# 1 TOWN OF DEED AND A COUNTY OF THE PARTY OF

#### 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
- 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

Notification of this meeting has been posted in accordance with the Open Meeting Laws of the State of Wisconsin. The Town Board may take action on any item on the agenda. It is possible that members of and possibly a quorum of members of other governmental bodies of the municipality may be in attendance at the above-stated meeting to gather information; no action will be taken by any governmental body at the above-stated meeting other than the Town Board of Supervisors. Please note that, upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service, contact Mary Elsner, Town Clerk, at W302 N1254 Maple Avenue, Delafield, WI 53018-7000. This agenda is for informational purposes only. Posted – 6/07/2018

#### TOWN OF DELAFIELD BOARD OF REVIEW MEETING May 22, 2018

Members Present: L. Krause, P. Van Horn, E. Kranick, R. Troy

Members Absent: C. Smith

Others Present: Chief Iding, Pewaukee Lake Patrol, D. Roberts, Highway Superintendent

First order of business:

Call to Order

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

Second order of business:

Adjournment

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

#### TOWN OF DELAFIELD BOARD OF SUPERVISORS MEETING May 22, 2018

Members Present: L. Krause, P. Van Horn, E. Kranick, R. Troy

Members Absent: C. Smith

Others Present: Chief Iding, Pewaukee Lake Patrol, D. Roberts, Highway Superintendent

First order of business:

Call to Order

Chairman Krause called the meeting to order at 7:01 p.m.

Second order of business:

Pledge of Allegiance

Third order of business:

Citizen Comments

There were no citizen comments.

Fourth order of business: Approval of May 8, 2018 Town Board Minutes

MOTION MADE BY MR. KRANICK, SECONDED BY MR. TROY TO APPROVE THE MINUTES AS

PRESENTED BY THE CLERK. MOTION CARRIED.

Fifth order of business: Action on vouchers submitted for payment:

A. Report on budget sub-accounts and action to amend 2018 budget

B. 1) Accounts payable; 2) Payroll

Accounts Pavable

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

Payroll

MOVED TO APPROVE PAYMENT IN THE AMOUNT OF \$50,775.64

MR. TROY/MR. KRANICK

MOTION CARRIED.

Sixth order of business:

Communications (for discussion and possible action)

A. None

Seventh order of business: Unfinished Business

A. None

Eighth order of business:

**New Business** 

A. Chief Iding - Pewaukee Lake Patrol Update

Chief Iding provided the following financial updates:

DNR Audit – received \$25,000+ (approximately \$2,000 over last year)

- \$33,225.00 carry over balance from 2017, ordered 40 additional buoys at the cost of \$4,000 Will apply for DNR grant (50% reimbursement)
- \$57,455 2018 operating budget (2017 budget \$57,392)

He also provided information on the following topics:

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

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

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

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

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

C. Appointment of Park and Recreation Commissioner

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

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

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

MOTION MADE BY MR. KRANICK, SECONDED BY MR. VAN HORN TO APPROVE THE ALCOHOL PERMIT FOR THE 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. Eisner, CMC, WCMC Town Clerk/Treasurer Minutes approved on:

# Town of Delafield Fire Department Employee Referral Incentive Program # 8A PAGE 105 |

- 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)

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ITEM#8B PAGE 1062

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 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	<b>Ξ.</b>		
This ordinance shall be effective	upon publication or p	osting as provided by	law.
Dated this day of	, 2018.		
	TOWN OF DELA	FIELD	
ATTEST:	Lawrence G. Kra	ause, Town Chair	
Mary Elsner, Town Clerk			
This ordinance posted or published	e 5 25 18 docy		

JUN 122018 HEM # 8C DAGE OF 4

From:

Josh Schroeder < jschroeder 360@gmail.com>

Sent:

Monday, May 21, 2018 8:06 AM

To:

tim.barbeau@rasmith.com

Cc: Subject: mary.elsner@townofdelafield.org

Attachments:

Driveway Culvert Issues 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.

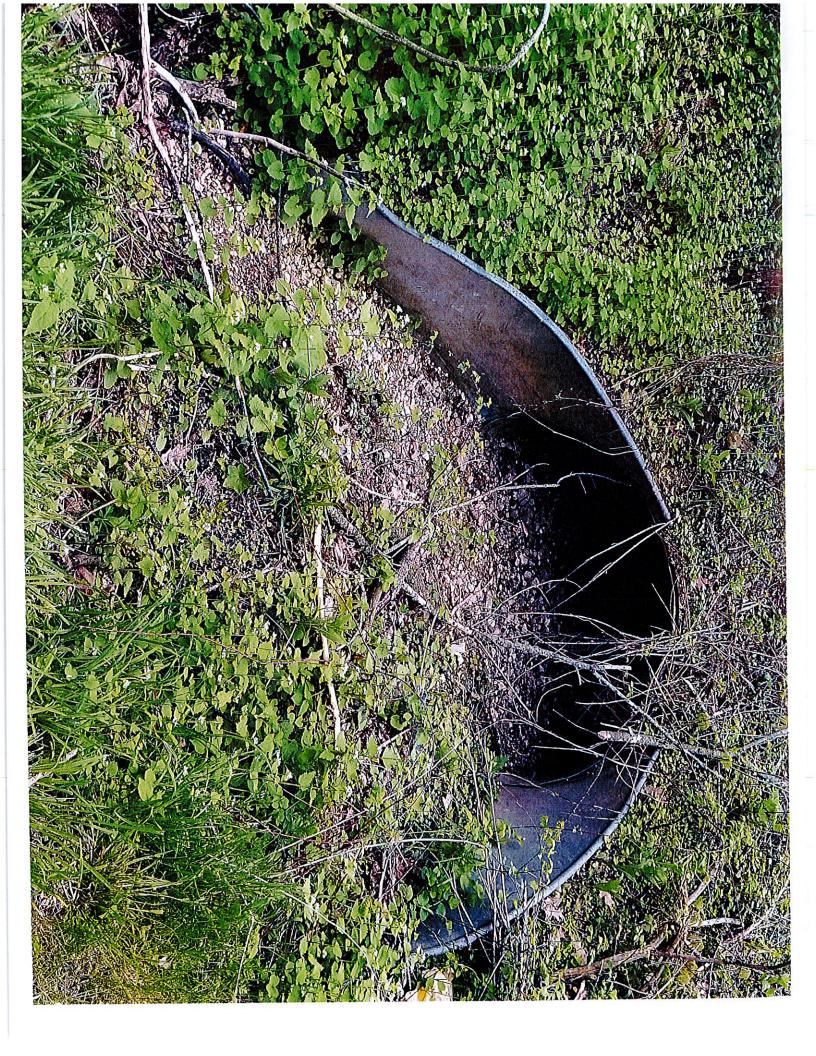
I am attaching to this email some pictures of my culvert-driveway as well as the pipe under Maple Avenue for review. If I can provide any further information, please reach out and let me know.

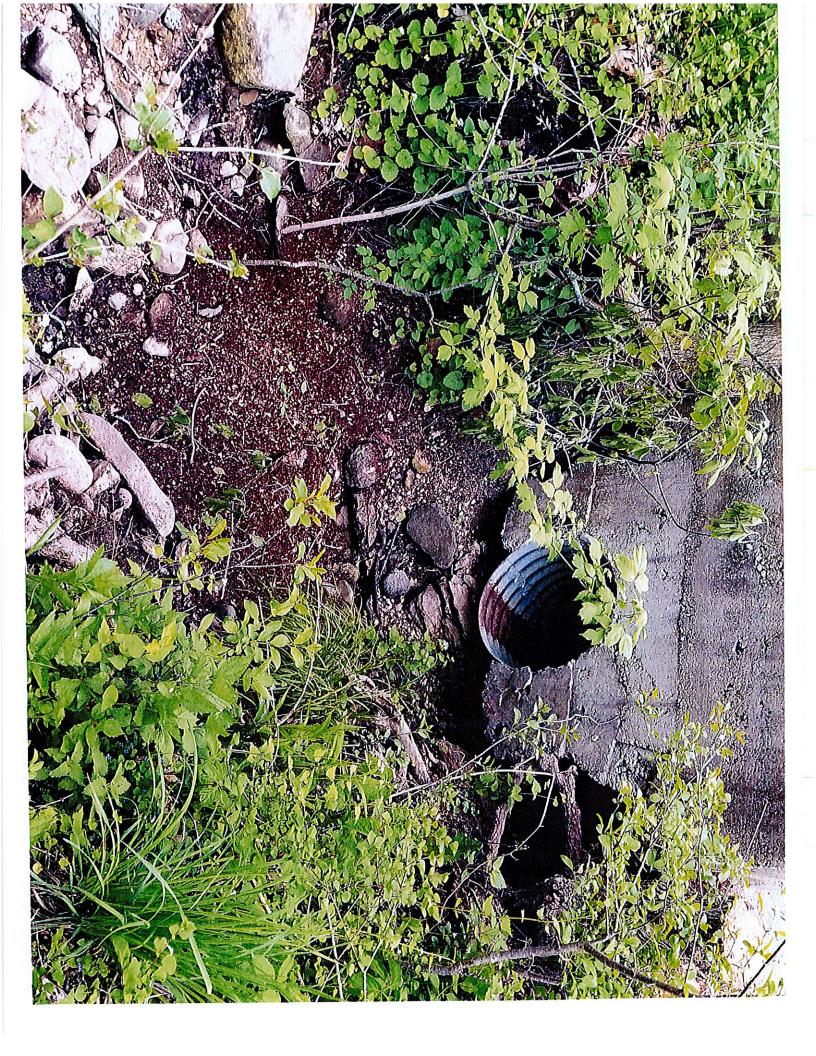
I appreciate the time and consideration and hope we can come to some kind of agreement.

