TOWN OF DELAFIELD BOARD OF SUPERVISORS MEETING
TUESDAY, JUNE 12, 2018 – 7:00 P.M.
DELAFIELD TOWN HALL – W302 N1254 MAPLE AVENUE, DELAFIELD, WI
AGENDA

1. Call to Order

2. Pledge of Allegiance

3. Citizen Comments – During the Public Comment period of the agenda, the Town Board welcomes comment from any member of the public, other than an elected Town Board member, on any matter not on the agenda. Please be advised that pursuant to State law, the Board cannot engage in a discussion with you but may ask questions. The Board may decide to place the issue on a future agenda for discussion and possible action. Each person wishing to address the Board will have up to five (5) minutes to speak. Speakers are asked to submit to the Town Clerk, a card providing their name, address, and topic for discussion.

The Board will also take comment from the public on agenda items as called by the Chair, but not during the Public Comment. Please note that once the Board begins its discussion of an agenda item, no further comment will be allowed from the public on that issue.

4. Approval of May 22, 2018, Town Board Minutes

5. Action on vouchers submitted for payment:
   A. Report on budget sub-accounts and action to amend 2018 budget
   B. 1) Accounts payable; 2) Payroll

6. Communications (for discussion and possible action)
   A. None

7. Unfinished Business
   A. None

8. New Business
   A. Discussion and possible action on Town of Delafield Fire Department Employee Referral Incentive Program
   B. Discussion and possible action on Ordinance to Repeal and Re-CREATE Sections 5.02 and 5.03(a) of the Town of Delafield Municipal Code, Concerning Ambulance and Technical Rescue Services
   C. Discussion and possible action on driveway culvert issue at W304N1866 Maple Avenue
   D. Discussion and possible action on Resolution to change the Town of Delafield Polling Place for Wards 7,8 to the Town of Delafield Town Hall
E. Request to approve renewal Alcohol Beverage "Class B" Liquor, Class "B" Beer and Soda Water Beverage License Applications for the period of July 1, 2018 through June 30, 2019, for the following:
   1. Pewaukee Yacht Club Inc.
   2. Kims Lakeside
   3. Western Lakes Golf Club
   4. Ristorante Lago

F. Request to approve renewal Alcohol Beverage Class "B" Beer and Soda Water Beverage License Applications for the period of July 1, 2018 through June 30, 2019 for Buck Rub Outfitters Ltd.

G. Request to approve renewal Soda Water License Application for the period of July 1, 2018 through June 30, 2019 for St. Anthony on the Lake Church

H. Request to approve renewal Soda Water License Application for the period of July 1, 2018 through June 30, 2019 for Prairie Hill Waldorf School

I. Consideration and possible action on Operator's License Renewals for the period of 7/1/18 to 6/30/20:
   1. Nicole Balistreri – Pewaukee Yacht Club, Inc.
   2. Anthony Erlanson – Pewaukee Yacht Club, Inc.
   3. Aaron Frank – Pewaukee Yacht Club, Inc.
   4. John Grignon, Jr. – Pewaukee Yacht Club, Inc.
   5. Jessica Kellner – Pewaukee Yacht Club, Inc.
   6. Timothy McCaffrey – Pewaukee Yacht Club, Inc.
   7. Briana Schnittke – Pewaukee Yacht Club, Inc.
   8. Miranda Schuster – Pewaukee Yacht Club, Inc.
   9. Marijo Burbach – Kims Lakeside LLC
   10. Teresa Burbach – Kims Lakeside LLC
   11. Paul Snyder – Kims Lakeside LLC

J. Consideration and possible action on Operator's License for the period of 7/1/18 to 6/30/20:
   1. Christopher Elrod – Western Lakes Golf Club, Inc.

9. Announcements and Planning Items
   A. Next Town Board Meetings – June 26 and July 10
   B. Next Park and Recreation Commission Meeting – July 9
   C. Board of Review – July 12 – 7:00 p.m.
   D. Next Plan Commission Meeting – July 17

10. Adjournment

Mary T. Elsner, CMC, WCMC
Town Clerk/Treasurer

Notification of this meeting has been posted in accordance with the Open Meeting Laws of the State of Wisconsin. The Town Board may take action on any item on the agenda. It is possible that members of and possibly a quorum of members of other governmental bodies of the municipality may be in attendance at the above-stated meeting to gather information; no action will be taken by any governmental body at the above-stated meeting other than the Town Board of Supervisors. Please note that, upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service, contact Mary Elsner, Town Clerk, at W302 N1254 Maple Avenue, Delafield, WI 53018-7000. This agenda is for informational purposes only. Posted – 8/07/2018
TOWN OF DELAFIELD BOARD OF REVIEW MEETING  
May 22, 2018

Members Present:  L. Krause, P. Van Horn, E. Kranick, R. Troy  
Members Absent: C. Smith  
Others Present: Chief Iding, Pewaukee Lake Patrol, D. Roberts, Highway Superintendent

First order of business: Call to Order  
Chairman Krause called the Board of Review meeting to order at 7:00 p.m.

Second order of business: Adjournment

MOTION MADE BY MR. KRANICK, SECONDED BY MR. TROY TO ADJOURN THE BOARD OF REVIEW TO THURSDAY, JULY 12 AT 7:00 P.M. AT THE TOWN HALL.

TOWN OF DELAFIELD BOARD OF SUPERVISORS MEETING  
May 22, 2018

Members Present: L. Krause, P. Van Horn, E. Kranick, R. Troy  
Members Absent: C. Smith  
Others Present: Chief Iding, Pewaukee Lake Patrol, D. Roberts, Highway Superintendent

First order of business: Call to Order  
Chairman Krause called the meeting to order at 7:01 p.m.

Second order of business: Pledge of Allegiance

Third order of business: Citizen Comments  
There were no citizen comments.

Fourth order of business: Approval of May 8, 2018, Town Board Minutes  
MOTION MADE BY MR. KRANICK, SECONDED BY MR. TROY TO APPROVE THE MINUTES AS PRESENTED BY THE CLERK. MOTION CARRIED.

Fifth order of business: Action on vouchers submitted for payment:  
A. Report on budget sub-accounts and action to amend 2018 budget

B. 1) Accounts payable, 2) Payroll  
Accounts Payable  
MOVED TO APPROVE PAYMENT OF CHECKS #60281 – #60322 IN THE AMOUNT OF $105,261.78  
Payroll  
MOVED TO APPROVE PAYMENT IN THE AMOUNT OF $50,775.64  
MR. TROY/MR. KRANICK  
MOTION CARRIED.

Sixth order of business: Communications (for discussion and possible action)  
A. None

Seventh order of business: Unfinished Business  
A. None

Eighth order of business: New Business  
A. Chief Iding - Pewaukee Lake Patrol Update  

Chief Iding provided the following financial updates:  
- DNR Audit – received $25,000+ (approximately $2,000 over last year)  
- $33,225.00 – carry over balance from 2017, ordered 40 additional buoys at the cost of $4,000 Will apply for DNR grant (50% reimbursement)  
- $57,455 – 2018 operating budget (2017 budget - $57,392)
He also provided information on the following topics:

- personnel changes
- life jackets provided by the lake patrol
- 2 boater safety classes held in May and June (eligible for DNR reimbursement)
- notice re: wake surfers (on Town website).

Mr. Troy commended Chief Iding on his efforts in keeping the budget numbers in line.

B. Consideration and possible action to award the 2018 Town Road Paving Program contract

Chairman Krause stated Engineer Barbeau’s recommendation to re-bid the subject work. The bids are substantially over the available budget, due to recent oil cost increases.

MOTION MADE BY MR. KRANICK, SECONDED BY MR. TROY TO REJECT THE BIDS AND DIRECT THE TOWN ENGINEER TO REWORK AND RE-BID THE 2018 PAVING PROGRAM. MOTION CARRIED.

C. Appointment of Park and Recreation Commissioner

MOTION MADE BY CHAIRMAN KRAUSE, SECONDED BY MR. KRANICK TO APPROVE THE APPOINTMENT OF SUE URBAN MILLER TO SERVE ON THE PARK AND RECREATION COMMISSION FOR ANOTHER 4-YEAR TERM. MOTION CARRIED.

MOTION MADE BY CHAIRMAN KRAUSE, SECONDED BY MR. KRANICK TO APPROVE THE APPOINTMENT OF DAN DUPIES TO SERVE ON THE PARK AND RECREATION COMMISSION FOR ANOTHER 4-YEAR TERM. CHAIRMAN KRAUSE – AYE, MR. VAN HORN – NAY, MR. KRANICK – NAY, MR. TROY – NAY. MOTION FAILED 3-1.

D. Consideration and possible action on Alcohol Permit application for a company picnic to be held at the Sports Commons on May 27, 2018, between the hours of 12:00 p.m. and 6:00 p.m.

MOTION MADE BY MR. KRANICK, SECONDED BY MR. VAN HORN TO APPROVE THE ALCOHOL PERMIT FOR THE VORTEX COIL FINISHERS COMPANY PICNIC TO BE HELD AT THE SPORTS COMMONS ON MAY 27, CONTINGENT UPON WHETHER A NON-RESIDENT FEE APPLIES. MOTION CARRIED.

E. Request to purchase a highway truck

Supervisor Kranick stated the request of the highway dept. to purchase a 2008 Sterling truck from the City of Pewaukee. Due to the fact that the funds were not budgeted for this year and the highway building roof is in need of repair, he and Highway Superintendent Roberts will come up with a plan for the 2019 budget.

Ninth Order of Business: Announcements and Planning Items
A. Next Plan Commission Meeting – June 5
B. Next Park and Recreation Commission Meeting – June 11
C. Next Town Board Meeting – June 12

Tenth Order of Business: Adjournment
MOTION MADE BY MR. KRANICK, SECONDED BY MR. TROY TO ADJOURN AT 7:50 P.M. MOTION CARRIED.

Respectfully submitted,

Mary T. Eisner, CMC, WCMC
Town Clerk/Treasurer

Minutes approved on:
Town of Delafield Fire Department Employee Referral Incentive Program

- Program shall be implemented from the time of Board approval through December 31, 2018.
- All Town of Delafield Fire Department Employees are eligible to partake in this program other than the Fire Chief.
- Referral payout will be staggered at 90 days from hire, 180 days from hire and at completion of the new employee’s probation period.
- Payout shall be provided to the referring employee, not the new employee.
- Employee receiving the referral incentive must be active with the fire department. Activity includes weekly crew nights, weekend crew sign-up, and attendance at most trainings.
- If new employee is inactive or leaves either voluntarily or dismissed before payout schedule is completed, future payouts to the referring employee shall cease.
- Referring employee which leaves either voluntarily or dismissed before payout schedule is completed shall waive any future payments.
- Payouts shall be in the form of a VISA debit card.

Payout Schedule to Referring Employee

New recruit up to EMT or Firefighter:
$100 (90 days)
$100 (180 days)
$100 (Completion of probation period)

New recruit with current EMT Basic license and Firefighter certification:
$200 (90 days)
$100 (180 days)
$100 (Completion of probation period)

New recruit with current Advanced EMT, I-12 or Paramedic license and Firefighter certification:
$250 (90 days)
$125 (180 days)
$125 (Completion of probation period)
AN ORDINANCE TO REPEAL AND RE-CREATE SECTIONS 5.02 AND 5.03(a) 
OF THE TOWN OF DELAFIELD MUNICIPAL CODE, CONCERNING 
AMBULANCE AND TECHNICAL RESCUE SERVICES

WHEREAS, the Town of Delafield has charged ambulance fees to persons served with 
ambulance services since 1996, or before, most recently by Ordinance 96-420 as codified in the 
Town Code Section 5.02, which broadly interpreted allows for the recovery of technical rescue 
services; and

WHEREAS, the Town Board wishes to reaffirm its prior finding that it is appropriate to 
require the party requiring ambulance and/or rescue services to reimburse the Town of Delafield 
for the costs and expenses incurred; and

WHEREAS, by enacting the current ordinance for inclusion within the Municipal Code of 
the Town of Delafield, the Town Board intends to confirm that fees must be paid for services of 
the Delafield Fire Department and its agents and contractors for ambulance and/or rescue 
services and that such fees must equal an amount designed to reimburse the Town of Delafield 
for the costs involved; and

WHEREAS, the Town of Delafield believes that it currently has statutory and ordinance 
authority to collect reimbursement of expenses incurred as described herein, however, the 
Town Board would like to clarify the Town ordinances to make this issue beyond dispute.

NOW, THEREFORE, the Town Board of the Town of Delafield, Waukesha County, 
Wisconsin, DOES HEREBY ORDAIN as follows:

SECTION 1: Chapter 5 of the Town of Delafield Municipal Code entitled “Fire 
Protection,” Section 5.02 entitled, “Ambulance Fees,” is hereby repealed and re-created as 
follows, with a new heading of “Ambulance and Rescue Services”:

5.02 AMBULANCE AND RESCUE SERVICES FEES. (Rep. & rec. #96-420) The Town 
Board shall establish a schedule of ambulance fees for services provided by the Fire 
Department of the Town of Delafield. The schedule may be amended by the Town Board 
from time to time by separate resolution of the Town Board

(1) The Town Board hereby establishes a fee for the provision of ambulance and 
rescue services by the Delafield Fire Department and/or by agents and 
contractors of the Delafield Fire Department. The term “ambulance and rescue 
services” shall include, but not be limited to, technical rescue services, such as 
for example, trench rescue, high angle rescue, collapse rescue, entrapment 
rescue, confined space rescue, emergency building shoring, and helicopter 
rescue, along with ordinary ambulance and rescue services.

(2) Fees under this ordinance will be assessed to the responsible individual, 
corporation, utility, company and/or property owner for whom ambulance 
and/or rescue services were provided, as determined by the Chief of the 
Delafield Fire Department. The fees assessed shall be as established by the 
Town Board from time to time by the resolution to recover the actual cost of the 
service(s) performed and, where applicable, shall include the actual amounts
billed to the Town of Delafield and/or the Delafield Fire Department by contractors and agents called to incident(s) having occurred in the Town of Delafield.

