License				Date	Approve/Deny w/ Initials	Notes
DBA	First	Middle	Last	DOB			
Dolgencorp, LLC Dollar General Store #23069	Steven	Grant	Sunderland	4	12/28/22	<i>[Signature]</i>	ok
	3659 Hilldale Dr, Nashville, TN 37215						
Dolgencorp, LLC Dollar General Store #23069	Christine	Marie	Engelhardt		12/28/22	<i>[Signature]</i>	ok
	3189 W 3 rd Ave, Oxford, WI 53952						
Dolgencorp, LLC Dollar General Store #23069	Emily	Christine	Taylor		12/28/22	<i>[Signature]</i>	ok
	1805 Otter Creek Rd, Nashville, TN 37215						

7B2



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: Timothy William Verby
 First: Timothy, Middle: William, Last: Verby
DATE OF BIRTH: _____
ADDRESS: 501 S Madison St Apt #1
CITY: Evansville **STATE:** WI **ZIP:** 53536 **GENDER:** Male Female
Driver's License No.: _____ **Issuing State:** MO
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 7 months **Former Name(s):** N/A
Prior Street Address if Above Address is Less Than 5 Years State Zip From To

Street Address	City	State	Zip	From	To
8907 Broad Branch CT	Frederick	MD	21704	1999	2022

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

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

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

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

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

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

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

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

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

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

Signature: [Signature] **Email:** _____
Printed Name: Timothy Verby **Date:** 3 Jan 23

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: [Signature] **Denied:** _____

Receipt # 1.151406 **Receipt:** 1.151450 **15.00**
 BESSIE BOWL LLC
 Jan 9, 2023 03:20PM

1/09/23



APPLICATION FOR OPERATOR'S LICENSE

7B2

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: Andrea Jean Hance
First Middle Last

DATE OF BIRTH: _____

ADDRESS: 10909 N City Rd M lot 10
PHONE: _____

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

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

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

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

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

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

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

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

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

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

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>946.41(1), 940.203(2) (dismissed)</u>	<u>April 2019</u>	<u>Madison</u>	<u>WI</u>
<u>346.163(1)(a)</u>	<u>December 2019</u>	<u>Evansville</u>	<u>WI</u>
<u>346.163(1)(a)</u>	<u>March 2021</u>	<u>Madison</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 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: Andrea Hance Email: _____
 Printed Name: Andrea Hance Date: 1/15/23

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:
OWI 2019 convicted 8/18/21 (noted above)
OWI convicted 6/12/20 (noted above)

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

Clerk's Office Signature: _____ Date: _____

Approved: [Signature] Denied: X
 Police Chief's Signature: _____ Date: 1/24/23

Receipt # \$35.00
Rec # 1.151560

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning 02/01/2023 ending: 06/30/2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } EVANSVILLE
 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 456102042038802	
FEIN Number 39-0223180	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
CONSUMER'S COOPERATIVE

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)
CANTWELL	ERIC	SCOTT	1201 JACOB DR., PRAIRIE DU SAC, WI 53578
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
GOLZ	JESSICA		6909 N. CO. RD. M #65 EVANSVILLE, WI 53536
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
TORASON	TIMOTHY	JOHN	36455 WEST ST., WHITEHALL, WI 54773

1. Trade Name CONSUMER'S COOP EVANSVILLE C-STORE Business Phone Number 608-882-2621
2. Address of Premises 9 JOHN LINDEMANN DR. 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.)

C-STORE SALES FLOOR & COOLERS

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? LANDMARK SERVICES COOPERATIVE

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

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 09/01/1927 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? Yes No
If yes, explain.
 CONSUMER'S COOPERATIVE OWNS AND OPERATES SEVERAL OTHER C-STORE LOCATIONS IN WISCONSIN.