Respectfully,

Josh Schroeder
W304N1866 Maple Avenue
Pewaukee, WI 53072
(608) 317-3137







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
ATTEST:		Lawrence G. Krause, Town Chairman
Mary Elsner, Town Clerk/Treasu	ırer	



	NEWAL ALCOHOL BEVERAGE LICENSE APPLICATION	Applicant's Wi Seller's Permit No.: FEIN Nur.	mber:	1859
Sub	mit to municipal clerk. Read instructions on reverse side.	LICENSE REQUESTED		
-01	the license period beginning: 07/01/2018 ending: 06/30/2019	TYPE	FEE	
	₹₹Town of ¬ ¬ ¬	Class A beer \$	100,00	
Ю	THE GOVERNING BODY of the: Village of DELAFIELD	Class C wine \$		
	City of	Class A liquor \$		
Col	unty of WAULESHA Aldermanic Dist. No (if required by ordinance)	Class A liquor (cider only) \$		SOBA
		Class B liquor \$	250,00	\$5.00
UH	ECK ONE ☐ Individual ☐ Partnership ☐ Limited-Liability Company ☐ Corporation/Nonprofit Organization	Reserve Class B liquor \$ Class B (wine only) winery \$		
_	uni 4 0 0040	Publication fee \$	25.00	-
Co	061 1-610	TOTAL FEE \$	380.00	
Α.	Individual or Partnership:  Full Name(s) (Last, First and Middle Name)  TENDINE Add RASE	Post Office & Zip	Code	-
			<u> </u>	-NC
В.	Full Name of Corporation/Nonprofit Organization/Limited Liability Company	P.O. Box 101.	SEWAUK!	EE 5307
	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 States (1997).	fod Liability Company:		
	-	Adams Print U	ffice & Zip Code	C2500
	President/Member LOF BARKER NJ2W28217 Beach Par	K Circle Pewank	ee, WI	330/4
	Vice President/Member / HPIS ALLEN NEG W27606 MADIE	SX, Juster, W.L	331121	_
	Secretary/Member SARAH SPENCER 012W31140 ELMAL	1257 DI, DEWALLE	LATE 530	วิง
	Treasurer/Member CRAIG DUCHOW NIZWISEGY LOVIS !  Agent JOHN GRIGNON 1714 GLACIER RIDGE PD	AND PERSONAL LA	E 53185	3
	· · · · · · · · · · · · · · · · · · ·		_	_
<u> </u>	Directors/Managers  1. Trade Name > PEWAUKEE YACHT CLUB Busines	ss Phone Number 269-69	1-9927	~> n∩ 0
	Post Of	fice & Zip Code 🕨 アピルル	<u> </u>	33675
	Those the engineer inderstand that they highly butchase alcohol beyonder of his month whost him with	0100010101	Yes LIN	0
	<ol><li>Premises description: Describe building or buildings where alcohol beverages are to be sold</li></ol>	and stored. The applicant must	d records.	1
	include all rooms including living quarters, if used, for the sales, service, consumption, and/o (Alcohol beverages may be sold and stored only on the premises described.)	y frame + metal 5	torage sh	<u>e</u> d
	5. Legal description (omit if street address is given above):	_ <del></del>		
	<ol> <li>a. Since filing of the last application, has the named licensee, any member of a partnership if director, manager or agent for either a limited liability company licensee, corporation licer</li> </ol>	censee, or any member, onicer, asee, or nonprofit organization		
		nii tor violalion ol aliv ledelai	Yes XIN	lo.
	laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipal	My It yes, complete leverse side	☐ les lat.	
	<ul> <li>Are charges for any offenses presently pending (excluding traffic offenses not related to licensee or any other persons affiliated with this license? If yes, explain fully on reverse s</li> </ul>	side	. 🗆 Yes 🔼 N	lo .
	7. Except for questions 6a and 6b, have there been any changes in the answers to the question last application for this license? If yes, explain, OHANGE OF OFFICE	ns as submitted by you on your	∭ Yes ☐ N	40
	8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Franchise Tax return of the licensee? If not, explain.	he Wisconsin Income or	☐ Yes ☐ f	Vo
	9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]		. N⊠ZYes 🔲 I	No
	so the contract understand that alcohol beverage invoices must be kept at the licensed	premises for 2 years from the	a—v4 ⊏⊃.	Na
	data of invoice and made evailable for inspection by law enforcement(		· •	
	11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?.		•	
þ	READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the knowledge of the signers. Signers agree to operate this business according to law and that of granted, will not be assigned to another. (Individual applicants and each member of a partnership apply the companies must sign.)	of the above questions has been trutt the rights and responsibilities confer dicant must sign; corporate officer(s)	red by the license, members/manag	rie (s), ers
	SUBSCRIPED AND SWORN TO REFORE ME	2006 15		
	his 30 day of April 2018	/At	ID-standindisdd	
١	10 Total Corner of Corner	on/Member/Manager of Limited Liability Com		
-	(Clerkifotary Public) (Officer of Corporati	ion/Member/Manager of Elmited Liability Con	pany /Partner)	
ì		s)/Member/Manager of Limited Liability Com	pany if Any)	
:	TO BE COMPLETED BY CLERK AARON J. 18			<del></del>
ı		Date license granted		
	License number issued  Date license lissued	Signature of Clerk / Deputy Clark	1 1 1 1	
,		MALL	nsin Department of Re	l venue
	AT-115 (R. 7-15)	Wiscon	iant nebergueur aute	
	11 12 12 12 12 12 12 12 12 12 12 12 12			

Submit to municipal clerk.					
Individual's Full Name (please print) (fast name)	(first name	)		(middle na	me)
OGDEN	PE	TER			
Home Address (street/route) Post Office		City	,	State	Zip Code 53072
W290N2171 HAPPYHollow Pewant		rewou	(تعن	Place of B	<u></u>
Home Phone Number	Age	Date of Birth		•	WAUKEE
262-691-9293	59			forte	WHO REC
The above named individual provides the following information		rson who is (check	k one):		
Applying for an alcohol beverage license as an individua					
A member of a partnership which is making application	for an alcol	nol beverage licen	se.		a a
SAFETY TLOPHY of of	PEL	ン <b>オ</b> ッ <u>ル</u> をを ame of Corporation, Limit	ed Lisbility Compan	y or Nonprol	it Organization)
officerormemoenmanager/प्रकृति which is making application for an alcohol beverage licer	-	ante of Cosposation, since			
The above named individual provides the following informa	ition to the l	icensing authority:	160		u.
1 (a) How long have you continuously resided in Wisconsin	n prior to thi	s date?	40 9	an?	Yes No
(b) Have you resided in the City of Milwaukee continuous	sly for one y	ear immediately p	rior to this dat	e?	Tas ixi
2. (a) Have you ever been convicted of any offenses (other	than traffic or laws of	unrelated to alcoh any other states?.	ioi beverages)	• • • • • •	🗌 Yes 💆 No
(b) Have you ever been convicted of any violations of any lf yes, give law or ordinance violated, trial court, trial and status of charges pending. (If more room is needed)	y county or date and pe	municipal ordinan naity imposed, an	d/or date, des		lites Kino
			_		<u></u>
<ol> <li>Are charges for any offenses presently pending against y for violation of any federal laws, any Wisconsin laws, any municipality?</li> </ol>	/ laws of oti	nan traffic unrelate ner states or ordina	ances or any o	oung o	Yes 💆 No
If ves, describe status of charges pending.					
4. Do you hold, are you making application for or are you as organization or member/manager/agent of a limited liabil beverage license or permit?	itty compan	y notaing of applyi	lia ioi assa oas	0, 4.00	
If yes, Identify.		on and Type of License/Pe		antion 6	
<ol> <li>Do you hold and/or are you an officer, director, stockhold member/manager/agent of a limited liability company ho brewery/winery permit or wholesale liquor, manufacturer (If yes, identify.)</li> </ol>	der, agent o lding or app or rectifier	r employe of any polying for a wholes permit in the State	ale beer perm of Wisconsin	?	☐ Yes    No
(Name of Wholesale Licensee or Permitte	e)		(Address by	City and Co	unly)
READ CAREFULLY BEFORE SIGNING: I, The undersigned or refuse to employ or discharge any person otherwise qual seek information as a condition of employment, or penalize motion solely on the basis of such information. I also shall n by willfully refusing services offered under this license.  The undersigned, being first duly swom on oath, deposes a applicant has read and made a complete answer to each of	any emplo	ye or discriminate hate against any m	in the selection ember of the reson named in	n of permilitary s the fore	sonnel for training or pro- ervice dressed in uniform going application; that the true and correct. The un-
applicant has read and made a complete answer to each of dersigned further understands that any license issued control of state law, the applicant may be prosecuted for submitting					
Subscribed and sworn to before me		W. D. Wille	<i>~</i>		
this <u>30</u> day of <u>4000</u> , 20 18	PARTITION OF THE		182	e 5	Sylvan ( )
My commission expires 2 · 8 · 1 9	W AAF	ON J. A	faifitt		• • • • • • • • • • • • • • • • • • •
NIY CONTINUOUS CAPITOCOST TO		ES. NIN		٧	Visconsin Department of Revenue
AT-103a (R. 8-11)	AAFR 2 FR				