SECTION 2: Chapter 5 of the Town of Delafield Municipal Code entitled "Fire Protection," Section 5.03 entitled, "Fire Department Service Charges," Subsection (a) is hereby repealed and re-created as follows:

5.03 (a) Charges for services shall be assessed only to the individuals or other entities that do not fund the Department through the payment of taxes or other means for these services, except that ambulance and rescue services per Section 5.02, and the negligent handling of burning materials as defined in §961.01(1), or the causing of a Department response as a result of violation of any provision of the Town’s “Burning Regulations,” 93-354 or other Town ordinances will result in charges being assessed to the responsible or violating individual or other entities in ALL cases.

SECTION 3: SEVERABILITY.

The several sections of this ordinance are declared to be severable. If any section or portion thereof shall be declared by a court of competent jurisdiction to be invalid, unlawful or unenforceable, such decision shall apply only to the specific section or portion thereof directly specified in the decision, and shall not affect the validity of any other provisions, sections or portions thereof of the ordinance. The remainder of the ordinance shall remain in full force and effect. Any other ordinance whose terms are in conflict with the provisions of this ordinance are hereby repealed as to those terms that conflict.

SECTION 4: EFFECTIVE DATE.

This ordinance shall be effective upon publication or posting as provided by law.

Dated this ___ day of _____________, 2018.

TOWN OF DELAFIELD

______________________________
Lawrence G. Krause, Town Chair

ATTEST:

______________________________
Mary Elsner, Town Clerk

This ordinance posted or published ____________________________.
C:\MyFiles\Delafield\Ordinances\Ord re technical rescue 5.25.18.docx
Dear Town of Delafield Board of Supervisors,

My name is Josh Schroeder and I currently reside at W304N1866 Maple Avenue here in the Township of Delafield. We purchased the property about 6 years ago and everything about living here has been pretty great.

There is currently one issue that has been causing some issues on the property. This issue is a culvert that runs under Maple Avenue and drains water and runoff from the subdivision across the street directly into my property.

As it currently stands, this water is causing quite a bit of damage to my driveway and culvert. I am currently in the process with a few contractors to replace my driveway which includes my culvert as well. The quotes I am being given are being quite inflated due to the amount of damage the runoff from Maple Avenue has caused over the last couple of years. (Culvert Replacement alone is around $4-5K)

I have discussed this with Don Roberts from the Highway Department who referred me to Tim Barbeau who suggested I reach out to you. It is my belief that the Town may share some responsibility with remediation of this so I do not have future issues once I get my driveway replaced. I have had three different Paving Contractors here that feel the same (Wolf, PLM, and Pro-Seal).

As far as the remediation goes, I am looking for one or more of the following:

- Township takes action to divert or significantly reduce the amount of water going into my property.
- Assist with financial burden to myself with regards to prevent further damage to property
- Provide materials to the Contractor I employ to replace the culvert

I do also realize that yes, it is on private property which means I will have to incur some costs. However, the Township, as far as I know, has no easement to my property nor does it have a right to drain as well. If the Township insists on stating that the pipe under Maple Avenue is private property then, as a private landowner, I will take action to prevent further damage to my property.

I am attaching to this email some pictures of my culvert-driveway as well as the pipe under Maple Avenue for review. If I can provide any further information, please reach out and let me know.

I appreciate the time and consideration and hope we can come to some kind of agreement.

Respectfully,

Josh Schroeder
W304N1866 Maple Avenue
Pewaukee, WI 53072
(468) 217-3137
RESOLUTION NO.

A RESOLUTION TO CHANGE THE TOWN OF DELAFIELD
POLLING PLACE FOR WARDS 7, 8 TO THE
TOWN OF DELAFIELD TOWN HALL

WHEREAS, pursuant to Wisconsin Statutes Section 5.25(3) polling places shall be established for each election at least 30 days before the election; and

WHEREAS, currently wards 7,8 within the Town of Delafield vote at the Brandybrook Community Center, S11W29980 Summit Avenue, Waukesha, WI; and

WHEREAS, the Brandybrook Community Center is not available for use as a polling location on August 14, 2018; and

WHEREAS, the Town Hall offers facilities for voting purposes.

NOW, THEREFORE, BE IT RESOLVED by the Town Board of the Town of Delafield, Waukesha County, Wisconsin, that the polling place for wards 7, 8 in the Town of Delafield shall be the Town Hall and Fire Station building located at W302N1254 Maple Avenue in the Town of Delafield.

BE IT FURTHER RESOLVED that the Town Clerk is directed to notify voters of this change by placing a notice at the Brandybrook Community Center, on the Town of Delafield website, and at the Town of Delafield's three legal posting locations.

DATED this __________ day of _________________, 2018.

TOWN OF DELAFIELD

________________________________________
Lawrence G. Krause, Town Chairman

ATTEST:

________________________________________
Mary Elsner, Town Clerk/Treasurer
RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION
Submit to municipal clerk. Read instructions on reverse side.
For the license period beginning: 07/01/2018 ending: 06/30/2019

TO THE GOVERNING BODY OF the:

☑ Town of DELAFIELD

☑ Village of

☑ City of

County of Waukesha
Adhemenic Dist. No. (If required by ordinance)

CHECK ONE
☐ Individual
☐ Partnership
☐ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
☐ Individual
☐ Partnership
☐ Limited Liability Company

Full Name(s) (Last, First and Middle Name)

B. Full Name of Corporation/Nonprofit Organization, Limited Liability Company
PEWAUKEE YACHT CLUB, INC.

Address of Corporation/Limited Liability Company (if different from licensed premises)
P.O. BOX 101, PEWAUKEE 53073

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title
Name (Inc. Middle Name)
Home Address
Post Office & Zip Code
President/Member
JOE KABACK 1232 W35TH ST PEWAUKEE WI 53072
Vice President/Member
CHRIS ALLEN 121 W27TH ST PEWAUKEE WI 53072
Secretary/Member
SARAH SPENCER 122 W39TH ST PEWAUKEE WI 53072
Treasurer/Member
JAN GRIGSON 1714 GLACIER RIDGE RD W300, W300, PEWAUKEE WI 53072
Agent
JAN GRIGSON 1714 GLACIER RIDGE RD W300, W300, PEWAUKEE WI 53072

C.1. Trade Name
PEWAUKEE YACHT CLUB Business Phone Number 262-681-9927
Address of Premises
1235 W35TH ST PEWAUKEE WI 53072

2. Address of Premises
1235 W35TH ST PEWAUKEE WI 53072

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No

4. 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.)

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal, state, or local law? If yes, explain fully on reverse side

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons with this license? If yes, explain fully on reverse side

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. CHANGE OF OFFICERS

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin income or Franchise Tax return of the licensee? If yes, explain why. ☑ Yes ☐ No

9. If granted, will not be assigned to another. Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.

SUBSCRIBED AND SWORN TO BEFORE ME
this 30 day of March, 2018

My commission expires 03/15/2021

TO BE COMPLETED BY CLERK
Data received and filed with this clerk
License number issued

License number issued

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)
OGDEN PETER

Home Address (street/number) Post Office City
W290N271 Happy Hollow Pewaukee

City State Zip Code
Pewaukee WI 53072

Home Phone Number Age Date of Birth Place of Birth
262-691-9293 59 MILWAUKEE

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.
□ SAFETY STIPULATIONS of PEWAUKEE YACHT CLUB (Name of Corporation, Limited Liability Company or Nonprofit Organization)
which is making application for an alcohol beverage license.

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

1. (a) How long have you continuously resided in Wisconsin prior to this date?
□ Yes □ No
(b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date?
□ Yes □ No

2. (a) Have you ever been convicted of any offenses (other than traffic unrelate to alcohol beverages)
for violation of any federal laws, any Wisconsin laws, or laws of any other states?
□ Yes □ No
(b) Have you ever been convicted of any violations of any county or municipal ordinances?
□ Yes □ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description
and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages)
for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or
municipality?
□ Yes □ No
If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit
organization or member/managing agent of a limited liability company holding or applying for any other alcohol
beverage license or permit?
□ Yes □ No
If yes, identify.

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or
member/managing agent of a limited liability company holding or applying for a wholesale beer permit,
brewery/manufactory permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?
□ Yes □ No
(If yes, identify.)

READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license,
or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not
seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promo-
tion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform
by willfully refusing services offered under this license.

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 un-
dersigned 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 30 day of April 2018

My commission expires 2.19

Wisconsin Department of Revenue

Signature of Notary Public
AARON J. FRANK

(Stamp for Registration)

STATE OF WISCONSIN

AT-102a (Rev. 5-11)
AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name)
ZEGLER CODY John

Home Address (street/number) Post Office City State Zip Code
W324 N3214 Lake Dr. Platteville WV UT 53072

Home Phone Number Age Date of Birth Place of Birth
262-844-527 27

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.
☒ Social of Pewaukee Yacht Club (Name or Corporation, Limited Liability Company or Nonprofit Organization)
which is making application for an alcohol beverage license.

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

1. (a) How long have you continuously resided in Wisconsin prior to this date? 25 years (b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? ☐ Yes ☒ No

2. (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, or laws of any other states? ☐ Yes ☒ No (b) Have you ever been convicted of any violations of any county or municipal ordinances? ☐ Yes ☒ No

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No

If yes, identity.

5. 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.)

N/A

READ CAREFULLY BEFORE SINGING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

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 30 day of April, 2018

Notary Public

My commission expires 2.8.19

Wisconsin Department of Revenue

AARON J. FRANK

[Signature of Notary Individual]
AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name)

ISABELLE MARK

Home Address (street/number) Post Office City State Zip Code
NY 11027 360 ROSE RII PEWAUKEE PEWAUKEE W1 53072

Home Phone Number Age Date of Birth Place of Birth
262-695-9493 47 NEW YORK

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.
☐ A member of a corporation, limited liability company or nonprofit organization

(Organization Name)

which is making application for an alcohol beverage license.

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

1. (a) How long have you continuously resided in Wisconsin prior to this date? ☐ Yes ☑ No
(b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? ☐ Yes ☑ No

2. (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, or laws of any other states? ☐ Yes ☑ No
(b) Have you ever been convicted of any violations of any county or municipal ordinances? ☐ Yes ☑ No

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description
and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages)
for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or
municipality? ☐ Yes ☑ No

If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit
organization or member/manager/agent of a limited liability company holding or applying for any other alcohol
beverage license or permit? ☐ Yes ☑ No

If yes, identity.

5. 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/liquor permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☑ No

(Note: Name of Wholesale Licensee or Permittee) (Address by City and County)

READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not wilfully refuse to provide those services offered under this license,
or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not
seek employment as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or
promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform
by willfully refusing services offered under this license.

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 30 day of April 2018

My commission expires 2-8-19

Signature of Notarized Individual

Wisconsin Department of Revenue

AT-1094 (R. 8-11)
AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name)
EVANS NEIL

Home Address (street/number) Post Office City State Zip Code
W286N2298 Beach Park Cir

Home Phone Number Age Date of Birth Place of Birth
262-617-8004

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.
☐ Building/Location of PEWAUKEE YACHT CLUB (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

1. (a) How long have you continuously resided in Wisconsin prior to this date? ☐ Yes ☒ No
(b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date?

2. (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, or laws of any other states?
(b) Have you ever been convicted of any violations of any county or municipal ordinances?
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?
If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?
If yes, identify.

5. 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?
If yes, identify.

READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employe or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

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 30 day of April, 2018

Notary Public

My commission expires 2-8-19

Wisconsin Department of Revenue

AARON J. FRANK

Signature of Notary Public

State of Wisconsin

AT-103a (R 8-11)
AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

<table>
<thead>
<tr>
<th>Individual's Full Name (please print)</th>
<th>(first name)</th>
<th>(middle name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLEN</td>
<td>CHRIS</td>
<td>John</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address (street)</th>
<th>Post Office</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>N 65627-360 Maple St.</td>
<td></td>
<td>SUSAN</td>
<td>WI</td>
<td>53081</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone Number</th>
<th>Age</th>
<th>Date of Birth</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>414 659 - 4608</td>
<td>44</td>
<td></td>
<td>MILWAUKEE</td>
</tr>
</tbody>
</table>

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

- [ ] Applying for an alcohol beverage license as an individual.
- [x] A member of a partnership which is making application for an alcohol beverage license.

**VICE COMMODORE** of **PELICAN YACHT CLUB**

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

which is making application for an alcohol beverage license.

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

1. (a) How long have you continuously resided in Wisconsin prior to this date? [x] 44 years
   (b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? [x] Yes [ ] No

2. (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, or laws of any other states? [ ] Yes [x] No
   (b) Have you ever been convicted of any violations of any county or municipal ordinances? [ ] Yes [x] No

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? [x] Yes [ ] No

   If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? [ ] Yes [x] No

   If yes, describe status of charges pending.

5. 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/distillery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? [ ] Yes [x] No

   If yes, identify:

   (Name, Location and Type of License/Permit) (Address by City and County)

READ CAREFULLY BEFORE SIGNING: I, the undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

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 30th day of April, 2018

[Signature]

My commission expires 2-8-19

[Signature]

AARON J. FRANK

Wisconsin Department of Revenue

AT-103a (R 6-11)
AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) First Name Middle Name
WEBER MATT

Home Address (street/number) Post Office City State Zip Code
12228 N. 7690 Rockford Rd. E. Pewaukee WI 53072

Home Phone Number Age Date of Birth Place of Birth
262-236-5159 51 Milwaukee

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.

