

A PERFECT ENVIRONMENT

Residential ♦ Recreational ♦ Responsible

Chair
Larry Krause
Supervisors
Pete Van Horn
Christopher Smith
Edward Kranick
Ron Troy
Clerk/Treasurer
Mary Elsner

**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**

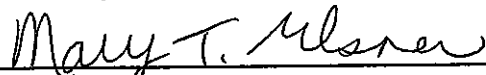
1. Call to Order
2. Pledge of Allegiance
3. Citizen Comments – During the Public Comment period of the agenda, the Town Board welcomes comment from any member of the public, other than an elected Town Board member, on any matter not on the agenda. Please be advised that pursuant to State law, the Board 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 Erlandson – 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*
 - 12. *Jason Hoelz – Western Lakes Golf Club, Inc.*
 - 13. *Joseph Moriarty – Western Lakes Golf Club, Inc.*
 - 14. *Justine Noedling Wamser – Western Lakes Golf Club, Inc.*
 - 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

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

MOTED TO APPROVE PAYMENT OF CHECKS #60281 – #60322 IN THE AMOUNT OF \$105,261.78

Payroll

MOTED 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 VORTEQ 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. Elsner, CMC, WCMC
Town Clerk/Treasurer
Minutes approved on:

Town of Delafield Fire Department Employee Referral Incentive Program ITEM # 8A PAGE 1 of 1

- 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)

STATE OF WISCONSIN

TOWN OF DELAFIELD

WAUKESHA COUNTY

ORDINANCE NO.

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

Mary Elsner

From: Josh Schroeder <jschroeder360@gmail.com>
Sent: Monday, May 21, 2018 8:06 AM
To: tim.barbeau@rasmith.com
Cc: mary.elsner@townofdelafield.org
Subject: Driveway Culvert Issues
Attachments: Schroeder Culvert.zip

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
(608) 317-3137







STATE OF WISCONSIN

TOWN OF DELAFIELD

WAUKESHA COUNTY

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
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } DELAFIELD
 Village of }
 City of }

County of WAUKESHA 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)

JUN 12 2018
8E.1. 10x10
 ITEN# the Address

Applicant's WI Seller's Permit No.: FEIN Number: <u>456-10201516327-03 39-1017859</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100.00
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 250.00
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25.00
TOTAL FEE	\$ 380.00

SODA
\$5.00

Post Office & Zip Code

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 5307
 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	<u>JOE BARKER</u>	<u>122 W 2837 Beach Park Circle Pewaukee, WI</u>	<u>53072</u>
Vice President/Member	<u>CHRIS ALLEN</u>	<u>166 W 27606 Maple St. Sussex, WI</u>	<u>53087</u>
Secretary/Member	<u>SARAH SPENCER</u>	<u>122 W 29140 ELMHURST DR. Pewaukee WI</u>	<u>53072</u>
Treasurer/Member	<u>CRAIG DUCHOW</u>	<u>122 W 28692 Lewis Ave Pewaukee, WI</u>	<u>53072</u>
Agent	<u>JOHN GRIGNON</u>	<u>1714 GLACIER RIDGE RD WAUKESHA, WI</u>	<u>53188</u>

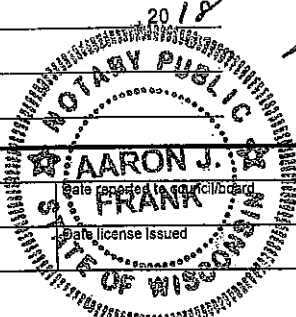
C.1. Trade Name PEWAUKEE YACHT CLUB Business Phone Number 262-691-9927
 2. Address of Premises 122 W 28704 Edgewater Dr. Post Office & Zip Code Pewaukee, WI 53072

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.) one story frame + metal storage shed
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? 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 answers to the questions as submitted by you on your last application for this license? If yes, explain. CHANGE OF OFFICERS 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. N/A Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (808) 266-2776] 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 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 30 day of April 2018
[Signature]
(Clerk/Notary Public)
 My commission expires 2.8.19



[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/11/18</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>[Signature]</u>

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/route)		Post Office	City	State	Zip Code
W290N2171 Happy Hollow ²¹		Pewaukee	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 TROPHY of PEWAUKEE 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.