Submit to municipal cleri		···				g_1g_9	mal	
Individual's Full Name (please		_	(first name			(middle na		
2	IEGLER	<u> </u>	Ci			State	Zip Code	
Home Address (street/route)		Post Office		City		Clair	53072	
W284 N3214	Lakerze Re	<u> </u>	IA	Pewas	rce	Place of B		
Home Phone Number	344-5027		Age 27	Date of Birth		-	sleshe	
			1	<u> </u>	411	<u> </u>	<u> </u>	
A member of a par	ohol beverage licens tnership which is ma	e as an Individual aking application fo	or an alcol	no! beverage lic	ense.	7 Ci	LUB fit Organization)	
which is making ap	pplication for an alcoh	ol beverage licens	ie.					
The above named ind	ividual provides the	following information	on to the I	icensing author	ity:			
		idad la Missansin i	prior to thi	e defe2	1100	<u>د ک</u>		10 V 11 1
(b) Have you reside	ed in the City of Milwa	aukee continuously	/ for one y	ear immediately	y prior to this da	ate?	∐ Yes	Į No
								M No
for violation of	any foderol lawe any	i Milieconsin laws. C	TO SWE 13	anv otner states	:		☐ Yes	No No
If you give law	been convicted of an or ordinance violated narges pending. (If m	i. Mai Court, mai Ge	אל הזום בזג	itally insposes;	dilatal agreed as	scription		
municipality?	federal laws, any Williams tus of charges pendi	sconsin laws, any i  ng.					Yes	Į No
beverage license o	ou making application mber/manager/agen or permit?	t of a limited liability	y compan	y nolalily or abb		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		₩ No
5. Do you hold and/o						poration o	or	
	agent of a limited lial agent or wholesale liqu							⊠(No
(ii yoo; idoniii).)	(Name of Wholes	ale Licensee or Permittee)			(Address b	y City and Co	unty)	<u></u>
READ CAREFULLY E or refuse to employ o seek information as a motion solely on the k by willfully refusing so The undersigned, be applicant has read a dersigned further und of state law, the appli	r discharge any persi a condition of employ basis of such informa ervices offered under ing first duly swom of and made a complete	on otherwise quainment, or penalize atton. I also shall no this license.  I oath, deposes an answer to each quantum answer.	any emplo t discrimir d says the lestion, an	ye or discrimina nate against any at he/she is the p not that the answ	te in the select member of the person named it ers in each inst	ion of pers military s n the forestance are tes shall b	sonnel for traini ervice dressed going applicatio true and correct the void, and und	ing or pro- in uniform on; that the ot. The un ler penalty
Subscribed and swo								
this 30 day of	Apr.1	, 20 <u>18</u>	O'TARY O'TARY	Milawie.	Q C.	ni	inter	
- flynn f	(Clerk/Notary Public)		O		(Sig	nature of Nan	ne Individual)	
My commission exp	ires 2.8./9		AARC FRA	AN J. AS		v	Visconsin Departme	ent of Reven
			OF V	NSCALL THE PARTY OF THE PARTY O				

Submit to municipal clerk.

Submit to municipal clerk.				
Individual's Full Name (please print) (last name)	(first name)		(middle name)	
ISABELL	MARK		State Zip Code	
Home Address (street/route) Post Office	City		المسترين	ļ
N41W27360 ROSER ROT PEWAG	JKEE DIPEV	Vduker	WI 33072 Place of Birth	
Home Phone Number	Age Date of Birth		NEW YORK	į
262-695-9443	19/1		IVEW TONK	
The above named individual provides the following information	ation as a person who is	(check one):		
Applying for an alcohol beverage license as an individu				
A member of a partnership which is making application	n <b>fòr</b> Æn alcohol beverag	e license.	_	
IN BACKERSCRAFTE MERBO	"TewAukee	YACHT	CLUB	
		ion, Limited Liability Compa	y of Nonprolit Organization	
which is making application for an alcohol beverage lice	inse.			
The above named individual provides the following inform	ation to the licensing au	thority:		
	in prior to this date?	1 4 7643	<u> </u>	
(a) How long have you continuously resided in viscons     (b) Have you resided in the City of Milwaukee continuously	usly for one year immedi	iately prior to this da	te? Yes	<b>∭</b> No
2. (a) Have you ever been convicted of any offenses (other	r than traffic unrelated to	o alcohol beverages	)	No No
for violation of any federal laws, any Wisconsin laws	s, or laws of any other si	rates?		No No
(h) House you over been convicted of any violations of all	nv county or municipal C	ordinances?	, , ,	14) MO
If yes, give law or ordinance violated, trial court, trial and status of charges pending. (If more room is need.)	i date alla belially illibos	ical difficult award and	onpaon	
and status of charges pending. (If those footh is need	ea, commue on reverse e			
3. Are charges for any offenses presently pending against	you (other than traffic u	nrelated to alcohol b	everages)	
for violation of any federal laws, any Wisconsin laws, an	ny laws of other states of	r orginances of any	County or	☑ No
municipality?		***********		<del></del> -
Do you hold, are you making application for or are your	an officer director or ag	ent of a corporation/	nonprofit	
econization or member/manager/agent of a limited liab	sility company noloing or	appiving for any or	101 41001101	No
beverage license or permit?			, , , , , , , , , , , , , , , , , , ,	124, ***
If yes, identify.	(Name, Location and Type of L			
5. Do you hold and/or are you an officer, director, stockhol	lder, agent or employe o	fany person or con	ooration of	,
member/manager/agent of a limited liability company he brewery/winery permit or wholesale liquor, manufacture				No No
brewery/winery permit or wholesale liquor, manufacture (If yes, identify.)	it of technet betting in an	e diale of viscours.		_(
(Name of Wholesale Licensee or Permitt	lee)	(Address b)	(City and County)	
			vioos offered under this	s license.
READ CAREFULLY BEFORE SIGNING: I, The undersigned or refuse to employ or discharge any person otherwise quality of any law and a popular and a popular property.	ed, shall not willfully refue alified because of race. (	se to provide those t color, creed, sex, na	tional origin or ancestry;	shall no
or refuse to employ or discharge any person ornerwise que seek information as a condition of employment, or penaliz	e any employe or discrir	ninate in the selecti	on of personnel for training	ig or pro
motion solely on the basis of such information. I also stall	not discriminate against	any member of the	Williary service dieased in	ii umom
by willfully refusing services offered under this license.			ar a constant and instinction	s that the
The undersigned, being first duly sworn on oath, deposes	and says that he/she is t	the person named it	the toregoing application	t. The un
applicant has read and made a complete allower to each	tropy to Chapter 125 of il	he Wieconsin Statut	es shall be void, and unde	er penalt
dersigned further understands that any license issued con of state law, the applicant may be prosecuted for submittir	ng false statements and	affidavits in connec	tion with this application.	
Subscribed and sworn to before me		·		
this 30 day of 400 , 20 18		841///		
		C & /////	My	
(Clephridiany Public)	A ARON I	(Sign	fature of Named Individual)	
Mmission syminas Q P (G	PAARON J. FRANK			
My commission expires <u>2 - 8 // 9</u>			Wisconsin Departmen	t of Reven
AT-103a (R. 8-11)				
	WALL MISS	the state of the s		
	. and thicker red configuration			