☐ Name of person, firm, or corporation for which this application is made (officer/director/member/manager/agent):

Name of Corporation, Limited Liability Company or Nonprofit Organization
Name of person, firm, or corporation for which this application is made (officer/director/member/manager/agent): PACE + REGATTA of Pewaukee Yacht Club

which is making application for an alcohol beverage license.

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

1. (a) How long have you continuously resided in Wisconsin prior to this date? 25 YRS
   (b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? Yes No

2. (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, or laws of any other states? Yes No
   (b) Have you ever been convicted of any violations of any county or municipal ordinances? Yes No
   If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
   If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No

5. 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

   (Name of Wholesale Licensee or Permittee)
   (Address by City and County)

READ CAREFULLY BEFORE SIGNING: I, the undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

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 30 day of April, 2018

(My commission expires 2-8-19)

AARON J. FRANK
Wisconsin Department of Revenue

WOSK0008751b (R. 8-11)
AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (first name) (last name)
DUCHOW CRAIG

Home Address (street/number) Post Office City State Zip Code
N22 w2692 LOUIS AVE DEERFIELD WIS 53072

Home Phone Number Age Date of Birth Place of Birth
414 234 6147 56 MILWAUKEE

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.
☒ TREASURER of Pewaukee Yacht Club

which is making application for an alcohol beverage license.

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

1. (a) How long have you continuously resided in Wisconsin prior to this date? 56 YEARS

(b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? ☒ Yes ☐ No

2. (a) Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal law, any Wisconsin law, or laws of any other states? ☒ Yes ☐ No

(b) Have you ever been convicted of any violations of any county or municipal ordinances? ☒ Yes ☐ No

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal law, any Wisconsin law, any laws of other states or ordinances of any county or municipality? ☒ Yes ☐ No

If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☒ Yes ☐ No

If yes, identify.

5. 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/whisky permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☒ Yes ☐ No

If yes, identify.

READ CAREFULLY BEFORE SIGNING: I, the undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, I shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

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 statis law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 30 day of April 2018

[Signature]

My commission expires 28/9

AF-103a (R, 8-11)

WISCONSIN DEPARTMENT OF REVENUE

Signature of Named Individual

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 initial)
BARKER JOE

Home Address (street/room)
N22W28217 Beach Park Cir
Post Office Pewaukee
City Pewaukee
State WI
Zip Code 53072

Home Phone Number
262-691-1511
Age 45
Date of Birth
Place of Birth Bridgeport, CT

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.
☒ Commodity of Pewaukee Yacht Club

which is making application for an alcohol beverage license.

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

1. (a) How long have you continuously resided in Wisconsin prior to this date? 7 1/2 yrs
(b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? ☐ Yes ☒ No

2. (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, or laws of any other states? ☐ Yes ☒ No
(b) Have you ever been convicted of any violations of any county or municipal ordinances? ☐ Yes ☒ No

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☒ Yes ☐ No

If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No

If yes, identify.

5. 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/innery permit or wholesaler, liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No

If yes, identify.

READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry. I shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

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 30 day of April, 2018

[Signature]
Notary Public

My commission expires 2-8-19

[Commission Number]
Wisconsin Department of Revenue
APPLICATION FOR SODA WATER BEVERAGE LICENSE
TOWN OF DELAFIELD

To the Town Board of the Town of Delafield
Waukesha County, Wisconsin

The undersigned hereby makes application for the sale of Soda Water Beverages at the following described premises in the Town of Delafield:

Business Name: Pewaukee Yacht Club, Inc.
Street Address: 1966 W 98th St Edgewater Dr, Pewaukee, WI 53072
Name of Applicant (Please Print): John W. Grignon, Jr. (Agent)

All licenses are effective from July 1st of the year applied for through June 30th of the following year, subject to all provisions of Wisconsin Statutes, Section 66.0433 (2), and all regulations adopted by the Town Board. Licenses applied for after July 1st will expire on June 30th of the following year.

Applicant Signature [Signature]
Date 4/29/18
Applicant Address (if different from business location):
1714 Glacier Ridge Rd Waukesha, WI 53188
RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 01-01-2018 ending: 01-30-2019

TO THE GOVERNING BODY of the: [ ] Town of 
[ ] Village of Delafield
[ ] City of 

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

CHECK ONE: [ ] Individual [ ] Partnership [ ] Limited Liability Company [ ] Corporation/Nonprofit Organization

JUN 12 2018

Complete A or B. All must complete C.

A. Individual or Partnership:

[ ] Full Name(s) (Last, First and Middle Name) 

[ ] Home Address 

[ ] Post Office & Zip Code

[ ] Item 

[ ] Page 1 of 3

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company 

[ ] Address of Corporation/Limited Liability Company (if different from licensed premise) 

[ ] All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

[ ] Name (Inc. Middle Name) 

[ ] Home Address 

[ ] Post Office & Zip Code

C.1. Trade Name 

[ ] Business Phone Number

C.2. Address of Premises 

[ ] Business Phone Number

[ ] Post Office & Zip Code

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [ ] Yes [ ] No

4. 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.

(Acohol beverages may be sold and stored only on the premises described.)

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for any limited liability company limited licensee, or nonprofit organization been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? [ ] Yes [ ] No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other person affiliated with this licensee? [ ] Yes [ ] No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? [ ] Yes [ ] No

My last name - got married [ ] Yes [ ] No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin income or Franchise Tax return of the licensee? If not, explain.

[ ] Yes [ ] No

9. Does the applicant understand that they must hold a Wisconsin Seller's Permit? (Phone (668) 266-2778)

[ ] Yes [ ] No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of purchase and made available for inspection by law enforcement?

[ ] Yes [ ] No

11. Is the applicant indebted to any wholesale beyond 15 days for beer or 30 days for liquor?

[ ] 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 signers. Signers agree to comply with the laws according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individuals, partners, members of a partnership applicant must sign; corporate officer(s), members/Managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE
this 19th day of 

MARY A. ELSNER

(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)
Thompson Kim Louise

Home Address (street/zip)
105 Wellington Way

Post Office City State Zip Code

Age Date of Birth Place of Birth
49

The above named individual provides the following information as a person who is:
☐ Applying for an alcohol beverage license as an Individual.
☐ A member of a partnership which is making application for an alcohol beverage license.
☐ (Officer/Director/Member/Manager/Agent) of (Name of Corporation, Limited Liability Company or Nonprofit Organization)
Kim Thompson Kim Lakeside LLC

which is making application for an alcohol beverage license.

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

1. (a) How long have you continuously resided in Wisconsin prior to this date? 49 years

(b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? ☐ Yes ☒ No

2. (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, or laws of any other states? ☐ Yes ☐ No

(b) Have you ever been convicted of any violations of any county or municipal ordinances? If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No

If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☐ No

If yes, identify. Kim Niswonger CTHK D'Onofrio, WI 53016

5. 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.

READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

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 19th day of April, 2023

Mary T. Elsner
(Notary Public)

My commission expires 2/31/2024

AT-139a (R. 8-11)

Wisconsin Department of Revenue
APPLICATION FOR SODA WATER BEVERAGE LICENSE
TOWN OF DELAFIELD

To the Town Board of the Town of Delafield
Waukesha County, Wisconsin

The undersigned hereby makes application of a license for the sale of Soda Water Beverages at the following described premises in the Town of Delafield:

Business Name: **Kim Lakeside LLC**
Street Address: **W303 N8582 Maple Ave Pewaukee WI 53072**
Name of Applicant (Please Print): **Kim Thompson**

All licenses are effective from July 1st of the year applied for through June 30th of the following year, subject to all provisions of Wisconsin Statutes, Section 66.0433 (2), and all regulations adopted by the Town Board. Licenses applied for after July 1st will expire on June 30th of the following year.

Applicant Signature: **Thompson** Date: **4-20-18**

Applicant Address (if different from business location):
RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2019 ending: 06/30/2020

TO THE GOVERNING BODY of the: Town of DELAFIELD

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

CHECK ONE: Individual □ Partnership □ Limited Liability Company □ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
   Full Name(s) (Last, First and Middle Name):
   ITEM #: RE3 PAGE: 3

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company:
   (Name in Full)
   Home Address
   Post Office & Zip Code
   Address of Corporation/Limited Liability Company (if different from licensed premises):
   Post Office & Zip Code
   All Officer(s)/Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
   Title
   Name (Inc. Middle Name) W35 S3715 MESA TRL
   Home Address
   Post Office & Zip Code
   Address of Premises:
   W35 S3715 MESA TRL
   Business Phone Number
   Post Office & Zip Code

C. 1. Trade Name: WESTERN LAKE GOLF CLUB
   2. Address of Premises: 970 N915 OAKTON RD
   3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and wineries? Yes □ No □
   4. 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 alcoholic beverages and records. (Alcoholic beverages may be sold and stored only on the premises described.)
   5. Legal description (if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership, any member, or member, officer, director, manager, or agent for either a limited liability company, a corporation, a proprietor, or a partnership, or any non-profit organization, or any person other than a partnership, or any member, officer, director, manager, or agent for either a limited liability company, a corporation, a proprietor, or a partnership, or any non-profit organization, or any person other than a partnership, be convicted of a felony? Yes □ No □
   b. Are any convictions for any other offenses presently pending? Yes □ No □

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? Yes □ No □

8. Was the profit or loss from the sale of alcoholic beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes □ No □
   [phone (608) 268-2777]

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes □ No □

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? 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 signers. Signers agree 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 must sign. Each member of a partnership must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE
this day of May 2018
Mary T. ELSNER
My commission expires 2/14/2020

TO BE COMPLETED BY CLERK
Date received and filed with municipal clerk
Date mailed to board
Date license issued

Signature of Clerk/County Clerk
Wisconsin Department of Revenue
AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (Last name) Essig (First name) GREGORY (Middle name) DONALD

Home Address (street/number) W334 S 3715 MESA TR Post Office DOUSMAN City State WI Zip Code 53118

Home Phone Number 414-801-0900 Age 64 Date of Birth 5/12/1954 Place of Birth CHICAGO, 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.
☐ AGENT of WESTERN LAKES GOLF CLUB

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

which is making application for an alcohol beverage license.

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

1. (a) How long have you continuously resided in Wisconsin prior to this date? 45 years
(b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? ☐ Yes ☒ No

2. (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, or laws of any other states? ☐ Yes ☒ No
(b) Have you ever been convicted of any violations of any county or municipal ordinances? ☐ Yes ☒ No

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No

If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No

If yes, identify.

5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No

If yes, identify.

READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

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 1st day of MAY 2018

Mary D. Essig (Signature of Named Individual)

(Notary Public)

My commission expires 2/21/2018

Mary T. Elsner

Wisconsin Department of Revenue
APPLICATION FOR SODA WATER BEVERAGE LICENSE
TOWN OF DELAFIELD

To the Town Board of the Town of Delafield
Waukesha County, Wisconsin

The undersigned hereby makes application of a license for the sale of Soda Water
Beverages at the following described premises in the Town of Delafield:

Business Name: WESTERN LAKES GOLF CLUB
Street Address: 2387 N1963 OAKTON RD
Name of Applicant (Please Print): GREGORY DONALD ESSIG

All licenses are effective from July 1st of the year applied for through June 30th of the
following year, subject to all provisions of Wisconsin Statutes, Section 66.0433 (2), and
all regulations adopted by the Town Board. Licenses applied for after July 1st will expire
on June 30th of the following year.

Applicant Signature: GREGORY ESSIG
Date

Applicant Address (if different from business location):
634 S3715 MESA TRAIL, Dousman, WI 53116
RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION
Submit to municipal clerk. Read instructions on reverse side.
For the license period beginning: 07/01/2018 ending: 06/30/2019
TO THE GOVERNING BODY of the: Delsfield
County of Waukesha Aldermanic Dist. No. (If required by ordinance)
CHECK ONE Individual Partnership Limited Liability Company
Corporate/Nonprofit Organization
Complete A or B. All must complete C.
A. Individual or Partnership:
   Full Name(s) (Last, First and Middle Name)
   Home Address
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company
   Address of Corporation/Limited Liability Company (If different from licensed premises)
   All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
   Name (Inc. Middle Name) Home Address Post Office & Zip Code
   President/Member Charles H. Hoshings 644 Country Rd K Hartland WI 53029
   Vice President/Member
   Secretary/Member
   Treasurer/Member
   Agent Charles Hoshings
   Directors/Managers
C.1 Trade Name: L'ESTAINE LAW 2. Address of Premises: 122 W3279 Maple Ave
   3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☑ No ☐
   4. 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 sale, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
   5. Legal description (omit street address if given above):
   6. a. Since filing of the last application, has the named licensee, any member of a partnership, licensee, or any member, officer, director, manager or agent for either a limited liability company, corporation, or nonprofit organization been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, or any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes ☑ No ☐
   b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes ☑ No ☐
   7. Except for questions 6a and 6b, have there been any changes in the answer to the questions as submitted by you on your last application for this license? If yes, explain.
   8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin income or Franchise Tax return of the licensee? If not, explain. Yes ☑ No ☐
   9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [Phone (800) 296-2770] Yes ☑ No ☐
   10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes ☑ No ☐
   11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? 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. Signers agree 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
this 8th day of MAY, 2018
Mary T. Elsner
My commission expires 5/18/2020

To be completed by: Clerk

MARY T. ELSNER
Wisconsin Department of Revenue

State of Wisconsin
AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name)
Hastings Charles Bran

Home Address (street/number) Home Phone Number
644 County Rd K 414-334-9363

Post Office City State Zip Code
Hartford WI 53076

Age Date of Birth Place of Birth
50 11-6-67 Mt Clemens, MI

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/Agent of Golden Anchor Properties, 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:

1. (a) How long have you continuously resided in Wisconsin prior to this date? ☐ Yes ☐ No

   13 years

(b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? ☐ Yes ☐ No

2. (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, or laws of any other states? ☐ Yes ☐ No

(b) Have you ever been convicted of any violations of any county or municipal ordinances? ☐ Yes ☐ No

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☐ No

If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☐ No

If yes, identify: Old Town Oyster Bar, Inc. / Milwaukee, WI
(Name, Location and Type of License/Permit)

5. 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, 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)

READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, I shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

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 8th day of May, 2021

MARY T. ELSNER
(State of Wisconsin)

My commission expires 24/1/2020

Wisconsin Department of Revenue
APPLICATION FOR SODA WATER BEVERAGE LICENSE
TOWN OF DELAFIELD

To the Town Board of the Town of Delafield
Waukesha County, Wisconsin

The undersigned hereby makes application of a license for the sale of Soda Water Beverages at the following described premises in the Town of Delafield:

Business Name: Golden Archer Properties WI LLC d/b/a Kistornz Logo

Street Address: N26w 53027 Maple Ave Pewaukee WI 53072

Name of Applicant (Please Print): Charles Hastings

All licenses are effective from July 1st of the year applied for through June 30th of the following year, subject to all provisions of Wisconsin Statutes, Section 66.0433 (2), and all regulations adopted by the Town Board. Licenses applied for after July 1st will expire on June 30th of the following year.