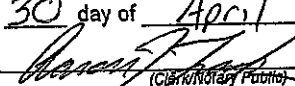
The above named individual provides the following information to the licensing authority:

- (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
- (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.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address by City and County)

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

(Signature of Notary Public)

My commission expires 2.8.19

AT-103a (R. 8-11)




(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 name)	
ZIEGLER		CODY		John	
Home Address (street/route)		Post Office	City	State	Zip Code
W284 N3214 Lakeside Rd			Pewaukee	WI	53072
Home Phone Number		Age	Date of Birth	Place of Birth	
262-844-5027		27		Waukegan	

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
(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? 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, identify. (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
(If yes, identify.) (Name of Wholesale Licensee or Permittee) (Address by City and County)

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

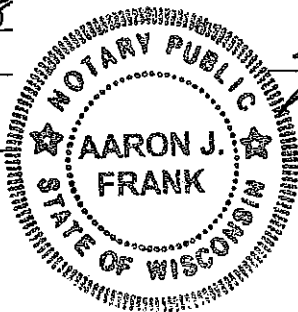
this 30 day of April, 2018

[Signature]
(Clerk/Notary Public)

[Signature]
(Signature of Name of Individual)

My commission expires 2.8.19

AT-103a (R. 8-11)



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)	
ISABELL		MARK			
Home Address (street/route)		Post Office	City	State	Zip Code
N41W27360 ROBERT RD		PEWAUKEE	PEWAUKEE	WI	53072
Home Phone Number		Age	Date of Birth	Place of Birth	
262-695-9443		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.
- ~~OFFICER/DIRECTOR/MEMBER/MANAGER/AGENT~~ MEMBER of PEWAUKEE YACHT CLUB
(Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

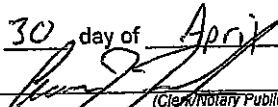
The above named individual provides the following information to the licensing authority:

- (a) How long have you continuously resided in Wisconsin prior to this date? 29 YEARS
- (b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? Yes No
- (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 date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 (If yes, identify.) (Name of Wholesale Licensee or Permittee) (Address by City and County)

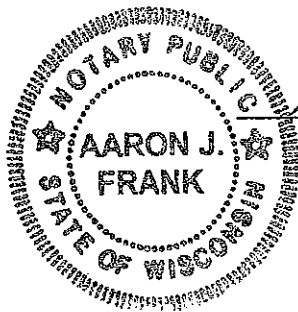
READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition 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.

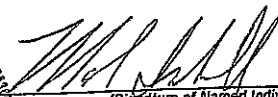
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that 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, 20 18

(Notary Public)

My commission expires 8-8-19




(Signature of Named Individual)

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) EVANS		(first name) NEIL	(middle name) B	
Home Address (street/route) W281N2298 Beach Park Cir		Post Office	City Pewaukee	State WI Zip Code 53072
Home Phone Number 262-617-8009		Age 42	Date of Birth	Place of Birth 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.
- Buildings + Grounds of Pewaukee 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? 42 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. _____
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
(If yes, identify.) _____
(Name of Wholesale Licensee or Permittee) (Address by City and County)

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, 20 18

[Signature]
(Notary Public)

My commission expires 2-8-19



[Signature]
(Signature of Named Individual)

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) ALLEN		(first name) CHRIS		(middle name) JOHN	
Home Address (street/route) N60W2760 Maple Street		Post Office	City Sussex	State WI	Zip Code 53089
Home Phone Number 414 659-4008		Age 44	Date of Birth	Place of Birth 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.
- VICE COMMODORE** of **PEWAUKEE 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.

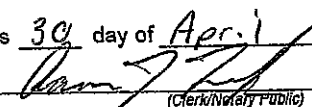
The above named individual provides the following information to the licensing authority:

1. (a) How long have you continuously resided in Wisconsin prior to this date? 44 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
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
(Name of Wholesale Licensee or Permittee) (Address by City and County)

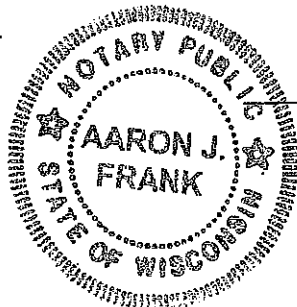
READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any 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

(Clerk/Notary Public)

My commission expires 2.8.19




(Signature of Named Individual)

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
WEBER		MATT			
Home Address (street/route)		Post Office	City	State	Zip Code
W278 N2690 Rocky Point Rd #			Pewaukee	WI	53072
Home Phone Number		Age	Date of Birth	Place of Birth	
262-366-5159		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.

RAEY REGATTA of PEWAUKEE 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? 25 yrs
- (b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? Yes No now
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. (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 (If yes, identify.) (Name of Wholesale Licensee or Permittee) (Address by City and County)

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
[Signature]
(Clerk/Notary Public)



[Signature]
(Signature of Named Individual)

My commission expires 2.8.19

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
DUCHOW		CRAIG		S.	
Home Address (street/route)		Post Office	City	State	Zip Code
N22W28692 LOUIS AVE			PEWAUKEE	WI	53072
Home Phone Number		Age	Date of Birth	Place of Birth	
4142346147		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
(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? 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 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
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
(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 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.