Submit to municipal clerk.				
Individual's Full Name (please print) (last name)	(fir	si name)	(middle n	ame)
EVANS_	Λ	DEIL	<u> </u>	
Home Address (street/route)	Post Office	City	State	Zip Code
WZ81N2298 Beach Pank Cin		Pewaul	ree WI	153012
Home Phone Number	Ag	4	Place of the Autority	53072 Wowkee
262-617-8009		12	1411	wounce
The above named individual provides the f	ollowing information a	s a person who is (ch	eck one):	
Applying for an alcohol beverage license				
The market of a market which is ma	king application for a	n alcohol beverage lic	ense.	
Builden + Grands (Officer/birector/Member/Manager/Agent)	of Po	ewaukee	YACHT CLU	B
(Officer/Birector/Member/Manager/Agent)		(Name of Corporation, L	mited Liability Company or Nonpro	nt Organization
which is making application for an alcoh	ol beverage license.			
The above named individual provides the	iollowing information t	o the licensing author	ity:	
	dod in Wieconein prio	r to this date?	1005	
(a) How long have you continuously less     (b) Have you resided in the City of Milway	ukee continuously for	one year immediatel	y prior to this date?	Yes 🔀 No
2. (a) Have you ever been convicted of any	offenses (other than	traffic unrelated to ald	cohol beverages)	□ vae M No
Control of the second section of the section	Wiecongin laws of is	ws of any other states	3/	I vee X No
(h) Have you over been convicted of 20	<i>i</i> violations of any cou	intv or municipal ordin	ances r	· · · · · · · · · · · · · · · · · · ·
If yes, give law or ordinance violated and status of charges pending. (If me				
3. Are charges for any offenses presently p	ending against you (	other than traffic unrel	ated to alcohol beverage	s) -
turning the standard laws any Mis	consin laws, any laws	s of other states of oic	ilialices of any cooms -	
municipality?		***************		
	for or are you an offi	cer, director or agent o	of a corporation/nonprofi	
	of a limited lianiin/ of	mmany momilio of add	MAILE TO COLLA ORNOL GLOSS.	The second second
beverage license or permit?				
If yes, identify.	(Nan	e, Location and Type of Licens		
5. Do you hold and/or are you an officer, o	irector, stockholder, a	gent or employe of an	y person or corporation	or
members/winery permit or wholesale liqu	oility company notding	or applying for a wholed	ate of Wisconsin?	🗌 Yes 🛣 No
(If yes, identify.)	or, manufactorer or re	onno ponimi		
	le Licensee or Permittee)		(Address by City and C	ounty)
		d not udifully rofuce to	nrovida those services	offered under this license,
READ CAREFULLY BEFORE SIGNING: I, or refuse to employ or discharge any personal statement of property and pro	ne undersigned, sind on otherwise qualified	because of race, color	, creed, sex, national ori	gin or ancestry; I shall not
or refuse to employ or discharge any person seek information as a condition of employ	nent, or penalize any	employe or discrimina	te in the selection of per	service dressed in uniform
seek information as a condition of employs motion solely on the basis of such informat by willfully refusing services offered under	ion. I aiso shail nol ui	scrittimate against any	member of allo minery	
			amon named in the fore	going application; that the
The undersigned, being first duly swom or applicant has read and made a complete	i oath, deposes and st answer to each quest	ays that ne/she is the p ion, and that the answ	ers in each instance are	true and correct. The un-
of state law, the applicant may be prosect	ited for submitting tals	e statements and aπισ	SAIG III COITHECHOTI MITT	the approator.
Subscribed and sworn to before me				
A	in a second			
this 30 day of April	, 20 <u>/8</u>	AN LONG	77/1/20	
Harpot 1	<u>1</u> 20		(Signature of Na	med Individual)
(diejkiNotary Public)		ADON I &		
My commission expires 2.8.19		HALOIS OF IN		
AT-103a (R. 8-11)	3	TRAIN S	1	Wisconsin Department of Revenue
	The state of the s	AARON J. & FRANK & OF WISCOMM		
	The state of the s	or Mian "Vy,		
	·	William Control		

Submit to municipal clerk.			
Individual's Full Name (please print) (last name)	(first name	)	(middle name)
ALLEN	CHR		John
Home Address (street/route)	Post Office	City	State Zip Code
N66WZ7606Mple TreeT		SUSSEX	WI 53089
Home Phone Number	Age	Date of Birth /	Place of Birth M. I.Wa whee
414 659-4008	' 149		M. Warre
The above named individual provides the fo		erson who is (check one):	
Applying for an alcohol beverage license		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Applying for an account beverage incenses  A member of a partnership which is ma		hol heverage license.	
A member of a partnership which is his	- of PE (1)	ALIVEE IJACH	T CLOB
VICE COMMODORE  (Officer/Director/Member/Manager/Agent)	<u> </u>	lame of Corporation, Limited Liability Co	ompany or Nonprolit Organization)
which is making application for an alcoh	ol beverage license.		
and the state of t	felloudes information to the	licensing authority:	
The above named individual provides the f  1. (a) How long have you continuously resi  (b) Have you resided in the City of Milwa  2. (a) Have you ever been convicted of any	ollowing information to the	icensing additionly.	44 years
1. (a) How long have you continuously residue.	ded in wisconsin phor to ur	voor immediately prior to this	date? Yes No
(b) Have you resided in the City of Milwa	ukee continuously for one	year immediately prior to are	res)
formation of any fodorol laws any	Wieconsin laws or laws of	any other states?	Li tes /LX/110
(b) Have you ever been convicted of any	wiolations of any county of	municipal ordinances?	Yes X No
If yed dive law or ordinative violated	, it ial could that acro and pr		description
and status of charges pending. (If mo	re room is needed, continue	on reverse side of this form.)	
11		han imfficurrelated to alcoh	nol heverages)
Are charges for any offenses presently p for violation of any federal laws, any Wis	ending against you (other t consin laws, any laws of of	her states or ordinances of a	
municipality?		********	Yes No
If yes, describe status of charges pendir	ıg.		
4. Do you hold, are you making application	for or are you an officer, di	rector or agent of a corporat	ion/nonprofit
organization or member/manager/agent	Of S IIMITED HADINIA COMPAN	is itological or abbising to any	- Xx1-
beverage license or permit?  If yes, identify.	**********		
		ion and Type of License/Permit)	
5. Do you hold and/or are you an officer, d	irector, stockholder, agent o	r employe of any person or plying for a wholesale beer r	18111111. Y
member/manager/agent of a limited tiab brewery/winery permit or wholesale liqu	or manufacturer or rectifier	permit in the State of Wisco	nsin? Yes No
(If yes, identify.)	0., ,		
	le Licensee or Permittee)	(Addre	ess by City and County)
		udifully refine to provide the	se services offered under this license,
READ CAREFULLY BEFORE SIGNING: I, or refuse to employ or discharge any perso	ne undersigned, snaii not n otherwise qualified becau	se of race, color, creed, sex,	national origin or ancestry; I shall not
or refuse to employ or discharge any perso seek information as a condition of employn	nent, or penalize any emplo	ye or discriminate in the sel	ection of personnel for training or pro-
seek information as a condition of employing motion solely on the basis of such information willfully refusing services offered under	ion. I aiso snail not discillini	rate against any member of	tile timitary activious disperse
The undersigned, being first duly sworn on	oath, deposes and says the	at he/she is the person name	in the foregoing application, that the
applicant has read and made a complete a	answer to each question, at	oter 125 of the Wisconsin St	atutes shall be void, and under penalty
of state law, the applicant may be prosecu	ted for submitting false state	ements and affidavits in cont	nection with this application.
Subscribed and swom to before me		Hillian Stan	
this 30 day of April /		NY PANA	
this 30 day of Apr.	20 <u>1</u> &		is du
(ClerkiNodaly Public)	20 <u>1</u> 8	100	(Signature of Named Individual)
	a AAI	CON J. 🏚 🖺	
My commission expires 2.8.19	<b>Z 1 1 1 1 1</b>	ANK !	Wisconsin Department of Revenue
AT-103a (R. 8-11)			Anadolish pebalahen or Losonia
	70°	WIECOWANTE TO THE WIECOWANTE T	
	Marin	13146001.30 <u>1)</u> (1.1.) An i en	
		4115-444,	