Applicant Signature: ____________________ Date: 5/4/18

Applicant Address (if different from business location):

644 County Rd K Hartford WI 53027
RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION
Submit to municipal clerk. Read instructions on reverse side.
For the license period beginning: 07 01 2018 (MM DD YYYY) ending: 06 30 2019 (MM DD YYYY)

TO THE GOVERNING BODY of the: [ ] Village of [ ] City of [ ] DELAPIELD

County of WAUKESHA [ ] Aldermanic Dist. No. [ ] (if required by ordinance)

CHECK ONE [ ] Individual [ ] Partnership [ ] Limited Liability Company [ ] Corporation/Nonprofit Organization

JUN 1 2018

Complete A or B. All must complete C.
A. Individual or Partnership:
   Full Name(s) (Last, First and Middle Name) __________
   Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ✯ BUCK RUB OUTFITTERS, LTD
   Address of Corporation/Limited Liability Company (if different from licensed premises) ✯ N13W28400 SILVERNAIL RD Pewaukee
   All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
   Title [ ] President/Member [ ] Name (Inc. Middle Name) GREG J. KAZMIEJSK [ ] Home Address W330S7650 COUNTY RD EE MUKWONAGO, WI 53149
   Vice President/Member
   Secretary/Member
   Treasurer/Member
   Agent
   Directors/Managers

C.1 Trade Name ✯ BUCK RUB OUTFITTERS, LTD [ ] Business Phone Number 262-547-0535
   3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [ ] Yes [ ] No
   4. 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. [ ] Indoor Range/Lounge Area/Store Room
   5. Legal description (omit if street address is given above):

   6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? [ ] Yes [ ] No
   b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? [ ] Yes [ ] No
   7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? [ ] Yes [ ] No
   8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. [ ] Yes [ ] No
   9. Does the applicant understand they must hold a Wisconsin Seller’s Permit? [ ] Yes [ ] No
   [ ] [phone (360) 266-2770] ...
   10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? [ ] Yes [ ] No
   11. Is the applicant incited to any wholesaler beyond 15 days for beer or 30 days for liquor? [ ] 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 signers. Signers agree 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME this 30th day of APRIL 2018

Mary T. ELSNER (Clerk/Notary Public)
My commission expires 21ST 2020

STATE OF WISCONSIN

TO BE COMPLETED BY CLERK

License number issued Date receipted and filed with municipal clerk Date license granted

Wisconsin Department of Revenue
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual’s Full Name (please print) (last name) (first name) (middle name)
KAZMIERNER GREG J

Home Address (street/number) Post Office City State Zip Code
W33057650 CTY RD EE MUKWONAGO WI 53149

Home Phone Number Age Date of Birth Place of Birth
262-470-3880 62 MILWAUKEE

☐ Applying for an alcohol beverage license as an individual.
☐ A member of a partnership which is making application for an alcohol beverage license.
☒ GREG KAZMIERNER - PRES. of BUCK RUB OUTFITTERS, LTD

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

which is making application for an alcohol beverage license.

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

1. (a) How long have you continuously resided in Wisconsin prior to this date? ☐ Yes ☑ No
   (b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? ☐ Yes ☐ No

2. (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, or laws of any other states? ☐ Yes ☐ No
   (b) Have you ever been convicted of any violations of any county or municipal ordinances? ☐ Yes ☐ No

   If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☑ No

   If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☑ No

   If yes, identify.

5. 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/whiskey permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☑ No

   (Name of Wholesale Licensee or Permittee) (Address by City and County)

READ CAREFULLY BEFORE SIGNING: I, the undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

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 20th day of April, 2018
Mary T. Elsner
(Commissioned Public)

My commission expires 2/21/2020
Wisconsin Department of Revenue
APPLICATION FOR SODA WATER BEVERAGE LICENSE
TOWN OF DELAFIELD

To the Town Board of the Town of Delafield
Waukesha County, Wisconsin

The undersigned hereby makes application of a license for the sale of Soda Water Beverages at the following described premises in the Town of Delafield:

Business Name: Buck Rub Outfitters, LTD

Street Address: N13 W28400 Silvernail Rd Pewaukee WI 53072

Name of Applicant (Please Print): Greg Kazmierski

All licenses are effective from July 1st of the year applied for through June 30th of the following year, subject to all provisions of Wisconsin Statutes, Section 66.0433 (2), and all regulations adopted by the Town Board. Licenses applied for after July 1st will expire on June 30th of the following year.

Applicant Signature: Greg Kazmierski
Date: 4/30/18

Applicant Address (if different from business location):

W330 S7650 Cty Rd EE Mukwonago WI 53149
APPLICATION FOR SODA WATER BEVERAGE LICENSE
TOWN OF DELAFIELD

To the Town Board of the Town of Delafield
Waukesha County, Wisconsin

The undersigned hereby makes application for the sale of Soda Water Beverages at the following described premises in the Town of Delafield:

Business Name: **ST. ANTHONY ON THE LAKE**

Street Address: **W280N2101 PROSPECT AVE, DELAWARE, WI 53012**

Name of Applicant (Please Print): **ARTHUR SCHROEDER**

All licenses are effective from July 1st of the year applied for through June 30th of the following year, subject to all provisions of Wisconsin Statutes, Section 66.0433 (2), and all regulations adopted by the Town Board. Licenses applied for after July 1st will expire on June 30th of the following year.

Applicant Signature: [Signature]

Date: **4/16/18**

Applicant Address (if different from business location):

---

**RECEIVED**

APR 25 2018

Town of Delafield
APPLICATION FOR SODA WATER BEVERAGE LICENSE
TOWN OF DELAFIELD

To the Town Board of the Town of Delafield
Waukesha County, Wisconsin

The undersigned hereby makes application for the sale of Soda Water Beverages at the following described premises in the Town of Delafield:

Business Name: Prairie Hill Waldorf School
Street Address: N14W29143 Silvernail Rd. Pewaukee, WI 53072

Name of Applicant (Please Print): Jeanne Ring

All licenses are effective from July 1st of the year applied for through June 30th of the following year, subject to all provisions of Wisconsin Statutes, Section 66.0433 (2), and all regulations adopted by the Town Board. Licenses applied for after July 1st will expire on June 30th of the following year.

Applicant Signature __________________________ Date 4/9/18

Applicant Address (if different from business location):

RECEIVED
APR 16 2018
Town of Delafield
Memo

Date: June 7, 2018

To: Chairman Krause, Supervisor Van Horn, Supervisor Kranick, Supervisor Troy and Supervisor Smith

From: Mary Elsner

Re: Item 81 – Consideration and possible action on Operator’s License Renewals for the period of 7/1/18 to 6/30/20

All applicants requesting renewals of their operator’s licenses that reflect a record, as a result of their background check, have previously appeared before the Town Board to provide an explanation and were granted approvals.
To the Board of Supervisors of the Town of Delafield:

I hereby apply for a license of service, from date hereof to June 30, 2020 inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.88(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license is granted to me.

**Renewal**

<table>
<thead>
<tr>
<th>Driver's License or ID No</th>
<th>Birth Date</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>414-1670-3844</td>
<td></td>
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</tbody>
</table>

**Please Print**

<table>
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<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<tbody>
<tr>
<td>Nicole</td>
<td></td>
<td>Bolisteri</td>
<td>N82 W3840 Oakwood</td>
<td></td>
<td>WI</td>
<td>53072</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>White</th>
<th>Black</th>
<th>Asian or Pacific Islander</th>
<th>American Indian or Alaskan Native</th>
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<tr>
<th>Business Establishment For Which Applying</th>
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</thead>
<tbody>
<tr>
<td>PenZaukee Yacht Club</td>
</tr>
</tbody>
</table>

1. If you checked NEW above - have you completed the Bartenders Training Course in the State of Wisconsin or held a bartenders license in the State of Wisconsin within the last two years?
   - [ ] Yes
   - [x] No

2. Have you EVER been convicted of violating any:
   - Federal Laws ANYWHERE?
     - [ ] Yes
     - [ ] No
   - Wisconsin State Laws?
     - [ ] Yes
     - [ ] No
   - Laws of ANY other State?
     - [ ] Yes
     - [ ] No
   - Ordinances of any municipality?
     - [ ] Yes
     - [ ] No

3. If you answered YES to any question listed in #2 above complete the following for each conviction:

<table>
<thead>
<tr>
<th>Date of Conviction</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/2008</td>
<td>Oconomowoc WI</td>
</tr>
<tr>
<td></td>
<td>Nature of offense:</td>
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<td></td>
<td>OSU</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Conviction</th>
<th>City &amp; State where violation occurred</th>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nature of offense:</td>
</tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

   (List additional offenses on back of form)

4. Are there any charges listed in #2 above that are PRESENTLY PENDING against you?
   - [ ] Yes
   - [ ] No

   If YES answer:

<table>
<thead>
<tr>
<th>Date of Offense</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nature of offense:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   (List additional offenses on back of form)
Request Date: 5/31/2018
Report Date: 5/31/2018

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau

Name: BALISTRERI, NICOLE
Date of Birth:
Alias Names:

NOTICE TO EMPLOYERS

It may be a violation of state law to discriminate against a job applicant because of an arrest or conviction record. Generally speaking, an employer may refuse to hire an applicant on the basis of a conviction record only if the circumstances of the offense for which the applicant was convicted substantially relate to the circumstances of the particular job. For more information, see Statute 111.355 and the Department of Workforce Development’s publication, Arrest and Conviction Records Under the Law.

Before you make a final decision adverse to an applicant based on the following arrest record, in addition to any other opportunity you offer the applicant to explain the following arrest record, please notify the applicant of:

1. His or her right to challenge the accuracy and completeness of any information contained in a arrest record, and
2. The process for submitting a challenge

The applicant should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on The Department of Justice website or by calling (608) 266-7314. A challenge may include a request for comparison of the fingerprints of the person submitting the challenge to the fingerprints on file that are associated with the Wisconsin arrest record below.

NO RECORD FOUND

An arrest record search based only on a name, date of birth, and other identifying data that is not unique to a particular person (like “sex” or “race”) may result in:

1. Identification of criminal history records for multiple persons as potential matches for the identifying data submitted, or
2. Identification of an arrest history record belonging to a person whose identifying information is similar in some way to the identifying data that was submitted to be searched, but is not the same person whose identifying data was submitted for searching. The Crime Information Bureau (CIB) therefore cannot guarantee that the response below pertains to the person in whom you are interested without a fingerprint submission.

Based on the above identifying data provided for this search, no matching Wisconsin arrest records were found at this time. These search results do not preclude an individual from having an arrest record at a local law enforcement agency that was not reported to the Department of Justice or in another state, or juvenile records

https://recordcheck.doj.wi.gov/BackgroundResult/PrintResults?randomResultId=8apxtU5A&pdf=True
To the Board of Supervisors of the Town of Delafield:

I hereby apply for a License of service, from date hereof to June 30, 2020, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license is granted to me.

<table>
<thead>
<tr>
<th>New</th>
<th>Renewal</th>
<th>Please Print</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Driver's License</th>
<th>Birth Date</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthony</td>
<td>262-866-5859</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>G1S County Rd H</td>
<td>Eau Claire</td>
<td>WI</td>
<td>54701</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Establishment For Which Applying</th>
<th>Street Address of Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penzaker Yacht Club</td>
<td></td>
</tr>
</tbody>
</table>

1. If you checked NEW above – have you completed the Bartenders Training Course in the State of Wisconsin or hold a bartenders license in the State of Wisconsin within the last two years?  
   - Yes  
   - No

2. Have you EVER been convicted of violating any:  
   - Federal Laws ANYWHERE?  
     - Yes  
     - No  
   - Wisconsin State Laws?  
     - Yes  
     - No  
   - Laws of ANY other State?  
     - Yes  
     - No  
   - Ordinances of any municipality?  
     - Yes  
     - No

3. If you answered YES to any question listed in #2 above complete the following for each conviction:

<table>
<thead>
<tr>
<th>Date of Conviction</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nature of offense</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Conviction</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nature of offense</td>
</tr>
</tbody>
</table>

   (List additional offenses on back of form)

4. Are there any charges listed in #2 above that are PRESENTLY PENDING against you?  
   - Yes  
   - No

<table>
<thead>
<tr>
<th>Date of Offense</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nature of offense</td>
</tr>
</tbody>
</table>

   (List additional offenses on back of form)
This criminal background check was performed by searching the following data submitted to the Crime Information Bureau

Name: ERLANDSON, ANTHONY
Date of Birth:
Alias Names:

NOTICE TO EMPLOYERS

It may be a violation of state law to discriminate against a job applicant because of an arrest or conviction record. Generally speaking, an employer may refuse to hire an applicant on the basis of a conviction record only if the circumstances of the offense for which the applicant was convicted substantially relate to the circumstances of the particular job. For more information, see Section 111.333 and the Department of Workforce Development’s publication, Arrest and Conviction Records Under the Law.