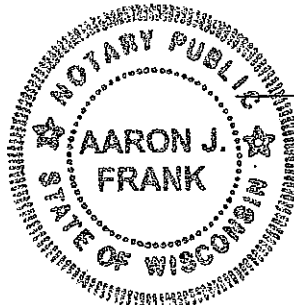
Subscribed and sworn to before me

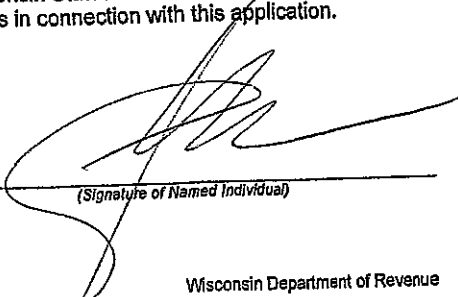
this 30 day of April, 2018

(Name/Notary Public)

My commission expires 2.8.19

AT-103a (R. 8-11)




(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) BARKER		(first name) JOE		(mid ne) R.	
Home Address (street/route) N 22 W 28217 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.

COMMODORE of **Pewaukee 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:

- (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
- (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.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 (If yes, identify.) (Name of Wholesale Licensee or Permittee) (Address by City and County)

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
Aaron J. Frank
(Notary Public)

NOTARY PUBLIC
AARON J. FRANK
STATE OF WISCONSIN
 (Signature of Named Individual)

My commission expires 2-8-19

TOWN OF DELAFIELD

W302N1254 Maple Avenue Phone: 262-646-2398
Delafield, WI 53018 Fax: 262-646-8687

Receipt Number:	_____
Amount Paid:	\$5.00
License Number:	_____

**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: PEWAUKEE YACHT CLUB, INC

Street Address: 100 W 28204 Edgewater Dr. Pewaukee, WI 53072

Name of Applicant (Please Print): BENN 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: 01-1-2018 ending: 06-30-2019
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Delafield
 Village of }
 City of }

County of Waukesha Aldermanic Dist. No. 1 (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

ITEM # 952 PAGE 1 of 3

Applicant's WI Seller's Permit No. <u>456102749624702</u> FEIN Number <u>900720095</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>250.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
TOTAL FEE	\$ <u>380.00</u>

5.00 Soda License

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Thompson, Kim Louise Home Address 1015 Wellington Way Hartland WI 53029 Post Office & Zip Code 53029

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Kims Lakeside LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 1015 Wellington Way Hartland WI 53029

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 _____
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent ▶ Kim Thompson 1015 Wellington Way Hartland WI 53029
 Directors/Managers _____

C.1. Trade Name ▶ Kims Lakeside Business Phone Number 262-369-3866

2. Address of Premises ▶ W303N2582 Maple Ave Pewaukee Post Office & Zip Code ▶ 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.) Bar, downstairs storage, closet storage

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? 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 answers to the questions as submitted by you on your last application for this license? If yes, explain. 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 they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] 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

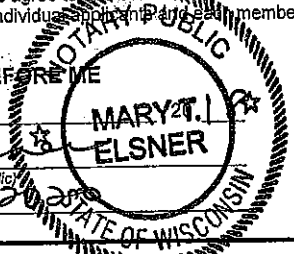
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to conduct their business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicant 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 19th day of April
Mary T. Elsner
(Clerk/Notary Public)
 My commission expires 2/21/2023

Kim Thompson
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)



TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4/19/18</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Mary Elsner</u>

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/route)	Post Office	City	State	Zip Code
1015 Wellington Way		Hartland	WI	53029
Home Phone Number	Age	Date of Birth	Place of Birth	
662-993-3878	49		Waukesha, WI	

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

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Kim Thompson of Kims Lakeside LLC
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
 which is making application for an alcohol beverage license.

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

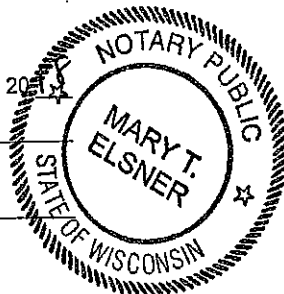
- (a) How long have you continuously resided in Wisconsin prior to this date? 49 years
- (b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? Yes No
- (a) Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) 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.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. Kims N51W33395 CTHK Oconomowoc WI 53066
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 (If yes, identify.) _____
(Name of Wholesale Licensee or Permittee) (Address by City and County)

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 19th day of April, 2019
Mary T. Elsnor
(Clerk/Notary Public)



Kim Thompson
(Signature of Named Individual)

My commission expires 2/21/2020

TOWN OF DELAFIELD

W302N1254 Maple Avenue Phone: 262-646-2398
Delafield, WI 53018 Fax: 262-646-8687

Receipt Number: _____
Amount Paid: <u>\$5.00</u>
License Number: _____

**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: Kims Lakeside LLC

Street Address: ~~1000~~ W 303 N 9582 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 [Signature] 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: 07/01/2018 ending: 06/30/2019
(MM DD YYYY) (MM DD YYYY)