Submit to municipal clerk.			
Individual's Full Name (please print) (last name)	(first name)	(middle	name)
WEBER	MATT		
Home Address (street/route) Post Offi		State	Zip Code
W228 N2690 Rocky Point Rd	\$ 1 K	waske wi	
Home Phone Number	Age Date of I	Birth Place	of Birth M. Wasker
262-366-5159	51	//	Milwasker
The above named individual provides the following	information as a person w	no is (check one):	
Applying for an alcohol beverage license as an i			
A member of a partnership which is making ap		erage license.	
<del>-</del>	of PewA	poration, Limited Liability Company or Nor.	CLUB
(Officer/Director/Member/Manager/Agent)	<del>-</del>	rporation, Limited Liabilty Company or Non	profit Organization)
which is making application for an alcohol bever	age license.		
The above named individual provides the following	information to the licensing	g authority:	
1 (a) How long have you continuously resided in V	Visconsin prior to this date?	259/2	TYPES THAT MY
(b) Have you resided in the City of Milwaukee co	ontinuously for one year imr	nediately prior to this date?	Yes HAG MJ
		ad ta alaahal hayaranas)	
ferviolation of any federal laws any Wiscord	sin laws, or laws of any oth	er states /	Yes No
(h) Marco you ower been convicted of any violatio	ons of any county or municil	pal ordinances?	
If yes, give law or ordinance violated, trial co and status of charges pending. (If more room	uit illai uale alla pellally m	IDDAGGO GILLANO AND	
			<del></del>
3. Are charges for any offenses presently pending	against you (other than traf	fic unrelated to alcohol bevera	ges)
for violation of any federal laws, any Wisconsin municipality?	laws, any laws of other state	62 Of Cidillatices of any count	•
truce describe status of charges pending.			
D Latel and making application for or a	re you an officer, director of	r agent of a corporation/nonpro	ofit
accomization or member/manager/agent of a 100	iteo liability company hyluk	id of applying for any care, are	***** ¬\u00e4
beverage license or permit?	*****		
If yes, identify.	(Name, Location and Ty)		
5. Do you hold and/or are you an officer, director,	stockholder, agent or emplo	ye of any person or corporatio	n or
member/manager/agent of a limited liability con brewery/winery permit or wholesale liquor, man	ipany holding or applying to	ir a wholesale beer permit, in the State of Wisconsin?	Yes No
(If yes, identify.)	diaotates of receiver permits		
(Name of Wholesale License	or Permittee)	(Address by City and	i County)
·		to movide these seniif	e offered under this license,
READ CAREFULLY BEFORE SIGNING: I, The unit or refuse to employ or discharge any person other	Jersigned, snall not Williully ! wise qualified because of ra	ce, color, creed, sex, national	origin or ancestry; I shall not
or refuse to employ or discharge any person other seek information as a condition of employment, or	penalize any employe or di	scriminate in the selection of p	ersonnel for training or pro-
seek information as a condition of employment, of motion solely on the basis of such information. I all by willfully refusing services offered under this lice	so shall flot discriminate age	linst any member of the minor	) <b>0011100</b> 41102202 111
			progeing application: that the
The undersigned, being first duly swom on eath, d applicant has read and made a complete answer	eposes and says that he/sh	e is the person named in the R he answers in each instance (	are true and correct. The un-
dersigned further understands that any license issort state law, the applicant may be prosecuted for the state law.	submitting false statements	and affidavits in connection wi	m this application.
Subscribed and swom to before me			
Subscribed and swom to belote the	A CONTRACTOR OF THE PARTY OF TH	1	
this 30 day of 4001 , 20	Maring A Printer D	8 4. 11 C.	61/1
B 27/	TA MANAGER S.	10 1/1/1/1/N	Named Individual
(CASTIONOLARY Public)	AARON.  FRANK	J. Signature of	Hallen littlerand.
My commission expires 2.8-19	ë o: FDANK	2 1 0 5 5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
AT ADD (D. 9.41)			Wisconsin Department of Revenue
AT-103a (R. 8-11)	A		
	Walter MIST	N. C. B. A. B. C.	
		\$4	

Submit to municipal clerk.			
individual's Full Name (please print) (last name)	(first name)	(n	niddle name)
DUCHOW	CRAIG		<i>J </i>
N22w28692 LOVIS AVE Post Office	City		ate Zip Code
	Age Date of B	U-1/(-V Q	ace of Birth
tome Phone Number 4142346147	56		MILWAUREE
ne above named individual provides the following info	rmation as a person wh	o is (check one):	
Applying for an alcohol beverage license as an indiv			
T A member of a perfoarship which is making applica	tion for an alcohol beve	rage license.	•
A TREMBER OF A PARTIES THE MANAGER OF THE MANAGER (Officer/Director/Member/Manager/Agent)	Pews	LKEE YACTI	7 CLUB
(Officer/Director/Member/Manager/Agent) Which is making application for an alcohol beverage	(Name of Con license.	oration, Limited Liability Company o	- Motibions Olderspaces
he above named individual provides the following info		authority:	C 11-00 C
(a) How long have you continuously resided in Wisc	onsin prior to this date?	<b>つ</b>	6 YUARS
(b) Have you resided in the City of Milwaukee contin	uously for one year imm	ediately prior to this date?	Yes No
(a) Have you ever been convicted of any offenses (c for violation of any federal laws, any Wisconsin I			
(b) Have you ever been convicted of any violations of	of any county or municipa	al ordinances?	🗌 Yes 💆 No
If yes, give law or ordinance violated, trial court, the and status of charges pending. (If more room is not status of charges pending.)	ligi dale alla helialiti ilili	noncal attacks, marrel and the	ption
<ol><li>Are charges for any offenses presently pending again</li></ol>	nst you (other than traffi	c unrelated to alcohol bev	erages)
to deletion of one foderal laws, any Wisconsin laws	any laws of other state:	s or orginances of ally cou	inty or
municipality?  If yes, describe status of charges pending.			
4 Da way hald are you making application for or are V	ou an officer, director or	agent of a corporation/nor	nprofit
organization or member/manager/agent of a limited beverage license or permit?	liability company holding	or applying for any other	alconol Yes No
beverage license or permit?			
	(Name, Location and Type		ation or
<ol> <li>Do you hold and/or are you an officer, director, stock member/manager/agent of a limited liability compan brewery/winery permit or wholesale liquor, manufactors in the parties.</li> </ol>	cholder, agent or employ y holding or applying for turer or rectifier permit in	e of any person of corpor a wholesale beer permit, the State of Wisconsin?.	Yes No
(it yes, identity.)		(Address by Cit	
(Name of Wholesale Licensee of Pe		-	
READ CAREFULLY BEFORE SIGNING: I, The undersite or refuse to employ or discharge any person otherwise seek information as a condition of employment, or pen motion solely on the basis of such information. I also stopy willfully refusing services offered under this license.	alize any employe or dis all not discriminate agai	criminate in the selection nst any member of the mi	of personnel for training or pro- litary service dressed in uniform
The undersigned, being first duly sworn on oath, depos applicant has read and made a complete answer to ea dersigned further understands that any license issued of state law, the applicant may be prosecuted for subm	contropy to Chapter 125	of the Misconsin Statutes	shall be void, and under penalty
Subscribed and sworn to before me			AA
this 30 day of Apr. 1/ , 20 18	S. S		
			7
(Elerkinyslary Public)		(Signatu)	te of Named Individual)
My commission expires 2.8.19	AARON. FRANK		
My definition of the Att Att Att Att Att Att Att Att Att At	egi Frank		Wisconsin Department of Revenue
AT-103a (R. 8-11)			
	The Wise		
	A STANDARD OF THE STANDARD OF	Store.	

Submit to municipal clerk.				
Individual's Full Name (please print) (last name)	(first name	e)	(mid ne)	
BARKER			State Zip Code	
Home Address (street/route)	Post Office	Pewarker	State Zip Code WI 53072	
NZZWZ8Z17 Beach Park Cir	Pewarker		Place of Birth	
Home Dhone Number	<sup>Age</sup> 45	Date of Birth	Br. Jgeport, CT	
262-691-1511			10. 4g ( pov )	
The above named individual provides the fo	illowing information as a pe	erson who is (check one):		
Applying for an alcohol beverage license	as an individual.			
A member of a partnership which is male	king application for an alco	hol beverage license.		
COMMODALE (Officer/Director/Member/Manager/Agent)	of Pewa	en les GACOT.	Company or Nonorofit Organization)	
(Officer/Director/Member/Menager/Agent)  which is making application for an alcohol	ر) heverage license اد	Name of Corporation, цяпкес старкку с	onipany of Money	
The above named individual provides the fo	ollowing information to the	licensing authority:	2 yrs	
1. (a) How long have you continuously resid	led in Wisconsin prior to th	115 uate:		-
(b) Have you resided in the City of Milway	ukee continuously for one	year immediately prior to the	is date:	
(a) Have you ever been convicted of any for violation of any federal laws, any	Wieconein laws or laws of	any other states (		
(b) Have you ever been convicted of any	violations of any county of	r municipal ordinances?	☐ Yes 🔯 No	,
it vae diva iaw of ofdinance violated.	ulai coult, ulai gate and p	Citate inipopola ana		
and status of charges pending. (If mo	re room is needed, continue	on reverse side of this form.)		
Are charges for any offenses presently p	anding against you (other t	than traffic unrelated to alco	hol beverages)	-
for the letter of any fodorol lower any Miss	consin laws, any laws of Of	ner states or orginances of	any county of	,
municipality?	,		Yes 🛚 No	,
If we describe status of charges pending	a.			-
Do you hold, are you making application organization or member/manager/agent	ot a limited liability combat	IV HORDING OF ADDIVING IOF OF	ly Outor discours.	
beverage license or permit?			Yes 🖟 No	٥
If yes, identify.		tion and Type of License/Permit)	·	_
5. Do you hold and/or are you an officer, di	rector, stockholder, agent (	or employe of any person of	corporation or	
				lo
brewery/winery permit or wholesale lique	or, manufacturer or rectifier	r permit in the State of Wisc	Olishir	
(If yes, identify.)	e Licensee or Permittee)	(Add	ress by City and County)	
•			ison offered under this licens	e.
READ CAREFULLY BEFORE SIGNING: I, or refuse to employ or discharge any person	The undersigned, shall not	willfully refuse to provide the	ose services offered under this licens x. national origin or ancestry; I shall n	ot
or refuse to employ or discharge any person seek information as a condition of employment	nent, or penalize any empl	oye or discriminate in the se	election of personnel for training or pr	rm ro-
motion solely on the hasis of SUCD INTOMIAU	OH. I also shah not disorini	nate against any member o	the military service dressed in units	
by willfully refusing services offered under t	ilis licerise.		ting the foregoing application; that t	the
The undersigned, being first duly sworn on applicant has read and made a complete a	oath, deposes and says th	at he/she is the person nam	instance are true and correct. The u	un-
applicant has read and made a complete a	(i) Swel to each question, a	ntor 125 of the Wisconsin S	tatutes shall be void, and under pena	alty
dersigned further understands that any lice of state law, the applicant may be prosecul	ted for submitting false stat	tements and affidavits in co	inection with this application.	
Subscribed and sworn to before me	<i>,</i>			
		iššiāgoga.		
this 30 day of April	, 20 18	V P	001	
this 30 day of April			(Signature of Named Individual)	
(Gerk/Notary Public)	AAR ST FR		see 1	
My commission expires 2-8-19	NAR	ON J. ¦☆≝		
AT-103a (R. 8-11)	12: FR/	ANK	Wisconsin Department of Revo	enue
, .				
	The OF	120 "Viz.		
	Manna	11831602918880.		