Before you make a final decision adverse to an applicant based on the following arrest record, in addition to any other opportunity you offer the applicant to explain the following arrest record, please notify the applicant of:

1. His or her right to challenge the accuracy and completeness of any information contained in a criminal record, and
2. The process for submitting a challenge

The applicant should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on the Department of Justice website or by calling (608) 266-7314. A challenge may include a request for comparison of the fingerprints of the person submitting the challenge to the fingerprints on file that are associated with the Wisconsin arrest record below.

NO RECORD FOUND

An arrest record search based only on a name, date of birth, and other identifying data that is not unique to a particular person (like “sex” or “race”) may result in:

1. Identification of criminal history records for multiple persons as potential matches for the identifying data submitted, or
2. Identification of an arrest history record belonging to a person whose identifying information is similar in some way to the identifying data that was submitted to be searched, but is not the same person whose identifying data was submitted for searching. The Crime Information Bureau

https://recordcheck.doj.wi.gov/BackgroundResult/PrintResults?randomResultId=Z5T8yvO... 5/3/2018
Town of Delafield
Fermented Malt Beverages & Intoxicating Liquors License Application

To the Board of Supervisors of the Town of Delafield:

I hereby apply for a License of service, from date hereof to June 30, 2020 inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license is granted to me.

☐ New ☑ Renewal  Please Print

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Birth Date</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaron</td>
<td>Frank</td>
<td></td>
<td>262.370-5069</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>N1028620 Northview Rd</td>
<td>Waukesha</td>
<td>WI</td>
<td>53188</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Establishment For Which Applying</th>
<th>Street Address of Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pewaukee Yacht Club</td>
<td></td>
</tr>
</tbody>
</table>

1. If you checked NEW above – have you completed the Bartenders Training Course in the State of Wisconsin or hold a bartenders license in the State of Wisconsin within the last two years? ☐ Yes ☐ No

2. Have you EVER been convicted of violating any:
   - Federal Laws ANYWHERE? ☐ Yes ☐ No
   - Wisconsin State Laws? ☐ Yes ☐ No
   - Laws of ANY other State? ☐ Yes ☐ No
   - Ordinances of any municipality? ☐ Yes ☐ No

3. If you answered YES to any question listed in #2 above complete the following for each conviction:

<table>
<thead>
<tr>
<th>Date of Conviction</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002 &amp; 2003</td>
<td>Waukesha, WI</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nature of offense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Possession of THC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Conviction</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Nature of offense</th>
</tr>
</thead>
</table>

   (List additional offenses on back of form)

4. Are there any charges listed in #2 above that are PRESENTLY PENDING against you? ☐ Yes ☒ No

<table>
<thead>
<tr>
<th>Date of Offense</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Nature of offense</th>
</tr>
</thead>
</table>

   (List additional offenses on back of form)
Request Date: 5/31/2018
Report Date: 5/31/2018

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau

Name: FRANK, AARON
Date of Birth:
Alias Names:

IMPORTANT EXPLANATION ABOUT HOW TO UNDERSTAND THIS RESPONSE

This response reports the results of a criminal history search conducted with the name, date of birth, and any other identifying data you provided. The identifying data you provided is printed above. If you submitted fingerprints with your search request see the statement below.

Read this entire explanation, the How to Read the Following Criminal History Report section and the Notice to Employers section. Read these sections carefully to understand how this response relates to the identifying data you provided.

Printed below these explanations is a Wisconsin criminal history record that has been identified as a possible match to the identifying data you provided.

A criminal history search based only on a name, date of birth, and other identifying data that is not unique to a particular person (like sex or race) may result in:

1. Identification of criminal history records for multiple persons as potential matches for the identifying data submitted, or

2. Identification of a criminal history record belonging to a person whose identifying information is similar in some way to the identifying data that was submitted to be searched, but is not the same person whose identifying data was submitted for searching.

The Crime Information Bureau (CIB) therefore cannot guarantee that the criminal history record below pertains to the person in whom you are interested.

You must carefully read the entire Wisconsin criminal history record below in order to determine whether the record pertains to the person in whom you are interested.

Do not just assume that the criminal history record below pertains to the person in whom you are interested.

Additional information about fingerprint-based search submissions: Fingerprint-based background checks generally provide a more reliable result and are prone to fewer false matches due to the specific identifying features of fingerprints.

HOW TO READ THE FOLLOWING CRIMINAL HISTORY REPORT

https://recordcheck.doj.wi.gov/BackgroundResult/PrintResults?randomResultId=D9mhcB44&pdf=True
The criminal history reported below is linked by fingerprints to the name appearing directly after these explanatory sections, following the label IDENTIFICATION. That name is the name that was provided by the fingerprinted person the first time his or her fingerprints were submitted to CIB; it may or may not be the real name of the fingerprinted person. That name is called the Master Name in these explanatory sections.

It is not uncommon for criminal offenders to use alias or fraudulent names and false dates of birth, sometimes known as identity theft. Other names used by the person identified who is the Master Name are listed in the Alias Names/Fraudulent Data section of the criminal history report below.

If the name you submitted to be searched is DIFFERENT from the Master Name below, the Wisconsin criminal history record below may belong to someone other than the person whose name and other identifying data you submitted for searching. If an alias or fraudulent name used by the person who is the Master Name is similar to the name you submitted for searching, that does not mean that the person whose name you submitted for searching has a criminal history. It means that the person associated by fingerprints with the Wisconsin criminal history below has used a name similar to the name you submitted for searching.

If the name you submitted to be searched is THE SAME as the Master Name below, the Wisconsin criminal history record below may belong to someone other than the person whose name and other identifying data you submitted for searching. That is because the Master Name is the name attached to the initial fingerprint submission to CIB that is associated with the reported criminal history, may have been an alias name or a name similar to the name you submitted for searching.

To determine whether the Wisconsin criminal history below actually belongs to the person whose name and other identifying information you submitted for searching, compare the information reported below to the other information you have obtained about that person. Inconsistencies may indicate that the criminal history reported below does not belong to the person whose name and other identifying information you submitted for searching. You may need to ask for clarification from the person whose name and other identifying information you submitted for searching.

Before you make a final decision adverse to a person based on the following criminal history record, in addition to any other opportunity you offer the applicant to explain the following criminal history record, please notify the applicant of:

1. His or her right to challenge the accuracy and completeness of any information contained in a criminal history record, and

2. The process for submitting a challenge.

The person should submit his or her challenge to CIB on Form DJ-LE-247, Form DJ-LE-247 is available free of charge on the Department of Justice website at http://www.doj.state.wi.us/dles/cib/background-check-criminal-history-information or by calling (608) 266-7314. A challenge may include a request for comparison of the fingerprints of the person submitting the challenge to the fingerprints on file that are associated with the Wisconsin criminal history record below.

The Wisconsin criminal history report below may not show all arrests for the person whose fingerprints are associated with the reported criminal history. However, the criminal history report contains all information that has been provided to the state criminal history database that may be released in response to your request.

The results of this search are effective and current for the date of this search only. A new search request should be submitted at a later time if an updated response is needed.

NOTICE TO EMPLOYERS
It may be a violation of state law to discriminate against a job applicant because of an arrest or conviction record. Generally speaking, an employer may refuse to hire an applicant on the basis of a conviction record only if the circumstances of the offense for which the applicant was convicted substantially relate to the circumstances of the particular job. For more information, see Wisconsin Statute 111.335 and the Department of Workforce Development's publication, Arrest and Conviction Records Under the Law.

Before you make a final decision adverse to an applicant based on the following criminal history record, in addition to any other opportunity you offer the applicant to explain the following criminal history record, please notify the applicant of:

1. His or her right to challenge the accuracy and completeness of any information contained in a criminal history record, and

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RECORD LAST UPDATED: 06/06/2007

https://recordcheck.doj.wi.gov/BackgroundResult/PrintResults?randomResultId=D9mbeBR4&pdf=True
AARON JOSEPH FRANK

Male/White
Born in WISCONSIN; Citizen of USA

Height: 6'00" Weight: 170lbs;
Eye Color: Brown; Hair Color: Blonde Or Strawberry
N10 W28620 NORTHVIEW
RD. WAUKESHA, WI
STATE ID: WI958986
OFFENDER NOTICE:
PHOTO INFORMATION:
WI013035Y WI CIB IDENTIFICATION SECTION
12/22/2002 WI0680500 WAUKESHA POLICE DEPARTMENT

CRIMINAL HISTORY

CYCLE 01

EARLIEST EVENT DATE: 12/22/2002
DATE OF OFFENSE: 12/22/2002
ARREST TRACKING NUMBER: 68050212220010

ARREST DATA

LOCAL IDENTIFICATION NUMBER: 35133
SUBJECT NAME: AARON JOSEPH FRANK
TYPE: ADULT ONLY
DATE: 12/22/2002
CASE NUMBER: 35133
ARREST AGENCY: WI0680500 WAUKESHA POLICE DEPARTMENT

CHARGE

SEQUENCE NUMBER: 01
LITERAL: 11.01(5) POSSESSION CONT SUBS/THC
NCIC CODE: 3562
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: OTHER

COURT

https://recordcheck.doj.wi.gov/BackgroundResult/PrintResults?randomResultId=D9mbcBR4&pdf=True
SUBJECT NAME: AARON JOSEPH FRANK
DATE: 01/29/2003
COURT: WI068101J - WAUKESHA MUNICIPAL COURT
COMMENTS:

CHARGE

LOCAL IDENTIFICATION NUMBER: 68050212220010
SEQUENCE NUMBER: 01
LITERAL: 11.01(5) POSSESSION CONT SUBS/THC
NCIC CODE: 3562
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: OTHER

DISPOSITION

LITERAL: CONVICTED
DISPOSITION DATE: 01/29/2003
DISPOSITION: CONVICTED

SENTENCING

DATE: 01/29/2003
CASE NUMBER:
COURT: WI068101J - WAUKESHA MUNICIPAL COURT
CONVICTED OFFENSE:
CHARGE SEQUENCE NUMBER: 01
SENTENCE: FINE
COMMENTS:

CONTRIBUTING AGENCIES

WI013035Y-WI CIB IDENTIFICATION SECTION
WI0680500-WAUKESHA POLICE DEPARTMENT
WI068101J-WAUKESHA MUNICIPAL COURT

End of Rapsheet
Town of Delafield
Fermented Malt Beverages & Intoxicating Liquors License Application

To the Board of Supervisors of the Town of Delafield:

I hereby apply for a License of service, from date hereof to June 30, 200_, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.58(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license is granted to me.

☐ New  ☑ Renewal  Please Print

<table>
<thead>
<tr>
<th>Driver's License Or WI I.D.#</th>
<th>Birth Date</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>414-852-4961</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHN</td>
<td>JR.</td>
<td>GRIGNON</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Street Address</th>
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<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1714 GLACIER RIDGE RD</td>
<td>WAUKEESA</td>
<td>WI</td>
<td>53188</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>United States Citizen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Establishment For Which Applying</th>
<th>Street Address Of Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEOUWAAKEE YACHT CLUB</td>
<td>122028204</td>
</tr>
</tbody>
</table>

1. If you checked NEW above - have you completed the Bartenders Training Course in the State of Wisconsin or held a bartenders license in the State of Wisconsin within the last two years?  ☑ Yes  ☐ No

2. Have you EVER been convicted of violating any:
   - Federal Laws ANYWHERE?  ☑ Yes  ☐ No
   - Wisconsin State Laws?  ☑ Yes  ☐ No
   - Laws of ANY other State?  ☑ Yes  ☐ No
   - Ordinances of any municipality?  ☑ Yes  ☐ No

3. If you answered YES to any question listed in #2 above complete the following for each conviction:

<table>
<thead>
<tr>
<th>Date of Conviction</th>
<th>City &amp; State where violation occurred</th>
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</thead>
<tbody>
<tr>
<td>5/2001</td>
<td>PEWaukee, WI</td>
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<tr>
<td>Nature of offense</td>
<td>SERVING UNDERAGE</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Conviction</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Nature of offense</td>
<td></td>
</tr>
</tbody>
</table>

   (List additional offenses on back of form)

4. Are there any charges listed in #2 above that are PRESENTLY PENDING against you?  ☐ Yes  ☑ No

<table>
<thead>
<tr>
<th>Date of Offense</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Nature of offense</td>
<td></td>
</tr>
</tbody>
</table>

   (List additional offenses on back of form)
Request Date: 5/31/2018
Report Date: 5/31/2018

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau

Name: GRIGNON JR, JOHN
Date of Birth: 
Alias Names: 

NOTICE TO EMPLOYERS

It may be a violation of state law to discriminate against a job applicant because of an arrest or conviction record. Generally speaking, an employer may refuse to hire an applicant on the basis of a conviction record only if the circumstances of the offense for which the applicant was convicted substantially relate to the circumstances of the particular job. For more information, see Statute 111.335 and the Department of Workforce Development's publication, Arrest and Conviction Records Under the Law.

Before you make a final decision adverse to an applicant based on the following arrest record, in addition to any other opportunity you offer the applicant to explain the following arrest record, please notify the applicant of:

1. His or her right to challenge the accuracy and completeness of any information contained in a arrest record, and
2. The process for submitting a challenge

The applicant should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on The Department of Justice website or by calling (608) 266-7314. A challenge may include a request for comparison of the fingerprints of the person submitting the challenge to the fingerprints on file that are associated with the Wisconsin arrest record below.

NO RECORD FOUND

An arrest record search based only on a name, date of birth, and other identifying data that is not unique to a particular person (like “sex” or “race”) may result in:

1. Identification of criminal history records for multiple persons as potential matches for the identifying data submitted, or
2. Identification of an arrest history record belonging to a person whose identifying information is similar in some way to the identifying data that was submitted to be searched, but is not the same person whose identifying data was submitted for searching. The Crime Information Bureau (CIB) therefore cannot guarantee that the response below pertains to the person in whom you are interested without a fingerprint submission.