Applicant's Wis Seller's Permit No.: <u>456-0000531137-03</u> FEIN Number: <u>39-1609194</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>250.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
TOTAL FEE	\$ <u>380.00</u>

* Soda \$5.00

TO THE GOVERNING BODY of the: Town of } DELAFIELD
 Village of }
 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
 ITEM # 0.E.3. PAGE 1 of 3
 Home Address _____ Post Office & Zip Code _____

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____

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:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member GREGORY DONALD ESSIG W238 53715 MESA TRAIL DOUSMAN, WI 53118
 Vice President/Member _____
 Secretary/Member PAULA MARIE ESSIG W238 53715 MESA TRAIL DOUSMAN, WI 53118
 Treasurer/Member _____
 Agent GREGORY DONALD ESSIG W238 53715 MESA TRAIL DOUSMAN, WI 53118
 Directors/Managers JASON CHRISTOPHER HOELZ W292 N983 CHURCHVIEW DR WAUKESHA, WI 53188

C. 1. Trade Name WESTERN LAKES GOLF CLUB Business Phone Number 262-691-0900
 2. Address of Premises W297 N1963 OAKTON RD Post Office & Zip Code DEWAUNEE, WI 53072

- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 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.) Clubhouse (full bar), Pro Shop, beverage cart, halfway on hairy's course
- Legal description (omit if street address is given above): _____
- 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? 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
- 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. Yes No
- 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
- Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No [phone (608) 266-2778]
- 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
- 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 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, NOTARY PUBLIC, this 7th day of May, 2018
Mary T. Elsnor (Clerk/Notary Public)
 My commission expires 2/21/2020
Gregory D. Essig (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
 _____ (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
 _____ (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK	
Date received and filed with municipal clerk <u>5/7/2018</u>	Date reported to council/board
License number issued	Date license issued
	Date license granted
	Signature of Clerk / Deputy Clerk <u>Mary Elsnor</u>

**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/route) W238 S 3715 MESA TR		Post Office	City DOUSMAN	State WI Zip Code 53118
Home Phone Number 414-401-0900		Age 64	Date of Birth	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. (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 (If yes, identify.) (Name of Wholesale Licensee or Permittee) (Address by City and County)

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.

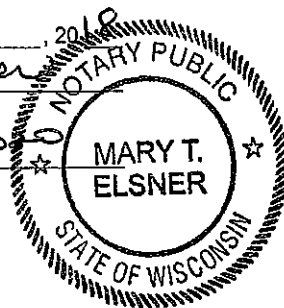
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that 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 7th day of May, 2018
Mary T. Elsner
(Clerk/Notary Public)

Megony D. Essig
(Signature of Named Individual)

My commission expires 2/21/2020



TOWN OF DELAFIELD

W302N1254 Maple Avenue Phone: 262-646-2398
Delafield, WI 53018 Fax: 262-646-8687

Receipt Number: <u>24050</u>
Amount Paid: <u>\$5.00</u>
License Number: _____

**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: W257 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 D. Essig Date _____

Applicant Address (if different from business location):

W238 S3715 MESA TRAIL, DOWSMAN, 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
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Delzfield
 Village of }
 City of }

County of Waukesha 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) _____

JUN 12 2018
 ITEM # 8.E4. PAGE 1 of 3

Applicant's WI Seller's Permit No. / FEIN Number: <u>456102852067002 472429451</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>250.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
TOTAL FEE	\$ <u>380.00</u>

+ \$100 Soda

Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Golden Anchor Producers WI LLC
 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:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Charles Brian Hastings</u>	<u>644 Canby Rd K</u>	<u>Hartford WI 53027</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Charles Hastings</u>	_____	_____

Directors/Managers _____

C.1. Trade Name Ristorante Lago Business Phone Number 262-361-4235
 2. Address of Premises N26 W30277 Maple Ave Post Office & Zip Code Waukesha 53053072

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.) Bar/seating area, closet walk-in cooler
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? 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 answers to the questions as submitted by you on your last application for this license? If yes, explain. 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 (808) 266-2778] _____
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
 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 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. Elsnar
(Clerk/Notary Public)

My commission expires 07/01/2020

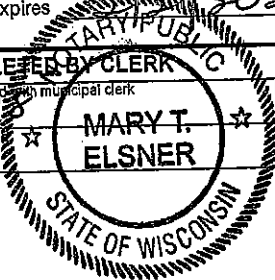
Charles Hastings
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company If Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/8/18</u>	Date reported to council/board	Date license granted
License number issued <u>★</u>	Date license issued	Signature of Clerk / Deputy Clerk <u>Mary T. Elsnar</u>