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.) CANTWELL, ERIC, S.	Title/Member CEO	Date 01/04/23
Signature 	Phone Number	Email Address

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
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 of EVANSVILLE County of ROCK
 City

The undersigned duly authorized officer/member/manager of CONSUMER'S COOPERATIVE
(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 CONSUMER'S COOP EVANSVILLE C-STORE
(Trade Name)

located at 9 JOHN LINDEMANN DR., EVANSVILLE, WI 53536

appoints JESSICA GOLZ
(Name of Appointed Agent)
6909 N. CO. RD. M #65, 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? 36

Place of residence last year 6909 N. CO. RD. M #65, EVANSVILLE, WI 53536

For: CONSUMER'S COOPERATIVE
(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, JESSICA GOLZ,
(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] 01/10/2023 Agent's age 36
(Signature of Agent) (Date)
6909 N. CO. RD. M #65, EVANSVILLE, WI 53536 Date of birth _____
(Home Address of Agent)

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

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available 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)	
GOLZ		JESSICA			
Home Address (street/route)		Post Office	City	State	Zip Code
6909 N. CO. RD. M #65			EVANSVILLE	WI	53536
Home Phone Number		Age	Date of Birth	Place of Birth	
		36		Edgerton 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.
- AGENT** of CONSUMER'S COOPERATIVE
(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? 36 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 License or Permit) (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
Francis Oil		06/01/2010	8/01/2012
P.99ly W.99ly	8 N. Clay Hwy M	09/01/2006	10/18/2008

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)

OK P.R. 11/3/12

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
TORAASON		TIMOTHY		JOHN	
Home Address (street/route)		Post Office	City	State	Zip Code
36455 WEST ST.			WHITEHALL	WI	54773
Home Phone Number		Age	Date of Birth	Place of Birth	
		57		WHITEHALL	

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.
- MANAGER** of **CONSUMER'S COOPERATIVE**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

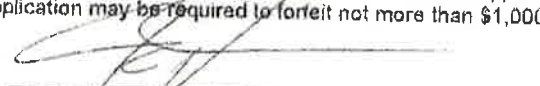
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 24 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)

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

Employer's Name	Employer's Address	Employed From	To
LANDMARK SERVICES CO	COTTAGE GROVE, WI	03/01/2021	01/02/2023
COUNTRYSIDE COOP	DURAND, WI	12/01/2003	02/28/2021

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)

OK
P.R. 1/21/23

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
CANTWELL		ERIC		SCOTT	
Home Address (street/route)		Post Office	City	State	Zip Code
1201 JACOB DR.			PRAIRIE DU SAC	WI	53578
Home Phone Number		Age	Date of Birth	Place of Birth	
		34		Aberdeen, SD	

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.
- MANAGER** of **CONSUMER'S COOPERATIVE**
- (Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

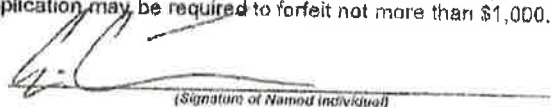
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 1 1/2 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. (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
Consumers Coop.	758 Phillips Blvd, Sun Prairie, WI	5/1/21 - Present	→
Ti Energy Coop.	Bismarck, ND	4/1/19 - 4/30/21	→

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)

7/16 F.R.
11/31/23



1401 Landmark Drive
Cottage Grove, WI 53527

City of Evansville

1/30/23

Landmark Services Cooperative DBA ALCIVIA will relinquish our license to sell alcohol at our convenience store located at 9 John Lindemann Drive upon the sale of the business to Consumer's Cooperative, with the tentative closing date of the sale to occur on February 20, 2023.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tim Toraason', written over a horizontal line.

Tim Toraason

Retail Operations Manager



Evansville Public Safety Police Report

February 8th 2023

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:

Sgt. Reilly sent out a use of force policy quiz for all sworn staff to take this month

Chief Reese and Lt. Jones will attend the Mid-Winter Chiefs Conference

Det. Sgt. Rittenhouse is attending first line supervisor course this month

All sworn staff will attend range training this month

Quinn and Lt. Jones learned about open records exceptions with Attorney Kopp

Lt Jones and Chief Reese will attend a joint workgroup meeting w/ 911

Community Relations:

- Chief Reese met w/ Joan Kamholtz and Angie from the Youth Center to partner up w/ Justice for a Cure and the youth center on a project
- Officer Z did a news story on his sketch artists talents w/ NBC15
- Judge Alisankus and Chief Reese met to discuss doing a joint coffee w/ a cop and java w/ the Judge event in the near future
- Chief Reese met w/ Chief Raupp (Footville PD). He will be going out of town for a vacation and asked if we could be the point of contact if any of his entered stolen items were recovered from a recent theft. Chief Reese agreed to assist as needed
- Jill is starting the planning for Evansville Night Out

Monthly Update:

Technology/Equipment/Building Update:

Chief Reese met w/ the contractor to go over the evidence locker installs; we are about 11 weeks out on this project

We had some troubles with our fax machine. Quinn did some trouble shooting w/ the new phone company and has the problem resolved

Police Commission/Staffing:

The police commission did not meet this month

Calls for Service: January 2022: 1204 January 2023: 1065

Accreditation:

- The accreditation onsite went well. EPD is waiting for the WILEAG board to meet and decide on our re-accreditation

Notable calls/incidents by Detective Sergeant Rittenhouse:

- Officers have conducted 30 traffic stops
- Officers investigated 6 welfare checks
- Officers investigated 5 disorderly conduct incidents. 3 subjects were subsequently cited appropriately
- Officers investigated 5 family problem incidents
- Officers investigated 2 domestic disturbances. A suspect was taken into custody reference each incident
- Officers investigated 5 traffic accidents
- Officers investigated a threat reported towards Evansville School District. The school district was notified and a threat assessment was conducted. A joint message from EVPD and Evansville School District was distributed to staff, family, and the community
- 1 trailer was stolen from a resident, officers continue to follow-up on leads
- Sergeant Reilly was notified of two suspects taken into custody in Green County. Detective Sergeant Rittenhouse conducted follow-up and interviews, two suspects were arrested for removing parts of a motor vehicle without owner's consent

CAD Incidents By Type

Agency: EVPD

Printed: 2/1/2023 11:57:15 AM

Covering Incidents From: 01/01/2023 00:00:00 To: 01/31/2023 00:00:00

Incident Type Description	# of Incidents	Incident Type Code
911 ABANDONED OR HANGUP OR OPEN LINE	30	911
ABANDONED VEHICLE	1	AVR
ALARM	1	ALARM
ANIMAL COMPLAINT	6	ANM
ASSIST CITIZEN	39	ACIT
ASSIST FIRE OR EMS	24	FAST
ASSIST OTHER JURISDICTION	30	OJUR
BUSINESS CHECK	31	BCK
CIVIL DISPUTE	8	CD
CIVIL PAPER SERVICE	7	CPS
DISORDERLY CONDUCT	4	DC
DISTURBANCE	2	DIST
DRUG OFFENSE	9	DRUG
ESCORT/TRANSPORT	2	ESCORT
FAMILY PROBLEM	3	FAM
FOLLOWUP	85	FOL
FOOT PATROL	33	FOOT
FRAUD/FORGERY	1	FRD
HAZARDOUS CONDITION	4	HAZC
KID PROBLEM	2	KID
OPEN DOOR/WINDOW	2	OPEN
ORDINANCE VIOLATION	3	ORD
OUT WITH SUBJECT	6	OWS
PARKING COMPLAINT	62	PARK
PHONE MESSAGE FOR OFFICER	4	PHONE
PROPERTY	3	PROPERTY
PUBLIC WORKS/UTILITY	1	PWU
RECORDS REQUEST	1	RR
RESTRAINING ORDER/TRO VIOLATION	2	TRO
RUNAWAY	2	RUN
SCHOOL PATROL	54	SCHOOL
SECURITY CHECK	492	SECK
SPECIAL ASSIGNMENT	16	SPAS

STALLED VEHICLE	6	STALLD
SUICIDE	1	SUICIDE
SUSPICIOUS	18	SUSP
THEFT	7	THFT
THREAT	2	THREAT
TRAFFIC ACCIDENT	5	TA
TRAFFIC COMPLAINT	5	TC
TRAFFIC STOP	32	T
TRUANCY	7	TRU
UNKNOWN PROBLEM	1	UNK
UNWANTED PERSON	1	NOWN
VANDALISM	2	VAND
VEHICLE UNLOCK	2	UNLK
WELFARE CHECK	6	WELF
Number of CAD Complaints During Period	1065	