Based on the above identifying data provided for this search, no matching Wisconsin arrest records were found at this time. These search results do not preclude an individual from having an arrest record at a local law enforcement agency that was not reported to the Department of Justice or in another state, or juvenile records
1. If you checked NEW above—have you completed the Bartenders Training Course in the State of Wisconsin or hold a bartenders license in the State of Wisconsin within the last two years?  
   □ Yes  □ No

2. Have you EVER been convicted of violating any:  
   - Federal Laws ANYWHERE?  □ Yes  □ No
   - Wisconsin State Laws?  □ Yes  □ No
   - Laws of ANY other State?  □ Yes  □ No
   - Ordinances of any municipality?  □ Yes  □ No

3. If you answered YES to any question listed in #2 above complete the following for each conviction:

<table>
<thead>
<tr>
<th>Date of Conviction</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
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<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(List additional offenses on back of form)

4. Are there any charges listed in #2 above that are PRESENTLY PENDING against you?  
   □ Yes  □ No

If YES answer:

<table>
<thead>
<tr>
<th>Date of Offense</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Date of Offense</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(List additional offenses on back of form)
Request Date: 5/31/2018
Report Date: 5/31/2018

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau

Name: KELLNER, JESSICA
Date of Birth:
Alias Names:

NOTICE TO EMPLOYERS

It may be a violation of state law to discriminate against a job applicant because of an arrest or conviction record. Generally speaking, an employer may refuse to hire an applicant on the basis of a conviction record only if the circumstances of the offense for which the applicant was convicted substantially relate to the circumstances of the particular job. For more information, see Statute 111.335 and the Department of Workforce Development's publication, Arrest and Conviction Records Under the Law.

Before you make a final decision adverse to an applicant based on the following arrest record, in addition to any other opportunity you offer the applicant to explain the following arrest record, please notify the applicant of:

1. His or her right to challenge the accuracy and completeness of any information contained in a arrest record, and
2. The process for submitting a challenge

The applicant should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on The Department of Justice website or by calling (608) 266-7314. A challenge may include a request for comparison of the fingerprints of the person submitting the challenge to the fingerprints on file that are associated with the Wisconsin arrest record below.

NO RECORD FOUND

An arrest record search based only on a name, date of birth, and other identifying data that is not unique to a particular person (like “sex” or “race”) may result in:

1. Identification of criminal history records for multiple persons as potential matches for the identifying data submitted, or
2. Identification of an arrest history record belonging to a person whose identifying information is similar in some way to the identifying data that was submitted to be searched, but is not the same person whose identifying data was submitted for searching. The Crime Information Bureau (CIB) therefore cannot guarantee that the response below pertains to the person in whom you are interested without a fingerprint submission.

Based on the above identifying data provided for this search, no matching Wisconsin arrest records were found at this time. These search results do not preclude an individual from having an arrest record at a local law enforcement agency that was not reported to the Department of Justice or in another state, or juvenile records.
Town of Delafield
Fermented Malt Beverages & Intoxicating Liquors License Application

To the Board of Supervisors of the Town of Delafield:

I hereby apply for a License of Service, from date hereof to June 30, 2020, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.66(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license is granted to me.

☐ New  ✗ Renewal

<table>
<thead>
<tr>
<th>Please Print</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver's License or WI I.D. #</td>
<td>Birth Date 262-370-4509</td>
</tr>
<tr>
<td>FirstName Timothy</td>
<td>Middle Initial H</td>
</tr>
<tr>
<td>Street Address 1508 E Morgan Ave</td>
<td>City Milwaukee</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>United States Citizen Yes No</td>
</tr>
<tr>
<td>White ☑ Black ☐ Asian or Pacific Islander ☐</td>
<td>Business Establishment For Which Applying Pewaukee Yacht Club</td>
</tr>
</tbody>
</table>

1. If you checked NEW above – have you completed the Bartenders Training Course in the State of Wisconsin or held a bartender's license in the State of Wisconsin within the last two years?

   ☐ Yes ☐ No

2. Have you EVER been convicted of violating any:

   Federal Laws ANYWHERE? Yes No
   Wisconsin State Laws? Yes No
   Laws of ANY other State? Yes No
   Ordinances of any municipality? Yes No

3. If you answered YES to any question listed in #2 above complete the following for each conviction:

<table>
<thead>
<tr>
<th>Date of Conviction</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept 2009</td>
<td>West Allis, WI</td>
</tr>
<tr>
<td>Nature of offense</td>
<td>Destruction of property</td>
</tr>
</tbody>
</table>

   Date of Conviction
   City & State where violation occurred
   Nature of offense
   (List additional offenses on back of form)

4. Are there any charges listed in #2 above that are PRESENTLY PENDING against you?

   ☐ Yes ☐ No

   If YES answer:

<table>
<thead>
<tr>
<th>Date of Offense</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Nature of offense</td>
<td></td>
</tr>
</tbody>
</table>
   (List additional offenses on back of form)
Request Date: 5/31/2018
Report Date: 5/31/2018

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau

Name: MCCAFFREY, TIMOTHY
Date of Birth:
Alias Names:

IMPORTANT EXPLANATION ABOUT HOW TO UNDERSTAND THIS RESPONSE

This response reports the results of a criminal history search conducted with the name, date of birth, and any other identifying data you provided. The identifying data you provided is printed above. If you submitted fingerprints with your search request see the statement below.

Read this entire explanation, the How to Read the Following Criminal History Report section and the Notice to Employers section. Read these sections carefully to understand how this response relates to the identifying data you provided.

Printed below these explanations is a Wisconsin criminal history record that has been identified as a possible match to the identifying data you provided.

A criminal history search based only on a name, date of birth, and other identifying data that is not unique to a particular person (like sex or race) may result in:

1. Identification of criminal history records for multiple persons as potential matches for the identifying data submitted, or

2. Identification of a criminal history record belonging to a person whose identifying information is similar in some way to the identifying data that was submitted to be searched, but is not the same person whose identifying data was submitted for searching.

The Crime Information Bureau (CIB) therefore cannot guarantee that the criminal history record below pertains to the person in whom you are interested.

You must carefully read the entire Wisconsin criminal history record below in order to determine whether the record pertains to the person in whom you are interested.

Do not just assume that the criminal history record below pertains to the person in whom you are interested.

Additional information about finger-based search submissions: Fingerprint-based background checks generally provide a more reliable result and are prone to fewer false matches due to the specific identifying features of fingerprints.

HOW TO READ THE FOLLOWING CRIMINAL HISTORY REPORT

https://recordcheck.doj.wi.gov/BackgroundResult/PrintResults?randomResultId=8mT8g2!&pdf=True
The criminal history reported below is linked by fingerprints to the name appearing directly after these explanatory sections, following the label IDENTIFICATION. That name is the name that was provided by the fingerprinted person the first time his or her fingerprints were submitted to CIB; it may or may not be the real name of the fingerprinted person. That name is called the Master Name in these explanatory sections.

It is not uncommon for criminal offenders to use alias or fraudulent names and false dates of birth, sometimes known as identity theft. Other names used by the person identified who is the Master Name are listed in the Alias Names/Fraudulent Data section of the criminal history report below.

If the name you submitted to be searched is DIFFERENT from the Master Name below, the Wisconsin criminal history record below may belong to someone other than the person whose name and other identifying data you submitted for searching. If an alias or fraudulent name used by the person who is the Master Name is similar to the name you submitted for searching, that does not mean that the person whose name you submitted for searching has a criminal history. It means that the person associated by fingerprints with the Wisconsin criminal history below has used a name similar to the name you submitted for searching.

If the name you submitted to be searched is THE SAME as the Master Name below, the Wisconsin criminal history record below may belong to someone other than the person whose name and other identifying data you submitted for searching. That is because the Master Name is the name attached to the initial fingerprint submission to CIB that is associated with the reported criminal history, may have been an alias name or a name similar to the name you submitted for searching.

To determine whether the Wisconsin criminal history below actually belongs to the person whose name and other identifying information you submitted for searching, compare the information reported below to the other information you have obtained about that person. Inconsistencies may indicate that the criminal history reported below does not belong to the person whose name and other identifying information you submitted for searching. You may need to ask for clarification from the person whose name and other identifying information you submitted for searching.

Before you make a final decision adverse to a person based on the following criminal history record, in addition to any other opportunity you offer the applicant to explain the following criminal history record, please notify the applicant of:

1. His or her right to challenge the accuracy and completeness of any information contained in a criminal history record, and

2. The process for submitting a challenge.

The person should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on the Department of Justice website at http://www.doj.state.wi.us/dles/cib/background-check-criminal-history-information or by calling (608) 266-7314. A challenge may include a request for comparison of the fingerprints of the person submitting the challenge to the fingerprints on file that are associated with the Wisconsin criminal history record below.

The Wisconsin criminal history report below may not show all arrests for the person whose fingerprints are associated with the reported criminal history. However, the criminal history report contains all information that has been provided to the state criminal history database that may be released in response to your request.

The results of this search are effective and current for the date of this search only. A new search request should be submitted at a later time if an updated response is needed.

NOTICE TO EMPLOYERS

https://recordcheck.doj.wi.gov/BackgroundResult/PrintResults?randomResultId=8mT5g2ll&pdf=True
It may be a violation of state law to discriminate against a job applicant because of an arrest or conviction record. Generally speaking, an employer may refuse to hire an applicant on the basis of a conviction record only if the circumstances of the offense for which the applicant was convicted substantially relate to the circumstances of the particular job. For more information, see Wisconsin Statute 111.335 and the Department of Workforce Development’s publication, Arrest and Conviction Records Under the Law.

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RECORD LAST UPDATED: 06/02/2010
TIMOTHY H MCCAFFREY

Male/White
Born in WISCONSIN; Citizen of USA

Height: 5'10" Weight: 190lbs;
Eye Color: Blue; Hair Color: Brown
430 ARLINGTON DR DELAFIELD, WI
STATE ID: WI1267747
OFFENDER NOTICE:
PHOTO INFORMATION:
WI0411600 WEST ALLIS POLICE DEPARTMENT
WI013035Y WI CIB IDENTIFICATION SECTION
09/09/2009 WI0411600 WEST ALLIS PD

CRIMINAL HISTORY

CYCLE 01

EARLIEST EVENT DATE: 09/09/2009
DATE OF OFFENSE: 09/09/2009
ARREST TRACKING NUMBER: 41162000104611

ARREST DATA

LOCAL IDENTIFICATION NUMBER: 50078
SUBJECT NAME: TIMOTHY H MCCAFFREY
TYPE: ADULT ONLY
DATE: 09/09/2009
CASE NUMBER: 10909184
ARREST AGENCY: WI0411600 WEST ALLIS PD

CHARGE

SEQUENCE NUMBER: 01
LITERAL: CRIMINAL DAMAGE TO PROPERTY // ORD VIO
NCIC CODE: 2901
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: OTHER

COURT

SUBJECT NAME: TIMOTHY H MCCAFFREY
DATE: 10/05/2009
COURT: WI041121J - WEST ALLIS MUNICIPAL COURT
COMMENTS:

CHARGE

LOCAL IDENTIFICATION NUMBER: 41162000104611
SEQUENCE NUMBER: 01
LITERAL: CRIMINAL DAMAGE TO PROPERTY // ORD VIO
NCIC CODE: 2901
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: OTHER

DISPOSITION

LITERAL: CONVICTED
DISPOSITION DATE: 10/05/2009
DISPOSITION: CONVICTED

SENTENCING

DATE: 10/05/2009
CASE NUMBER:
COURT: WI041121J - WEST ALLIS MUNICIPAL COURT
CONVICTED OFFENSE:
CHARGE SEQUENCE NUMBER: 01
SENTENCE: FINE
COMMENTS:

CONTRIBUTING AGENCIES

WI013035Y-WI CIB IDENTIFICATION SECTION
WI0411600-WEST ALLIS PD

https://recordcheck.doj.wi.gov/BackgroundResult/PrintResults?randomResultId=BmTSg2i&pdf=True
End of Rapsheet
Town of Delafield
Fermented Malt Beverages & Intoxicating Liquors License Application

To the Board of Supervisors of the Town of Delafield:

I hereby apply for a License of service, from date hereof to June 30, 2020, inclusive (unless sooner revoked), for Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.66(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license is granted to me.

☐ New ☑ Renewal

Please Print

Driver's License Or W.I.D. #

Birth Date

Telephone Number

First Name

Middle Initial

Last Name

Street Address

City

State

Zip Code

Social Security Number

United States Citizen

Business Establishment For Which Applying

Street Address of Business

Edgewater Dr.

1. If you checked NEW above - have you completed the Bar- tenders Training Course in the State of Wisconsin or held a bartender's license in the State of Wisconsin within the last two years?