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)	
Hastings		Charles		Brown	
Home Address (street/route)		Post Office	City	State	Zip Code
644 County Rd K		##	HARTFORD	WI	53072
Home Phone Number		Age	Date of Birth	Place of Birth	
414-334-9363		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 WI, LLC
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

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

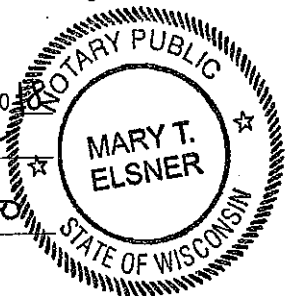
1. (a) How long have you continuously resided in Wisconsin prior to this date? 13 years
- (b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? Yes No
2. (a) Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) 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 and Beer State - Germantown / Milwaukee Street Trucks - Delzfield
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
(If yes, identify.) (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 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 8th day of May, 2020
Mary T. Elsnor
(Clerk/Notary Public)



Charles Brown
(Signature of Named Individual)

My commission expires 2/21/2020

TOWN OF DELAFIELD

W302N1254 Maple Avenue Phone: 262-646-2398
Delafield, WI 53018 Fax: 262-646-8687

Receipt Number: _____
Amount Paid: <u>\$5.00</u>
License Number: _____

**APPLICATION FOR SODA WATER BEVERAGE LICENSE
TOWN OF DELAFIELD**

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

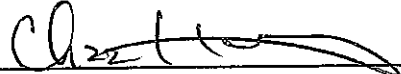
The undersigned hereby makes application of a license for the sale of Soda Water Beverages at the following described premises in the Town of Delafield:

Business Name: Golden Anchor Proseccios WI LLC dba Kristina Le Lago

Street Address: N26 W30227 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 Hatfield WI 53027

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
(MM DD YYYY) (MM DD YYYY)

Applicant's WI Seller's Permit No.:	FEIN Number:
<u>456-0000-204271-03</u>	<u>39-1847252</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine <u>SODA</u>	\$ 5
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 130

TO THE GOVERNING BODY of the: Town of } DELAFIELD
 Village of }
 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 _____

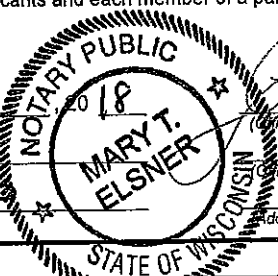
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company BUCK RUB OUTFITTERS, LTD
 Address of Corporation/Limited Liability Company (if different from licensed premises) N13W28400 SILVERNAIL RD Pewaukee
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: WI 53072
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member GREG J. KAZMIERSKI 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
 2. Address of Premises N13W28400 SILVERNAIL RD Post Office & Zip Code PEWAUKEE, WI 53072

- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 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.) INDOOR RANGE/LOUNGE AREA/STORE ROOM
- Legal description (omit if street address is given above): _____
- 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? 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
- 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. Yes No
- 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
- Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
- 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
- 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 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
Mary T. Elsner (Clerk/Notary Public)
 My commission expires 2/21/2020
Greg Kazmierski (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Greg Kazmierski (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
 Additional Partner(s)/Member/Manager of Limited Liability Company if Any _____



TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk	Date reported to _____	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	
KAZMIERSKI		GREG	J	
Home Address (street/route)	Post Office	City	State	Zip Code
W330S7650 CTY RD EE		MUKWONAGO	WI	53149
Home Phone Number	Age	Date of Birth	Place of Birth	
262-470-3880	62		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.
- GREG KAZMIERSKI - PRES.** of **BUCK RUB OUTFITTERS, LTD**
(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:

- (a) How long have you continuously resided in Wisconsin prior to this date? 62
 (b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? Yes No
- (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.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 (If yes, identify.) (Name of Wholesale Licensee or Permittee) (Address by City and County)

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 30th day of April, 20 18
Mary T. Elsnor
(Clerk/Notary Public)



Greg Kazmiski
(Signature of Named Individual)

My commission expires 2/21/2020

TOWN OF DELAFIELD

W302N1254 Maple Avenue Phone: 262-646-2398
Delafield, WI 53018 Fax: 262-646-8687

Receipt Number: _____
Amount Paid: <u>\$5.00</u>
License Number: _____

**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 W 28400 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 - Pet. Date 4/30/18

Applicant Address (if different from business location):
W330 S7650 Cty Rd EE Mukwonago WI 53149

JUN 12 2018

ITEM # 8.6 PAGE 1 of 1

TOWN OF DELAFIELD

W302N1254 Maple Avenue Phone: 262-646-2398
Delafield, WI 53018 Fax: 262-646-8687

Receipt Number:	<u>1026</u>
Amount Paid:	<u>\$5.00</u>
License Number:	_____

**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: ST. ANTHONY ON THE LAKE

Street Address: W280N2101 PROSPECT AVE, PEWAUKEE, WI 53072

Name of Applicant (Please Print): ARTHUR SCHEUBER

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 4/16/08

Applicant Address (if different from business location):