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 GACHT CLUB, INC
Street Address: NOO WOODE Granter Dr. Pewarkon, WIT 53075
Name of Applicant (Please Print): _bnv w. GRIGNONJR (AGENT)
All licenses are effective from July 1 <sup>st</sup> of the year applied for through June 30 <sup>th</sup> 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 1 <sup>st</sup> will expire
on June 30 <sup>th</sup> of the following year.  Applicant Signature Date 4/29/18
Applicant Address (if different from business location):
1714 GLACIER RIDGE LD WAUKESHA, WI 53188

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION	Applicant's WI Seller's Permit No.: FEIN Num 45/3/02749624702 9D	0720095
Submit to municipal clerk. Read instructions on reverse side.	LICENSE REQUESTED	<u></u>
For the license period beginning: 07-1-2018 ending: 0U-30-2019	TYPE	FEE
	Class A beer \$	100.00
TO THE GOVERNING BODY of the:   Village of   Delatrel &	Class C wine	
	Class A liquor \$	5.0
County of Waule Sta Aldermanic Dist. No	Class A liquor (cider only) \$	1970
	Class B liquor \$	250.00 50
CHECK ONE   Individual   Partnership   Limited Liability Company	Reserve Class B liquor \$ Class B (wine only) winery \$	170
I I Corporation/Montrollt Offianization	Publication fee \$	25.00
Complete A or B. All must complete C. ITEM#P.F.2PAGE/of	3 TOTAL FEE \$	380.00
A. Individual of Partnership:	Post Office & Zip	Code
Full Name(s) (Last, First and Middle Name) Home Address		
1015 Wellington Wart Hartland W	1 53029	
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company	mstake side LLC	
Address of Corporation/Limited Liability Company (if different from licensed premises)	to the d Lightlity Company	<del></del>
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of L Title Name (Inc. Middle Name) Hom	e Address Post Of	fice & Zip Code
Title Name (Inc. Middle Name) Hom President/Member		
Vice President/Member		
Secretary/Member		
Treasurer/Member	Hartland WIS	3029
,		-
Directors/Managers  C.1. Trade Name   KIMS Lake Side   Busi	ness Phone Number 262-36	9-3866
history large Man Large tail and Las Post	Office & 7In Code <b>b</b> 5700	/ <u>/</u>
2. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin	wholesalers, breweries and brewpous:	EFYes □ NO
A Dramiege description: Describe hulding or buildings where alcohol beverages are to be s	Old alla protect the while	e contraction
4. Premises description: Describe building or buildings where alcohol beverages are to be a include all rooms including living quarters, if used, for the sales, service, consumption, an (Alcohol beverages may be sold and stored only on the premises described.)	ownstairs storage, C	JUSET Storage
a control of a national property of a nationa	ip licensee, or any member, officer.	
director, manager or agent for either a limited liability company license per release to	schol) for violation of any federal	m., 5/N
laws, any Wisconsin laws, any laws of other states, or ordinances or any county or munici-	Dality I I Acot combines	☐ Yes    No
to a standard for any effences proceedly pending (eycluding traffic offenses not related	to alcohol) against the named	☐ Yes ☑No
licensee or any other persons affiliated with this license? If yes, explain fully on revers  7. Except for questions 6a and 6b, have there been any changes in the answers to the questions.	stions as submitted by you on your	/
last application for this license? If ves. explain. MUXIAST MAXVIV - IXO	1100110	Yes 🗌 No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported o	n the Wisconsin Income or	⊠(Yes 🗌 No
Franchise Tax return of the licensee? If not, explain.		/ *
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]		Yes □ No
the licens	ed premises for 2 years from the	/
		7 1
11. Is the applicant Indebted to any wholesaler beyond 15 days for beer or 30 days for liquoi		
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that ea	ch of the above questions has been truth	fully answered to the red by the license(s),
best of the knowledge of the signers. Signers agree to the signer and the signer and the distribution of the assigned to another. (Individual applicant legicles in member of a partnership in the assigned to another.)	applicant must sign; corporate officer(s),	members/managers
of Limited Liability Companies must sign.)		
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that ea best of the knowledge of the signers. Signers agree to state that the signess according to law and the if granted, will not be assigned to another. (Individual applicant Particles member of a partnership of Limited Liability Companies must sign.)  SUBSCRIBED AND SWORN TO BEFORE WE this 9 day of ARY (Cleris Notary Public)  (Officer of Corp.)  My commission expires (Cleris Notary Public)	10	
this 195 day of April 1 MARY 27.1 PM	J. Owborted of Limited Liability Com	pany /Partner/Individual)
100 0 44 1 TUDE TO FLENER	orallor/vivielinee//vialipago/ or Elimited	
(Clerk/Notary Public) (Officer of Corp	oration/Member/Manager of Limited Liability Com	pany /Pariner)
My commission expires (Additional Part	Iner(s)/Member/Manager of Limited Liability Comp	any if Any)
TO BE COMPLETED BY CLERK  Date received and filed with municipal clerk  Date received and filed with municipal clerk		
	Date license granted	
HILGILO	Signature of Clerk / Deputy Clerk	
License number lesued  Date incense issued	Mary / alo	sin Department of Revenue
AT-115 (R. 7-15)	U vyiscon	our paker mant of travelles

Submit to municipal clerk.

Submit to municipal cierk.					
Individual's Full Name (please print) (la	ast name)	(first name		(middle na	
Thompson		Kin	1	Low	
Home Address (street/route)	Post Office		City	State	Zip Code
1015 Wellington u	Jay		Hartland	NI	53029
Home Phone Number	<del></del>	Age	Date of Birth	Place of B	
262-993-387	8	49	•	Way	ckesha, WI
The above named Individual pro		formation as a pe	rson who is (check on	e):	
Applying for an alcohol bever			, , , , , , , , , , , , , , , , , , ,	•	
Applying for an accord bevol			ol beverage license.		
Manuel of a partite sing of			JMSlakes	ideill	
(Officer/Director/Member/M			ame of Corporation, Limited Lie	ability Company or Nonpro	fit Organization)
which is making application f	or an alcohol beverag	e license.			
The above named individual pro	ovides the following in	formation to the I	icensing authority:		
1 (a) How long have you contin	nousty resided in Wis	consin prior to thi	s date?	49 years	<b>&gt;</b>
(b) Have you resided in the C	ity of Milwaukee conti	nuously for one v	ear immediately prior	to this date?	☐ Yes 风No
	1-1-1-E	lathar than traffia	unrolated to slookal b	AVARACES	,
for violation of any federa	al laws, any Wisconsin	ilaws, or laws of	any other states?		Yes AND
(b) Have you ever been conv	ricted of any violations	of any county or	municipal ordinances	?	Yes 🗖 No
If ves, give law or ordinan	ice violated, trial court	, trial date and pe	naity imposed, and/of	date, description	
and status of charges per	iding, (If more room is	needed, continue o	on reverse side oi tilis i	orm.)	
3. Are charges for any offenses	presently pending ag	ainst you (other th	nan traffic unrelated to	alcohol beverage	s)
for violation of any federal lay	vs, any Wisconsin law	s, any laws of oth	er states or ordinance	es of any county of	☐ Yes 🗖 No
municipality?					[7] ies [An.,
If yes, describe status of char	rges pending.	a. affiaa die	actor or agent of a co	rooration/nonprofit	
Do you hold, are you making organization or member/man	application for or are	you an omcer, un i liability company	ector of agent of a co / holding or applying f	or any other alcoh	Ųi į
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
If yes, identify. Hms N	67W33395 CTH	K Ocono	mowoy WI	<u> 53046</u>	
5. Do you hold and/or are you a					ог
member/manager/agent of a	limited liability compa	ny holding of app	lying for a wholesale	peer permit,	<del>-</del> √ □
brewery/winery permit or wh	olesale liquor, manufa	cturer or rectifier	permit in the State of	Wisconsin?	∏Yes ∐ No
(If yes, identify.)				(Address by City and Co	nunty)
•••	ame of Wholesale Licensee or I	•		·	
READ CAREFULLY BEFORE S	GNING: I, The unders	signed, shall not v	villfully refuse to provi	de those services	offered under this license,
or refuse to employ or discharge	e any person omerwisi	e quaimeu necaus	re or diocriminate in t	no selection of ner	sonnel for training or pro-
seek information as a condition motion solely on the basis of su	or employment, or per ch information. I also s	nanze any emplo; shall not discrimin	ate against any memb	er of the military s	service dressed in uniform
by willfully refusing services offer	ered under this license	) <b>.</b>	•		
The undersigned, being first du	ly sworn on oath idenc	ses and savs tha	t he/she is the person	named in the fore	going application; that the
The undersigned, being first dul applicant has read and made a	complete answer to e	each question, an	d that the answers in	each instance are	true and correct. The un-
		contrary to Chap	ter 125 of the Wiscon		
of state law, the applicant may	be prosecuted for sub-	mitting laise state	ments and amdavits i	n composion man	
Subscribed and sworn to before	e me	contrary to Chap mitting false state NOTARY  MARY  ELSNER	lt.		
19th, 1 1 ac	/. / / / / / / / / / / / / / / / / / /		Zw.		
this Tay of			E X	Al 15mm	رادار
Mary T	20000	FELARY.	「	(Signature of Nar	med Individual)
V (Clerolyotaly)	351	1 SNEX	<i>l.</i> 📗		
My commission expires 212	21/2020 1/2		* # <u>#</u>		
AT-103a (R. 8-11)	' "	WISCONSH WISCONSH		١	Visconsin Department of Revenu
	· ·	THE TAX TO SEE THE TA	-		