City of Evansville EMS
11 W. Church St.
Evansville, WI 53536
(608)882-2269
Chief Carolyn Kleisch
Public Safety Meeting
Feb 8th 2023

1. Calls for Service:

- a. 73 Calls during the month of Jan 2023. (641-65 /642-8)
- b. 60 Calls during the month of Jan. 2022. (641-60/642-0)
- c. To date call volume 2023-73, 2022-60/681
- d. Mutual aid calls from Footville for December: 6
- e. EVEMS mutual aid to other communities: 2

Updates:

- a. Mercy is returning to every other month for in person training which will occur on even months for us. Mercy will continue to offer online education during the odd months. The January training topic was online about the cardiovascular system. We will have meeting/training nights on nights that Mercy is not here. In January we refreshed our skills on the hare traction splint and moving patients up and down stairs on the stair chair.
- b. We have a current member/driver in class for EMT-B.
- c. Keri Elliott-Meyer passed her A-EMT National Registry! Congrats to Keri!
- d. Four members have completed AHA BLS Instructor training and are able to teach CPR courses. 1 additional member has completed the classroom portion and is waiting to complete additional requirements.
- e. We are in the process of ordering the last of the equipment to teach CPR to staff and community members. Manikins and education materials arrived last month. Still waiting for AED trainers and instant feedback devices that plug into the manikins.
- f. Karla and Carolyn donated old EMS coats to the men's shelter in Janesville. They were very excited to have cold weather gear available for the men who walk to work.
- g. Dr. Wistrom continues to work with BTC/Mercy to bring an A-EMT class to our department.
- h. WI EMS Association (WEMSA) received a large donation from Cars Curing Kids to help member departments with pediatric supplies. Funds were used to provide pediatric jump bags loaded with pediatric supplies. Morgan applied for this last summer and we were selected to receive one of these bags. They were handed out at the WEMSA conference last week. We also recently purchased a new pediatric securement device for transporting kids in ambulance 642.
- i. At the start of 2023 we began rotating the ambulances into the primary position to more evenly distribute wear and tear on the vehicles. 641 will be the primary ambulance during odd months and 642 will be primary during even months.

Avg Unit Notified to Enroute in Minutes	Avg Unit Enroute to Arrived at Scene in Minutes	Avg Unit Arrived on Scene to Left Scene in Minutes	Avg Unit Left Scene to Arrived at Destination in Minutes	Avg Unit Arrived at Destination to Unit Back In Service in Minutes	Number of Runs
6.37	3.88	22.82	27.92	64.30	73

Incident Complaint Reported By Dispatch (eDispatch.01)	Number of Runs	Percent of Total Runs
Breathing Problem	11	15.07%
Chronic Illness/Medical Condition	10	13.70%
Traffic/Transportation Incident/MVA	8	10.96%
Falls	7	9.59%
Bleeding	4	5.48%
Unconscious/Fainting/Near-Fainting	4	5.48%
Invalid Assist/Lifting Assist	3	4.11%
Chest Pain (Non-Traumatic)	2	2.74%
Epistaxis (Nosebleed)	2	2.74%
Fire Standby	2	2.74%
Motor Vehicle Crash	2	2.74%
Pain	2	2.74%
Sick Person	2	2.74%
Stroke/CVA	2	2.74%
Abdominal Pain/Problems	1	1.37%
Allergic Reaction/Stings	1	1.37%
Back Pain (Non-Traumatic)	1	1.37%
Cardiac Arrest/Death	1	1.37%
Heart Problems/AICD	1	1.37%
Hypotension / hypertension	1	1.37%
Overdose/Poisoning/Ingestion	1	1.37%
Respiratory Arrest	1	1.37%
Syncope/near-fainting	1	1.37%
Traumatic Injury	1	1.37%
Unresponsive	1	1.37%
Weakness/Lethargic	1	1.37%
Total: 73	Total: 100.00%	