RECEIVED
APR 25 2018
Town of Delafield

JUN 12 2018

ITEM # 8.H. PAGE 1 of 1

TOWN OF DELAFIELD

W302N1254 Maple Avenue Phone: 262-646-2398
Delafield, WI 53018 Fax: 262-646-8687

Receipt Number:	_____
Amount Paid:	\$5.00
License Number:	_____

**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: PRAIRIE HILL WILDLIFE SCHOOL

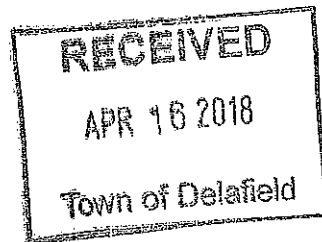
Street Address: N14W29143 SILVERNALL Rd. PLOWAUCHE, WI 53072

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 [Signature] Date 4.9.18

Applicant Address (if different from business location):





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.

Town of Delafield Fermented Malt Beverages & Intoxicating Liquors License Application

JUN 12 2018

ITEM #811 PAGE 1 of 2

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

Driver's License Or WI I.D.#	Birth Date	Telephone Number	
-		414-760-3844	
First Name	Middle Initial	Last Name	
Nicole	L	Balistreri	
Street Address	City	State	Zip Code
N 20 W 28400 Oakton Rd	Waukegan	WI	53172
Social Security Number	United States Citizen	Male	Female
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/>
White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/>	Business Establishment For Which Applying		
	Bewaukee Yacht 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Wisconsin State Laws?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Laws of ANY other State?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Ordinances of any municipality?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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
8/2008	Oconomowoc WI
Nature of offense	
DUI	

Date of Conviction	City & State where violation occurred
N/A	
Nature of offense	
N/A	

(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)



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: **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 111.335](#) 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

JUN 12 2018

Town of Delafield
Fermented Malt Beverages & Intoxicating Liquors License Application ITEM # 810 PAGE 1 of 2

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

Driver's License		Birth Date	Telephone Number <u>262 366-5859</u>	
First Name <u>Anthony</u>	Middle Initial <u>F</u>	Last Name <u>Erlanson</u>		
Street Address <u>613 County Rd H</u>	City <u>Frederia</u>	State <u>WI</u>	Zip Code <u>53821</u>	
Social Security Number	United States Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Business Establishment For Which Applying <u>Pewaukee Yacht Club</u>	Street Address of Business			

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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Wisconsin State Laws?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Laws of ANY other State?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Ordinances of any municipality?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)



STATE OF WISCONSIN
DEPARTMENT OF JUSTICE

Request Date: 5/3/2018

Report Date: 5/3/2018

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 [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

Town of Delafield
 Fermented Malt Beverages & Intoxicating Liquors License Application

JUN 12 2018
 ITEM # 813 PAGE 1 of 6

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

Driver's License Or WI I.D.#		Birth Date	Telephone Number	
			262-370-5069	
First Name	Middle Initial	Last Name		
Aaron	J	Frank		
Street Address	City	State	Zip Code	
N10W28620 Northview Rd	Waukesha	WI	53188	
Social Security Number	United States Citizen			
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Business Establishment For Which Applying	Street Address of Business			
Kwaakee Yacht 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Wisconsin State Laws?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Laws of ANY other State?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Ordinances of any municipality?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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
2002 ?; 2003 Maybe	Waukesha, WI
Nature of offense	
Possession of THC	
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)



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: **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 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) 266-7314. 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
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 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.

RECORD LAST UPDATED: 06/06/2007

IDENTIFICATION

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

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) POSSESION 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

JUN 12 2018

Town of Delafield
 Fermented Malt Beverages & Intoxicating Liquors License Application

ITEM # 814 PAGE 1 of 2

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

Driver's License Or WI I.D.#	Birth Date	Telephone Number <u>414-852-4961</u>	
First Name <u>JOHN JR.</u>	Middle Initial <u>W</u>	Last Name <u>GRIGNON</u>	
Street Address <u>1714 GLACIER RIDGE RD</u>	City <u>WAUKESHA</u>	State <u>WI</u>	Zip Code <u>53188</u>
Social Security Number	United States Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Business Establishment For Which Applying <u>PEWAUKEE YACHT CLUB</u>	Street Address of Business <u>122 W 28204 Edgewater Dr, PEWAUKEE</u>		

- 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
- Have you **EVER** been convicted of violating any:

Federal Laws ANYWHERE?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Wisconsin State Laws?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Laws of ANY other State?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Ordinances of any municipality?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
- If you answered **YES** to any question listed in #2 above complete the following for each conviction:

Date of Conviction <u>5/2001 ?</u>	City & State where violation occurred <u>PEWAUKEE, WI</u>
Nature of offense <u>SERVING UNDERAGE</u>	