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

## 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: 100 100 100 100 100 100 100 100 100 10	J1 53072
Name of Applicant (Please Print): Kim Coll Nowpson	000 ,
All licenses are effective from July 1 <sup>st</sup> of the year applied for through June 30 <sup>th</sup> 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 1 <sup>st</sup> will expire on June 30 <sup>th</sup> of the following year.	
Applicant Signature 4 John Date 4-20-18	
Applicant Address (if different from business location):	

RENEWAL ALCOHOL BEVERAGI	E LICENSE APPLICATION	Applicant's Wi Seller's Permit No.: FEIN Numb	39-1609094
Submit to municipal clerk. Read instructions of	n reverse side.	LICENSE REQUESTED	
or the license period heginning: 0.71031.2	4014 ending: 0613012019	TYPE	FEE
(MM DU YYY	Y) (MM DD YAYY)	Class A beer \$	100.00
Town of	.) 201102	Class B beer \$	100.00
TO THE GOVERNING BODY of the: UVillage o	f DELAFIELD	Class C wine \$	*Soda
☐ City of	)	Class A liquor \$	
County of WANKESHA Aldermanic	Dist. No (if required by ordinance)	Class A liquor (cider only) \$	250.00 \$5.00
<del></del>	TARAN MARKATAN	☑ Class B liquor	250.00
CHECK ONE Jndividual 🗍 Partners		Reserve Class B liquor \$	
Corporation/Nonprofit Org	anization JUN 1 2 2018	Class B (wine only) winery \$	PS.00
Complete A or B. All must complete C.		Publication 100	380.00
•	ITEM #8.E.3. PAGELOF 3	IOIALILL	
<ul> <li>A. Individual or Partnership: Full Name(s) (Last, First and Middle Na</li> </ul>	me) Home Address	Post Office & Zip	Code
Full Name(s) (Cast, First and Image Ha			
B. Full Name of Corporation/Nonprofit Organization	on/Limited Liability Company		
Address of Corporation/Limited Liability Compa	any (if different from licensed premises)		
All Officer(s) Director(s) and Agent of Corporat	tion and Members/Managers and Agent of L	Imited Liability Company:	ice & Zip Code
Tiela Name (Ir	nc. Middle Name) Hom	e Address	10 53118
President/Member GREGOLY DOWAL	D ESSIG WASY 53	5715 MESATRAL DOWSM	1070, 501
Vice President/Member		TIS MESA TRAIL DOUSM	IAN.WI 53118
Secretary/Member PAULA MALIE	F5516 W34 53	715 MESA TRAIL DOUSM	1979 1001
Treasurer/Member	22/12	THE MICKLE TO ALL DOWS	14NW 53118
	23516 W38 53	715 MESA TRAIL DOUSA	VESHAWI 53188
Directors/Managers TASON CHRIS		367-661-	.n9a3
C. 1. Trade Name WF STERN LAKES		Office & Zip Code PEWANE	E.WI 53072
2. Address of Premises ▶ W347 N196	5 OAKTON RD Post	Office & Zip Code   4 2 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	No No
2. Address of Premises • WAY NITE  3. Does the applicant understand that they must put	rchase alcohol beverages only from Wisconsin	wholesalers, prewerles and brewpuss.	ш
include all rooms including living quarters, if u	used, for the sales, service, consumption, and	2 Hullbar Proshop he	reloge casts bulling on
include all rooms including living quarters, if u (Alcohol beverages may be sold and stored or	ul apona).	Mainbar	- , Walla, 2 (ser
Legal description (omit if street address is give     a. Since filing of the last application, has the	named licenses, any member of a natinershi	p licensee, or any member, officer,	
6. a. Since filing of the last application, has the	Ited liability company licensee, corporation li	censee, or nonprofit organization	
licensee been convicted of any offenses	(excluding traffic offenses not related to alc	ohol) for violation of any federal	□ Yes 🛣 No
1907 O SWSI ONS SWS Iniconstitution and Indiana	r states, or otulitatives of any county of municipal	pany, ii jeey i	
Beenses of any other persons affiliated Will	n this ilcense? If ves. explain fully on totols	O Clas Transfer	
7. Except for questions 6a and 6b, have there be	been any changes in the answers to the ques	Silolis as addition by you any	☐ Yes 🗷 No
last application for this license? If yes, explain 8. Was the profit or loss from the sale of alcohol.	hoverages for the previous year reported o	n the Wisconsin Income or	5d. □ N.
8. Was the profit or loss from the sale of alcohol Franchise Tax return of the licensee? If not, of	n beverages for the previous your reported o explain.		✓ Yes □ No
	en e	·····	Yes T No
			M tes □ No
10. Does the applicant understand that alcohol b	peverage invoices must be kept at the licens	ed premises for 2 years from the	Yes No
<ol> <li>Is the applicant indebted to any wholesaler t</li> </ol>	beyond 15 days for beer of 30 days for liquor		
READ CAREFULLY BEFORE SIGNING: Under pen	at a suite of his law the applicant states that 99	ch of the above questions has been truth	fully answered to the
READ CAREFULLY BEFORE SIGNING: Under pen	any provided by law, the applicant states that out to operate this business according to law and the	nat the rights and responsibilities conferr	ed by the license(s),
if granted, will not be assigned to another, (Individua	applicants and early member of a partnership	applicant must sign; corporate onice (s),	Memberanianagere
of Limited Liability Companies must sign.)	ART PUBLING	$1 - C_{\alpha}$	
SUBSCRIBED AND SWORN TO BEFORE		10/10/11/11/2586	4)
this 74 day of May !	.20[8]	veryout 0.000	lany (Partner/Individual)
tills day of	MARY T. W (Officer of Corp.	oration/Member/Manager of Limited Liability	3
READ CAREFULLY BEFORE SIGNING: Under penbest of the knowledge of the signers. Signers agree if granted, will not be assigned to another, (Individua of Limited Liability Companies must sign.)  SUBSCRIBED AND SWORN TO BEFORE this	ELSNER-   Gifficer of Com	oration/Member/Manager of Limited Liability Comp	pany /Parlner)
My commission cycles	sab /s = do-s		any if Anyl
Mix collinission expires	(Additional Part	ner(s)/Member/Manager of Limited Liability Comp	only is cutly
TO BE COMPLETED BY CLERK	OF WIS Date Representation of the Control of the Co		·
Date received and filed with municipal clerk	Date ren Man Suncil/board	Date license granted	
5/7/2018		Signature of Clerk / Deputy Clerk	<del>)</del>
License number issued	Date license issued		ميسهم
AT-115 (R. 7-15)		Wiscon	sin Department of Revenue
WI-119 (V' 1-19)			