☐ Yes ☐ No

2. Have you EVER been convicted of violating any:

Federal Laws ANYWHERE? ☐ Yes ☐ No

Wisconsin State Laws? ☐ Yes ☐ No

Laws of ANY other State? ☐ Yes ☐ No

Ordinances of any municipality? ☐ Yes ☐ No

3. If you answered YES to any question listed in #2 above complete the following for each conviction:

<table>
<thead>
<tr>
<th>Date of Conviction</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>Pewaukee WI</td>
</tr>
</tbody>
</table>

Nature of offense: Serving Alcohol to Minors

<table>
<thead>
<tr>
<th>Date of Conviction</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nature of offense

(List additional offenses on back of form)

4. Are there any charges listed in #2 above that are PRESENTLY PENDING against you?

☐ Yes ☐ No

If YES answer:

<table>
<thead>
<tr>
<th>Date of Offense</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nature of offense

(List additional offenses on back of form)
Request Date: 5/31/2018
Report Date: 5/31/2018

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau

Name: SCHNITTKE, BRIANA
Date of Birth: 
Alias Names: 

NOTICE TO EMPLOYERS

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https://recordcheck.doj.wi.gov/BackgroundResult/PrintResults?randomResultId=D31xYJh4&pdf=True
Town of Delafield  
Fermented Malt Beverages & Intoxicating Liquors License Application

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☐ New ☑ Renewal

<table>
<thead>
<tr>
<th>Driver's License Or With</th>
<th>Birth Date</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Middle Initial</td>
<td>Last Name</td>
</tr>
<tr>
<td>Miranda</td>
<td>C</td>
<td>Schuster</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>7133 W. Rawson Ave</td>
<td>Franklin</td>
<td>WI</td>
<td>53132</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>United States Citizen</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>☑</td>
</tr>
</tbody>
</table>

| White ☑ | Black ☐ | Asian or Pacific Islander ☐ | American Indian or Alaskan Native ☐ |

<table>
<thead>
<tr>
<th>Business Establishment For Which Applying</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pewaukee Yacht Club</td>
</tr>
</tbody>
</table>

1. If you checked NEW above – have you completed the Bartenders Training Course in the State of Wisconsin or held a bartender's license in the State of Wisconsin within the last two years? 
☐ Yes ☑ No

2. Have you EVER been convicted of violating any: 
☐ Yes ☑ No

   - Federal Laws ANYWHERE?
   - Wisconsin State Laws?
   - Laws of ANY other State?
   - Ordinances of any municipality?

3. If you answered YES to any question listed in #2 above complete the following for each conviction:

<table>
<thead>
<tr>
<th>Date of Conviction</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature of offense</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Conviction</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature of offense</td>
<td></td>
</tr>
</tbody>
</table>

(List additional offenses on back of form)

4. Are there any charges listed in #2 above that are PRESENTLY PENDING against you?  
☐ Yes ☑ No

<table>
<thead>
<tr>
<th>Date of Offense</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature of offense</td>
<td></td>
</tr>
</tbody>
</table>

(List additional offenses on back of form)
STATE OF WISCONSIN
DEPARTMENT OF JUSTICE

Request Date: 4/3/2018
Report Date: 4/3/2018

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau

Name: SCHUSTER, MIRANDA
Date of Birth: 
Alias Names: 

NOTICE TO EMPLOYERS

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NO RECORD FOUND

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https://recordcheck.doj.wi.gov/BackgroundResult/PrintResults?randomResultId=FD8WZY... 4/3/2018
To the Board of Supervisors of the Town of Delafield:

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☐ New ☑ Renewal

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marvin</td>
<td></td>
<td>Burbach</td>
<td>262-424-4174</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>508 Westshore Drive</td>
<td>Delafield</td>
<td>WI</td>
<td>53018</td>
</tr>
</tbody>
</table>

Business Establishment For Which Applying

Kim's Lakeside

Street Address of Business

Maple Avenue

1. If you checked NEW above – have you completed the Bartenders Training Course in the State of Wisconsin or held a bartenders license in the State of Wisconsin within the last two years? ☐ Yes ☑ No

2. Have you EVER been convicted of violating any:

   - Federal Laws ANYWHERE? ☐ Yes ☑ No
   - Wisconsin State Laws? ☐ Yes ☑ No
   - Laws of ANY other State? ☐ Yes ☑ No
   - Ordinances of any municipality? ☐ Yes ☑ No

3. If you answered YES to any question listed in #2 above complete the following for each conviction:

   - Date of Conviction: March 2006
   - City & State where violation occurred: Delafield
   - Nature of offense: OWI

   - Date of Conviction: March 2013
   - City & State where violation occurred: Milwaukee
   - Nature of offense: Serving a minor

   (List additional offenses on back of form)

4. Are there any charges listed in #2 above that are PRESENTLY PENDING against you? ☐ Yes ☑ No

   (List additional offenses on back of form)
Request Date: 5/31/2018  
Report Date: 5/31/2018

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau

Name: BURBACH, MARIJO  
Date of Birth:  
Alias Names:

NOTICE TO EMPLOYERS

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To the Board of Supervisors of the Town of Delafield:

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☐ New ☑ Renewal  

Please Print

<table>
<thead>
<tr>
<th>Driver's License Or W1 or D. #</th>
<th>Birth Date</th>
<th>Telephone Number</th>
</tr>
</thead>
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<tr>
<td></td>
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<td>262-337-1534</td>
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<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>Teresa</td>
<td>A</td>
<td>Burbach</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>W268N2780 Water St</td>
<td>Pewaukee</td>
<td>WI</td>
<td>53072</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>United States Citizen</th>
<th>☑ Yes</th>
<th>☑ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Business Establishment For Which Applying</th>
<th>Street Address of Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kim's Lakeside</td>
<td></td>
</tr>
</tbody>
</table>

1. If you checked NEW above - have you completed the Bartenders Training Course in the State of Wisconsin or held a bartenders license in the State of Wisconsin within the last two years? ☐ Yes ☑ No

2. Have you EVER been convicted of violating any:
   - Federal Laws ANYWHERE? ☐ Yes ☑ No
   - Wisconsin State Laws? ☑ Yes ☑ No
   - Laws of ANY other State? ☑ Yes ☑ No
   - Ordinances of any municipality? ☑ Yes ☑ No

3. If you answered YES to any question listed in #2 above complete the following for each conviction:

<table>
<thead>
<tr>
<th>Date of Conviction</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
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<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   (List additional offenses on back of form)

4. Are there any charges listed in #2 above that are PRESENTLY PENDING against you? ☐ Yes ☑ No

<table>
<thead>
<tr>
<th>Date of Offense</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   (List additional offenses on back of form)
STATE OF WISCONSIN
DEPARTMENT OF JUSTICE

Request Date: 5/31/2018
Report Date: 5/31/2018

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau

Name: BURBACH, TERESA
Date of Birth:
Alias Names:

NOTICE TO EMPLOYERS

It may be a violation of state law to discriminate against a job applicant because of an arrest or conviction record. Generally speaking, an employer may refuse to hire an applicant on the basis of a conviction record only if the circumstances of the offense for which the applicant was convicted substantially relate to the circumstances of the particular job. For more information, see Statute 111.335 and the Department of Workforce Development’s publication, Arrest and Conviction Records Under the Law.

Before you make a final decision adverse to an applicant based on the following arrest record, in addition to any other opportunity you offer the applicant to explain the following arrest record, please notify the applicant of:

1. His or her right to challenge the accuracy and completeness of any information contained in a arrest record, and
2. The process for submitting a challenge

The applicant should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on The Department of Justice website or by calling (608) 266-7314. A challenge may include a request for comparison of the fingerprints of the person submitting the challenge to the fingerprints on file that are associated with the Wisconsin arrest record below.

NO RECORD FOUND

An arrest record search based only on a name, date of birth, and other identifying data that is not unique to a particular person (like "sex" or "race") may result in:

1. Identification of criminal history records for multiple persons as potential matches for the identifying data submitted, or
2. Identification of an arrest history record belonging to a person whose identifying information is similar in some way to the identifying data that was submitted to be searched, but is not the same person whose identifying data was submitted for searching. The Crime Information Bureau (CIB) therefore cannot guarantee that the response below pertains to the person in whom you are interested without a fingerprint submission.

Based on the above identifying data provided for this search, no matching Wisconsin arrest records were found at this time. These search results do not preclude an individual from having an arrest record at a local law enforcement agency that was not reported to the Department of Justice or in another state, or juvenile records

https://recordcheck.doj.wi.gov/BackgroundResult/PrintResults?randomResultId=1swahoJD&pdf=True
Town of Delafield
Fermented Malt Beverages & Intoxicating Liquors License Application

To the Board of Supervisors of the Town of Delafield:

I hereby apply for a License of service, from date hereof to June 30, 2020, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.69(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license is granted to me.

[Box checked: New X Renewal]

Please Print

<table>
<thead>
<tr>
<th>First Name</th>
<th>Snyder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Initial</td>
<td>F</td>
</tr>
<tr>
<td>Last Name</td>
<td>Snyder</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(414) 736-2824</td>
</tr>
<tr>
<td>Street Address</td>
<td>3145 N 75th St</td>
</tr>
<tr>
<td>City</td>
<td>Milwaukee</td>
</tr>
<tr>
<td>State</td>
<td>WI</td>
</tr>
<tr>
<td>Zip Code</td>
<td>53216</td>
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<tr>
<td>United States Citizen</td>
<td>Yes</td>
</tr>
<tr>
<td>Male</td>
<td>Yes</td>
</tr>
<tr>
<td>Race</td>
<td>White</td>
</tr>
<tr>
<td>[Boxes checked: American Indian or Alaskan Native, Asian or Pacific Islander]</td>
<td></td>
</tr>
<tr>
<td>Business Establishment For Which Applying</td>
<td>Kims Lakeside</td>
</tr>
</tbody>
</table>

1. If you checked NEW above - have you completed the Bartenders Training Course in the State of Wisconsin or held a bartenders license in the State of Wisconsin within the last two years? [Yes No]

2. Have you EVER been convicted of violating any:
   - Federal Laws ANYWHERE? [Yes No]
   - Wisconsin State Laws? [Yes No]
   - Laws of ANY other State? [Yes No]
   - Ordinances of any municipality? [Yes No]

3. If you answered YES to any question listed in #2 above complete the following for each conviction:

<table>
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<tr>
<th>Date of Conviction</th>
<th>City &amp; State where violation occurred</th>
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<tbody>
<tr>
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<td>Nature of offense</td>
<td></td>
</tr>
</tbody>
</table>

   (List additional offenses on back of form)

4. Are there any charges listed in #2 above that are PRESENTLY PENDING against you? [Yes No]

   If YES answer:

<table>
<thead>
<tr>
<th>Date of Offense</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature of offenses</td>
<td></td>
</tr>
</tbody>
</table>

   (List additional offenses on back of form)
State of Wisconsin
Department of Justice

Request Date: 4/3/2018
Report Date: 4/3/2018

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau.

Name: Snyder, Paul
Date of Birth:
Alias Names:

IMPORTANT EXPLANATION ABOUT HOW TO UNDERSTAND THIS RESPONSE

This response reports the results of a criminal history search conducted with the name, date of birth, and any other identifying data you provided. The identifying data you provided is printed above. If you submitted fingerprints with your search request see the statement below.

Read this entire explanation, the How to Read the Following Criminal History Report section and the Notice to Employers section. Read these sections carefully to understand how this response relates to the identifying data you provided.

Printed below these explanations is a Wisconsin criminal history record that has been identified as a possible match to the identifying data you provided.

A criminal history search based only on a name, date of birth, and other identifying data that is not unique to a particular person (like sex or race) may result in:

1. Identification of criminal history records for multiple persons as potential matches for the identifying data submitted, or

2. Identification of a criminal history record belonging to a person whose identifying information is similar in some way to the identifying data that was submitted to be searched, but is not the same person whose identifying data was submitted for searching.

The Crime Information Bureau (CIB) therefore cannot guarantee that the criminal history record below pertains to the person in whom you are interested.

You must carefully read the entire Wisconsin criminal history record below in order to determine whether the record pertains to the person in whom you are interested.

Do not just assume that the criminal history record below pertains to the person in whom you are interested.

https://recordcheck.doj.wi.gov/BackgroundResult/PrintResults?randomResultId=ZktW6Z... 4/3/2018
Additional information about finger-based search submissions: Fingerprint-based background checks generally provide a more reliable result and are prone to fewer false matches due to the specific identifying features of fingerprints.

**HOW TO READ THE FOLLOWING CRIMINAL HISTORY REPORT**

The criminal history reported below is linked by fingerprints to the name appearing directly after these explanatory sections, following the label IDENTIFICATION. That name is the name that was provided by the fingerprinted person the first time his or her fingerprints were submitted to CIB; it may or may not be the real name of the fingerprinted person. That name is called the Master Name in these explanatory sections.

It is not uncommon for criminal offenders to use alias or fraudulent names and false dates of birth, sometimes known as identity theft. Other names used by the person identified who is the Master Name are listed in the Alias Names/Fraudulent Data section of the criminal history report below.

If the name you submitted to be searched is DIFFERENT from the Master Name below, the Wisconsin criminal history record below may belong to someone other than the person whose name and other identifying data you submitted for searching. If an alias or fraudulent name used by the person who is the Master Name is similar to the name you submitted for searching, that does not mean that the person whose name you submitted for searching has a criminal history. It means that the person associated by fingerprints with the Wisconsin criminal history below has used a name similar to the name you submitted for searching.

If the name you submitted to be searched is THE SAME as the Master Name below, the Wisconsin criminal history record below may belong to someone other than the person whose name and other identifying data you submitted for searching. That is because the Master Name is the name attached to the initial fingerprint submission to CIB that is associated with the reported criminal history, may have been an alias name or a name similar to the name you submitted for searching.

To determine whether the Wisconsin criminal history below actually belongs to the person whose name and other identifying information you submitted for searching, compare the information reported below to the other information you have obtained about that person. Inconsistencies may indicate that the criminal history reported below does not belong to the person whose name and other identifying information you submitted for searching. You may need to ask for clarification from the person whose name and other identifying information you submitted for searching.

Before you make a final decision adverse to a person based on the following criminal history record, in addition to any other opportunity you offer the applicant to explain the following criminal history record, please notify the applicant of:

1. His or her right to challenge the accuracy and completeness of any information contained in a criminal history record, and

2. The process for submitting a challenge.

The person should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on the Department of Justice website at http://www.doj.state.wi.us/dles/cib/background-check-criminal-history-information or by calling (608) 266-5302.

https://recordcheck.doj.wi.gov/BackgroundResult/PrintResults?randomResultId=Zkw6ZW... 4/3/2018
266-7314. A challenge may include a request for comparison of the fingerprints of the person submitting the challenge to the fingerprints on file that are associated with the Wisconsin criminal history record below.