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

(List additional offenses on back of form)

- 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)



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: **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

JUN 12 2018

Town of Delafield
Fermented Malt Beverages & Intoxicating Liquors License Application ITEM # 8.E.5 PAGE 1 of 2

To the Board of Supervisors of the Town of Delafield:

I hereby apply for a License of service, from date hereof to June 30, 2019, 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**

Driver's License Or WI I.D.#	Birth Date	Telephone Number	
		414-721-8168	
First Name	Middle Initial	Last Name	
Jessica	R	Kellner	
Street Address	City	State	Zip Code
1109 Barter St	Waukesha	WI	53186
Social Security #	United States Citizen		
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Business Establishment For Which Applying	Street Address of Business		
Kenaukee Yacht Club	222 W 28204 Edgewater Dr. Kenaukee WI 53572		

- 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
- Have you **EVER** been convicted of violating any:

Federal Laws ANYWHERE?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Wisconsin State Laws?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Laws of ANY other State?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Ordinances of any municipality?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)

- 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)



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: **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

JUN 12 2018

ITEM # 8.I.4 PAGE 1 of 7

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

Driver's License Or WI I.D.#	Birth Date	Telephone Number 262-370-4509		
First Name Timothy	Middle Initial H	Last Name Mc Caffrey		
Street Address 1508 E Morgan Ave	City Milwaukee	State WI	Zip Code 53207	
Social Security Number	United States Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>	
White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/>	Business Establishment For Which Applying Pewaukee Yacht 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 Sept 2009	City & State where violation occurred West Allis, WI
Nature of offense Destruction of property	

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)



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: **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

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
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 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.

RECORD LAST UPDATED: 06/02/2010

IDENTIFICATION

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: I0909184

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

End of Rapsheet

Date: 4/30/18 APR 30 2018

JUN 12 2018

Town of Delafield
Fermented Malt Beverages & Intoxicating Liquors License Application

ITEM # 817 PAGE 1 of 2

To the Board of Supervisors of the Town of Delafield:

I hereby apply for a License of service, from date hereof to June 30, 2019, 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

Driver's License Or WI I.D.#	Birth Date	Telephone Number <u>262-719-3905</u>		
First Name <u>Briana</u>	Middle Initial <u>M</u>	Last Name <u>Schnitzke</u>		
Street Address <u>318 Prospect Ave</u>	City <u>Hartland</u>	State <u>WI</u>	Zip Code <u>53020</u>	
Social Security Number	United States Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Business Establishment For Which Applying <u>Pewaukee Yacht Club</u>	Street Address of Business <u>1122 W 8804 Edgewater Dr. Pewaukee WI 53072</u>			

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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Wisconsin State Laws?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Laws of ANY other State?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Ordinances of any municipality?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

Date of Conviction <u>2001</u>	City & State where violation occurred <u>Pewaukee WI</u>
Nature of offense <u>Serving the Alcohol to minors</u>	
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)



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: SCHNITTKKE, BRIANA

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

JUN 12 2018
ITEM # 818 PAGE 1 of 2

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

Driver's License Or WI ID #	Birth Date	Telephone Number	
		414-254-0104	
First Name	Middle Initial	Last Name	
Miranda	C	Schuster	
Street Address	City	State	Zip Code
7133 W. RAWSON AVE	Franklin	WI	53132
Social Security Number	United States Citizen	Male	Female
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/>
White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/>	Business Establishment For Which Applying		
	Pewaukee Yacht Club		

- 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
- Have you **EVER** been convicted of violating any:

Federal Laws ANYWHERE?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Wisconsin State Laws?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Laws of ANY other State?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Ordinances of any municipality?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)



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

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

Date: 5/31/18

JUN 12 2018

Town of Delafield
Fermented Malt Beverages & Intoxicating Liquors License Application ITEM # P.I.9 PAGE 1 of 2

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**

Driver's License or W.I.D.#	Birth	Telephone Number		
		262-424-4749		
First Name	Middle Initial	Last Name		
Mario		Burbach		
Street Address	City	State	Zip Code	
828 Westshore Drive	Delafield	WI	53018	
Social Security Number	United States Citizen			
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Business Establishment For Which Applying	Street Address of Business			
Kim's Lakeside	Maple Avenue			

- 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
- Have you **EVER** been convicted of violating any:

Federal Laws ANYWHERE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wisconsin State Laws?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Laws of ANY other State?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ordinances of any municipality?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- 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
March 2006	Delafield
Nature of offense	
OWI	

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

(List additional offenses on back of form)

- 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)



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, MARIJO

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

Date: 4/24/18

JUN 12 2018

Town of Delafield
Fermented Malt Beverages & Intoxicating Liquors License Application ITEM # 8.1.10 PAGE 1 of 2

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

Driver's License Or WI I.D.#	Birth Date	Telephone Number 262-337-1534		
First Name Teresa	Middle Initial A	Last Name Burbach		
Street Address W268N2780 Water St	City Pewaukee	State WI	Zip Code 53072	
Social Security Number	United States Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Business Establishment For Which Applying Kim's Lakeside	Street Address of Business			

- 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
- Have you **EVER** been convicted of violating any:

Federal Laws ANYWHERE?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Wisconsin State Laws?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Laws of ANY other State?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Ordinances of any municipality?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
- 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)

- 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)



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

Town of Delafield Fermented Malt Beverages & Intoxicating Liquors License Application

JUN 12 2018

ITEM #814 PAGE 1 of 6

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

Delafield License Number		Birth Date	Telephone Number (414) 736-2824	
First Name Paul	Middle Initial F	Last Name Snyder		
Street Address 345 N 75TH St		City Milwaukee	State WI	Zip Code 53216
Social Security Number		United States Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Gender Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/>		Business Establishment For Which Applying Kims LAKESIDE		

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wisconsin State Laws?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Laws of ANY other State?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ordinances of any municipality?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)



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.

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)

266-7314. 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
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 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.

RECORD LAST UPDATED: 06/06/2007

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

JUN 12 2018

ITEM # 81 PAGE 1 of 2

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

Driver's License Or WI I.D.#	Birth Date	Telephone Number 262-370-3155		
First Name Jason	Middle Initial C	Last Name Hoelz		
Street Address W292 N983 Churchview Dr.	City Waukesha	State WI	Zip Code 53188	
Social Security Number	United States Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/>	Business Establishment For Which Applying Western Lakes Golf Club			

- 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
- Have you **EVER** been convicted of violating any:

Federal Laws ANYWHERE?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Wisconsin State Laws?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Laws of ANY other State?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Ordinances of any municipality?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
- 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)

- 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)



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: **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.

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**

JUN 12 2018
ITEM # 8.13 PAGE 1 of 2

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

Driver's License Or WI I.D.#	Birth Date	Telephone Number <u>507-358-4500</u>	
First Name <u>JOSEPH</u>	Middle Initial <u>P</u>	Last Name <u>MORIARTY</u>	
Street Address <u>336 N OAKWOOD AVE</u>	City <u>OCONOMOWOC</u>	State <u>WI</u>	Zip Code <u>53066</u>
Social Security Number	United States Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Business Establishment For Which Applying <u>WESTERN LAKES GOLF CLUB</u>	Street Address of Business <u>WEST 11963 OAKTON RD, FENWICK, WI 53072</u>		

- 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
- Have you **EVER** been convicted of violating any:

Federal Laws ANYWHERE?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Wisconsin State Laws?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Laws of ANY other State?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Ordinances of any municipality?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
- 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)

- 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)



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: **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 111.335](#) 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

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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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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

JUN 12 2018
 ITEM # 8.I.14 PAGE 1 of 2

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

Driver's License Or WI I.D.#		Birth Date	Telephone Number	
			262 349 5897	
First Name		Middle Initial	Last Name	
Justine Noedling Wamser				
Street Address		City	State	Zip Code
N 55 W 34845 Lake Dr.		Oconomowoc	WI	53066
Social Security Number		United States Citizen		
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Business Establishment For Which Applying		Street Address of Business		
Western Lakes Golf Course				

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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Wisconsin State Laws?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Laws of ANY other State?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Ordinances of any municipality?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)



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: **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.

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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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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**

JUN 12 2018
ITEM # J.1, PAGE 1 of 3

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

Driver's License Or WI I.D.#		Birth Date	Telephone Number <u>262-705-0876</u>	
First Name <u>CHRISTOPHER</u>		Middle Initial <u>A</u>	Last Name <u>ELROD</u>	
Street Address <u>2402 24TH STREET</u>		City <u>KENOSHA</u>	State <u>WI</u>	Zip Code <u>53140</u>
Social Security Number		United States Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Business Establishment For Which Applying <u>WESTERN LAKES GOLF CLUB</u>		Street Address of Business <u>W287 N 1963 OAKTON RD.</u>		

- 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
- Have you **EVER** been convicted of violating any:

Federal Laws ANYWHERE?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Wisconsin State Laws?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Laws of ANY other State?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Ordinances of any municipality?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)

Serving Alcohol Incorporated

is proud to present this certificate to

Christopher Elrod

for successful completion of the online course

Wisconsin Alcohol Seller-Server



PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- * CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- * OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- * DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECORD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

APPROVED BY THE STATE OF WISCONSIN
STATE STATUTES: 125.04, 125.17, 134.67, 134.88

Verify online at
servingalcohol.com

Verification Code
KsvIbKJwka

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: KsvIbKJwka

Verify Online: servingalcohol.com

WI SS: 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

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

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