The Wisconsin criminal history report below may not show all arrests for the person whose fingerprints are associated with the reported criminal history. However, the criminal history report contains all information that has been provided to the state criminal history database that may be released in response to your request.

The results of this search are effective and current for the date of this search only. A new search request should be submitted at a later time if an updated response is needed.

NOTICE TO EMPLOYERS

It may be a violation of state law to discriminate against a job applicant because of an arrest or conviction record. Generally speaking, an employer may refuse to hire an applicant on the basis of a conviction record only if the circumstances of the offense for which the applicant was convicted substantially relate to the circumstances of the particular job. For more information, see Wisconsin Statute 111.335 and the Department of Workforce Development's publication, Arrest and Conviction Records Under the Law.

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RECORD LAST UPDATED: 06/06/2007

https://recordcheck.doj.wi.gov/BackgroundResult/PrintResults?randomResultId=Zkw6ZW... 4/3/2018
IDENTIFICATION

PAUL FREDRICK SNYDER

Male/White
Born in WISCONSIN; Citizen of USA
10/20/1970,
Height: 5'09"  Weight: 153lbs;
Eye Color: Green; Hair Color: Brown
2109 W GREENFIELD AVE MILWAUKEE, WI
STATE ID: WI549832
OFFENDER NOTICE:
PHOTO INFORMATION:
01/04/1992 WI0410800 GREENFIELD POLICE DEPARTMENT

CRIMINAL HISTORY

CYCLE 01

EARLIEST EVENT DATE: 01/04/1992

DATE OF OFFENSE: 01/04/1992

ARREST TRACKING NUMBER:

ARREST DATA

SUBJECT NAME: PAUL FREDRICK SNYDER
TYPE: ADULT ONLY
DATE: 01/04/1992
ARREST AGENCY: WI0410800 GREENFIELD POLICE DEPARTMENT

CHARGE

SEQUENCE NUMBER: 01
LITERAL: TELEPHONE VIOLATION
NCIC CODE: 5599
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: OTHER

COURT
SUBJECT NAME: PAUL FREDRICK SNYDER
DATE: 01/29/1992
COURT: WI000000M - MUNICIPAL COURT
COMMENTS:

CHARGE
SEQUENCE NUMBER: 01
LITERAL: TELEPHONE VIOLATION
NCIC CODE: 5599
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: OTHER

DISPOSITION
LITERAL: CONVICTED
DISPOSITION DATE: 01/29/1992
DISPOSITION: CONVICTED

SENTENCING
DATE: 01/29/1992
CASE NUMBER: D92-00841
COURT: WI000000M - MUNICIPAL COURT
CONVICTED OFFENSE:
CHARGE SEQUENCE NUMBER: 01
SENTENCE: FINE
BEGIN DATE: JANUARY 29, 1992
COMMENTS:

CONTRIBUTING AGENCIES
WI0410800-GREENFIELD POLICE DEPARTMENT
WI000000M-MUNICIPAL COURT

End of Rapsheet
Town of Delafield
Fermented Malt Beverages & Intoxicating Liquors License Application

To the Board of Supervisors of the Town of Delafield:

I hereby apply for a license of service, from date hereof to June 30, 2020, inclusive (unless sooner revoked), for Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.88(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license is granted to me.

New ☒ Renewal ☐

Driver's License or Wi ID #: Jason

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jason</td>
<td></td>
<td>Hoelz</td>
<td>262-370-3155</td>
</tr>
</tbody>
</table>

Street Address:

W212 N483 Churchview Dr.

City: Winooski

State: WI

Zip Code: 53188

Social Security Number:

Business Establishment for Which Applying:

Western Lakes Golf Club

1. If you checked NEW above — have you completed the Bartenders Training Course in the State of Wisconsin or held a bartenders license in the State of Wisconsin within the last two years?

   □ Yes ☐ No

2. Have you EVER been convicted of violating any:

   - Federal Laws ANYWHERE?
     - Yes ☐ No
   - Wisconsin State Laws?
     - Yes ☐ No
   - Laws of ANY other State?
     - Yes ☐ No
   - Ordinances of any municipality?
     - Yes ☐ No

3. If you answered YES to any question listed in #2 above complete the following for each conviction:

   Date of Conviction | City & State where violation occurred

   Nature of offense

   Date of Conviction | City & State where violation occurred

   Nature of offense

   (List additional offenses on back of form)

4. Are there any charges listed in #2 above that are PRESENTLY PENDING against you?

   □ Yes ☐ No

   If YES answer:

   Date of Offense | City & State where violation occurred

   Nature of offense

   (List additional offenses on back of form)
Request Date: 5/31/2018
Report Date: 5/31/2018

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau

Name: HOELZ, JASON
Date of Birth:
Alias Names:

NOTICE TO EMPLOYERS

It may be a violation of state law to discriminate against a job applicant because of an arrest or conviction record. Generally speaking, an employer may refuse to hire an applicant on the basis of a conviction record only if the circumstances of the offense for which the applicant was convicted substantially relate to the circumstances of the particular job. For more information, see Statute 111.335 and the Department of Workforce Development's publication, Arrest and Conviction Records Under the Law.

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2. The process for submitting a challenge

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NO RECORD FOUND

An arrest record search based only on a name, date of birth, and other identifying data that is not unique to a particular person (like “sex” or “race”) may result in:

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https://recordcheck.doj.wi.gov/BackgroundResult/PrintResults?randomResultId=cAlcOayv&pdf=True
Town of Delafield
Fermented Malt Beverages & Intoxicating Liquors License Application

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☐ New ☑ Renewal

<table>
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<tr>
<th>Please Print</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver's License Or W.I.D.#</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Middle Initial</td>
</tr>
<tr>
<td>Social Security Number</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>United States Citizen</td>
</tr>
<tr>
<td>Business Establishment For Which Applying</td>
</tr>
</tbody>
</table>

1. If you checked NEW above – have you completed the Bartenders Training Course in the State of Wisconsin or held a bartenders license in the State of Wisconsin within the last two years? ☐ Yes ☑ No

2. Have you EVER been convicted of violating any:

   Federal Laws ANYWHERE? ☑ Yes ☐ No
   Wisconsin State Laws? ☑ Yes ☐ No
   Laws of ANY other State? ☑ Yes ☐ No
   Ordinances of any municipality? ☑ Yes ☐ No

3. If you answered YES to any question listed in #2 above complete the following for each conviction:

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   (List additional offenses on back of form)

4. Are there any charges listed in #2 above that are PRESENTLY PENDING against you? ☐ Yes ☑ No

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   (List additional offenses on back of form)
Request Date: 5/31/2018
Report Date: 5/31/2018

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau

Name: MORIARTY, JOSEPH
Date of Birth: 3/15/1978
Alias Names:

NOTICE TO EMPLOYERS

It may be a violation of state law to discriminate against a job applicant because of an arrest or conviction record. Generally speaking, an employer may refuse to hire an applicant on the basis of a conviction record only if the circumstances of the offense for which the applicant was convicted substantially relate to the circumstances of the particular job. For more information, see Statute 111.333 and the Department of Workforce Development's publication, Arrest and Conviction Records Under the Law.

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NO RECORD FOUND

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Based on the above identifying data provided for this search, no matching Wisconsin arrest records were found at this time. These search results do not preclude an individual from having an arrest record at a local law enforcement agency that was not reported to the Department of Justice or in another state, or juvenile records.

https://recordcheck.doj.wi.gov/BackgroundResult/PrintResults?randomResultId=0hnzJKsq&sp1=True
**Town of Delafield**

**Fermented Malt Beverages & Intoxicating Liquors License Application**

To the Board of Supervisors of the Town of Delafield:

I hereby apply for a License of service from date hereof to June 30, 2020 inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.08(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license is granted to me.

[Table]

<table>
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<tr>
<th>New</th>
<th>Renewal</th>
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<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

- **Driver's License Or WI I.D.#**
- **Birth Date**
- **Telephone Number**
- **First Name**
- **Middle Initial**
- **Last Name**
- **Street Address**
- **City**
- **State**
- **Zip Code**
- **Social Security Number**
- **United States Citizen**
- **Yes**
- **No**
- **Business Establishment For Which Applying**
- **Street Address of Business**

1. If you checked NEW above—have you completed the Bartenders Training Course in the State of Wisconsin or hold a bartenders license in the State of Wisconsin within the last two years?  
   - Yes  
   - No

2. Have you EVER been convicted of violating any:
   - Federal Laws ANYWHERE?  
   - Wisconsin State Laws?  
   - Laws of ANY other State?  
   - Ordinances of any municipality?  
   - Yes  
   - No

3. If you answered YES to any question listed in #2 above complete the following for each conviction:

   - **Date of Conviction**
   - **City & State where violation occurred**
   - **Nature of offense**

   - **Date of Conviction**
   - **City & State where violation occurred**
   - **Nature of offense**

   (List additional offenses on back of form)

4. Are there any charges listed in #2 above that are PRESENTLY PENDING against you?  
   - Yes  
   - No

   - **Date of Offense**
   - **City & State where violation occurred**
   - **Nature of offense**

   (List additional offenses on back of form)
Request Date: 5/31/2018
Report Date: 5/31/2018

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau

Name: WAMSER, JUSTINE
Date of Birth: 
Alias Names:

NOTICE TO EMPLOYERS

It may be a violation of state law to discriminate against a job applicant because of an arrest or conviction record. Generally speaking, an employer may refuse to hire an applicant on the basis of a conviction record only if the circumstances of the offense for which the applicant was convicted substantially relate to the circumstances of the particular job. For more information, see Statute 111.335 and the Department of Workforce Development's publication, Arrest and Conviction Records Under the Law.

Before you make a final decision adverse to an applicant based on the following arrest record, in addition to any other opportunity you offer the applicant to explain the following arrest record, please notify the applicant of:

1. His or her right to challenge the accuracy and completeness of any information contained in a arrest record, and
2. The process for submitting a challenge

The applicant should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on The Department of Justice website or by calling (608) 266-7314. A challenge may include a request for comparison of the fingerprints of the person submitting the challenge to the fingerprints on file that are associated with the Wisconsin arrest record below.

NO RECORD FOUND

An arrest record search based only on a name, date of birth, and other identifying data that is not unique to a particular person (like “sex” or “race”) may result in:

1. Identification of criminal history records for multiple persons as potential matches for the identifying data submitted, or
2. Identification of an arrest history record belonging to a person whose identifying information is similar in some way to the identifying data that was submitted to be searched, but is not the same person whose identifying data was submitted for searching. The Crime Information Bureau (CIB) therefore cannot guarantee that the response below pertains to the person in whom you are interested without a fingerprint submission.

Based on the above identifying data provided for this search, no matching Wisconsin arrest records were found at this time. These search results do not preclude an individual from having an arrest record at a local law enforcement agency that was not reported to the Department of Justice or in another state, or juvenile records

https://recordcheck.doj.wi.gov/BackgroundResult/PrintResults?randomResultId=SmNVfHCgQ&pdf=Tree
Town of Delafield
Fermented Malt Beverages & Intoxicating Liquors License Application

To the Board of Supervisors of the Town of Delafield:

I hereby apply for a License of service, from date hereof to June 30, 2020, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license is granted to me.

New □ Renewal □

<table>
<thead>
<tr>
<th>Please Print</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Birth Date</td>
</tr>
<tr>
<td>Christopher</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>City</td>
</tr>
<tr>
<td>2402 24TH STREET</td>
<td>KENOSHA</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>United States Citizen</td>
</tr>
<tr>
<td>Business Establishment For Which Applying</td>
<td>Street Address of Business</td>
</tr>
<tr>
<td>WESTERN LAKES GOLF CLUB</td>
<td>W287 N 1963 OAKTON RD</td>
</tr>
</tbody>
</table>

1. If you checked NEW above - have you completed the Bartenders Training Course in the State of Wisconsin or held a bartenders license in the State of Wisconsin within the last two years? ☑ Yes □ No

2. Have you EVER been convicted of violating any:
   - Federal Laws ANYWHERE? □ Yes ☑ No
   - Wisconsin State Laws? □ Yes □ No
   - Laws of ANY other State? □ Yes □ No
   - Ordinances of any municipality? □ Yes □ No

3. If you answered YES to any question listed in #2 above complete the following for each conviction:

<table>
<thead>
<tr>
<th>Date of Conviction</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Conviction</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

   (List additional offenses on back of form)

4. Are there any charges listed in #2 above that are PRESENTLY PENDING against you? □ Yes ☑ No

   If YES answer:

<table>
<thead>
<tr>
<th>Date of Offense</th>
<th>City &amp; State where violation occurred</th>
</tr>
</thead>
<tbody>
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</tbody>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   (List additional offenses on back of form)
Serving Alcohol Incorporated

is proud to present this certificate to

Christopher Elrod

for successful completion of the online course

Wisconsin Alcohol Seller-Server

Verify online at servingalcohol.com

Verification Code
KsvlbKJwka

Date Issued
Apr 4th, 2018

VALID FOR 2 YEARS

Learn more about this wallet card at http://servingalcohol.com/wallet-card

Wisconsin Bartender License
Name: Christopher Elrod
Certification Date: Apr 4th, 2018
Certificate Code: KsvlbKJwka
Verify Online: servingalcohol.com
WISS: 125.04, 125.17, 134.67, 134.88
SERVING ALCOHOL INC
VALID FOR 2 YEARS
STATE OF WISCONSIN
DEPARTMENT OF JUSTICE

Request Date: 5/31/2018
Report Date: 5/31/2018

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau

Name: ELROD, CHRISTOPHER
Date of Birth:
Alias Names:

NOTICE TO EMPLOYERS

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https://recordcheck.doj.wi.gov/BackgroundResult/PrintResults?randomResultId=ksOD1WnK&pdf=True