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first name)		(middle name)
ESSIG	GLE GOR	y Do.	WALD
Home Address (street/route)  W338 5 3715 MFSATE  Pos	t Office (	DousMAN	State Zip Code W1 5311 \$
Home Phone Number 414-401-0900	Age 64	Dafe of Birth .	CHICAGO, IL
The above named individual provides the follow  Applying for an alcohol beverage license as  A member of a partnership which is making  AGENT  (Office/f/Director/Member/Manager/Agent)	an <b>individual</b> . Lapplication for an alcoho		CLUB
which is making application for an alcohol be		ne of Corporation, Emilied Classify Compo-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<ol> <li>(a) How long have you continuously resided</li> <li>(b) Have you resided in the City of Milwauke</li> <li>(a) Have you ever been convicted of any offer for violation of any federal laws, any Wis</li> <li>(b) Have you ever been convicted of any violation of the convicted of the convicted</li></ol>	in Wisconsin prior to this e continuously for one ye enses (other than traffic u consin laws, or laws of a lations of any county or n I court, trial date and pen	date?	te? Yes № No )
Are charges for any offenses presently pend for violation of any federal laws, any Wiscons municipality?     If yes, describe status of charges pending.	ing against you (other tha sin laws, any laws of othe	an traffic unrelated to alcohol ber states or ordinances of any o	Ounty of Yes No
Do you hold, are you making application for organization or member/manager/agent of a beverage license or permit?  If yes, identify.	limited liability company	holding or applying for any our	er accondi
<ol> <li>Do you hold and/or are you an officer, direct member/manager/agent of a limited liability brewery/winery permit or wholesale liquor, n (If yes, identify.)</li> </ol>	or, stockholder, agent or	employe of any person or corp	
(Name of Wholesale Lice	ensee or Permittee)	(Address by	City and County)
READ CAREFULLY BEFORE SIGNING: I, The or refuse to employ or discharge any person of seek information as a condition of employment motion solely on the basis of such information. by willfully refusing services offered under this I.  The undersigned, being first duly swom on oath applicant has read and made a complete answer.	nerwise qualified because, or penalize any employed also shall not discrimination in the content of the content	e or race, color, creed, sex, not e or discriminate in the selection to against any member of the line the/she is the person named in that the answers in each insta	on of personnel for training or pro- military service dressed in uniform the foregoing application; that the ance are true and correct. The un-
dersigned further understands that any license of state law, the applicant may be prosecuted f	issued contrary to Charle	a iza umie vistonsii Oteian	20 01100 20 1000
Subscribed and sworn to before me		1,	
this Tay day of May (Clerk/Notary Public)	PARY PUBLICING	Meg E	OKy De. ESSLY) atuse of Named Individual)
My commission expires AT-103a (R. 8-11)	MARY T. A ELSNER		Wisconsin Department of Revenue
<b>"</b>	WIF OF WISCOND		

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

Receipt Number: 24050 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: WF57ERN LAYES GOLF CLUB	
Street Address: W757 N1963 OAK10N FD	
Name of Applicant (Please Print): GLEGOLY DONALD ESSIG	
All licenses are effective from July 1 <sup>st</sup> of the year applied for through June 30 <sup>th</sup> of the following year, subject to all provisions of Wisconsin Statutes, Section 66.0433 (2), all regulations adopted by the Town Board. Licenses applied for after July 1 <sup>st</sup> will end on June 30 <sup>th</sup> of the following year.  Applicant Signature	and
WO39 S3715 MESA TRAIL, DOWMAN, WI 53716	
1000	

RE	NEWAL ALCOHOL BEVERAGE LICEN	SE APPLICA	ATION [	Applicant's WI Seller's Permit No.: FEIN	Number: +7.542.545	:/\
	nit to municipal clark. Read instructions on reverse si	ide. I	1	LICENSE REQUESTED	<b>)</b>	
	he license period beginning:07/01/01/8 end	וטכ נשט <sub>לing:</sub>	2019	TYPE	FEE	
01 1	(MM DD YYYY)	(MM DD	YYYY)	Class A beer	\$ 100,00	$\overline{}$
	Town of	S. old	1	Class B beer	<del></del>	4
то	THE GOVERNING BODY of the: Village of	541810		Class C wine	\$ \$	-
	☐ City of )		., ,	Class A liquor Class A liquor (cider only)	s N/A	7
Cou	nty of Wzuleska Aldermanic Dist. No.	(if required by	/ ordinance)	Class B liquor	\$ 250,00	2
CHI	:CK ONE ☐ Individual ☐ Partnership 🞾 i	_imited Liability C	ompany	Reserve Class B liquor	\$	
CHI	Corporation/Nonprofit Organization			Class B (wine only) winery	\$	75,00
	•	JUN 122		Publication fee	\$ 25.00	
Cor	nplete A or B. All must complete C.	8.E.	PAGE/OF3	TOTAL FEE	\$ 380,00	500
A.	Individual or Partnership: Full Name(s) (Last, First and Middle Name)	ITEM# I Home Addre		Post Office &	Zip Code 	
			- 1 C	July Propeller W	LLC	_ <del></del>
В.	Full Name of Corporation/Nonprofit Organization/Limited Lia	ibility Company	Golden P	ncher Properties W		
	Address of Corporation/Limited Liability Company (if differe All Officer(s) Director(s) and Agent of Corporation and Mem	nt from Ricensed pro	: Agent of Limit	ted Liability Company:		
	All Officer(s) Director(s) and Agent of Corporation and Men Title Name (Inc. Middle Name)	ame)	Home A	001099	Office & Zip Co	ode a T
	President/Member Charles Base TT	zshias	644 Count	RdK Hertford	W 530	121
	Vice President/Member					
	Secretary/Member					 
	1.80mm					
_	Orlanta Ina		Busines	s Phone Number 362-36	1-4235	
	110001101101					
	and the state of t	l beverages only from	n VVisconsin Wng	DIESSIEIS, DIEWEITES AND DIONPT-	s? <u>∭</u> 27Yes L	∐ No
	Does the applicant understand that they had purchase alcohol     Premises description: Describe building or buildings where     The property of the prope	alcohol beverages	are to be sold	and stored. The applicant mus	i and records.	
	<ol> <li>Premises description: Describe building or buildings where include all rooms including living quarters, if used, for the s (Alcohol beverages may be sold and stored only on the premise.)</li> </ol>	sales, service, cons mises described.)	umption, and/o B <i>≥r/Sez</i> fny	r storage of alcohol beverages	n Cooler	
	= tt dintion (amit if street address is NIVEN 20079);					
		ee any mombor of	a partnership li erneration licen	censee, or any member, onicer,	1	
	director, manager or agent for either a lithlited hability of licensee been convicted of any offenses (excluding to love any Misconsin laws any laws of other states, or or or	raffic offenses not re linances of any cour	elated to alcoho nty or municipali	ol) for violation of any federal ity? If yes, complete reverse s		No
	b. Are charges for any offenses presently pending (exclusions)	uding traffic offenses 7 If ves. explain ful	s not related to a ly on reverse s	side	🗌 Yes 🧏	Ø No
	7. Except for questions 6a and 6b, have there been any cha	nges in the answer	s to the questio	ins as submitted by your any	' ☐ Yes ∜	No
	8. Was the profit or loss from the sale of alcohol beverages Franchise Tax return of the licensee? If not, explain.		r reported on ti	he Wisconsin income of	<b>©</b> Yes	□ No
	9. Does the applicant understand they must hold a Wiscons [phone (608) 266-2776]			versions for 2 years from the	🧖 Yes	∏ No
	0. Does the applicant understand that alcohol beverage invo	Dices must be Kept :	at the licensed	premises for 2 years were the	[⊠rYes	∏ No <b>⊠</b> No
	<ol> <li>Is the applicant indebted to any wholesaler beyond 15 da</li> </ol>	lys for beer of 30 da	ays for liquoi r .			ما دم داد م
14 14	EAD CAREFULLY BEFORE SIGNING: Under penalty provided to est of the knowledge of the signers. Signers agree to operate this granted, will not be assigned to another. (Individual applicants ar f Limited Liability Companies must sign.)	by law, the applicant s s business according nd each member of a	states that each of to law and that partnership app	of the above questions has been to the rights and responsibilities co- plicant must sign; corporate office	ruthfully allowere nferred by the lice r(s), members/ma	ense(s), anagers
;	SUBSCRIBED AND SWORN TO BEFORE ME	10	f: //	- He		
1	his 89 day of May	2018	(Officer of Comprati	ion/Member/Manager of Limited Liability	Company /Partner/In	dividual)
	Mary Missey	<u> </u>		ion/Member/Manager of Limited Liability		
	My commission expires			(s)/Member/Manager of Limited Liability (		<del>-</del> _
	IO BE COMPLESCRON CEEVY A C. W			Date license granted	<u>-</u>	<del></del>
	Date received and the communication of the control	to council/board				
	License number issue	ssued		Signature of Clerk / Deputy Clerk		
	AT-115 (R. 7-15)				sconsin Department	oi yavayna
	AT-115 (R. 7-15)  AT-115 (R. 7-15)  AT-115 (R. 7-15)  AT-115 (R. 7-15)					
	***************************************					

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle n	ame)
H25tings		orles		Baza	
Home Address (street/route)	Post Office	City		State	Zip Code
644 County Rd K	<b>4</b>	HARTI	TORIS	WI	53012
Home Phone Number	<u> </u>	Age Date of Bir		Place of I	Birth
414-334-9363		50 11-1	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 licens		as a person who	13 (0)/00/1 0/1-/-		
Applying for an according beverage license.  A member of a partnership which is m		an alcohol bever	age license		
Member / Agent	of	and les a.	char Bapent	es WI	LLC
(Officer/Director/Member/Manager/Agent	<del>,</del>	(Name of Corpo	pration, Limited Liability Con	npany or Nonpr	fit Organization)
which is making application for an alco	hol beverage license				
The above named individual provides the	following information	n to the licensing	authority:		
1 (a) How lone have you continuously res	sided in Wisconsin pr	ior to this date?	/ <u>5</u> \	1ears	
(b) Have you resided in the City of Milw	aukee continuously t	or one year imme	ediately prior to this	date?	☐ Yes 🛂 No
	£5 / - £1 +1s -	w troffia uprolotoc	i to alcohol beveran	AS)	
for violation of any federal laws, an	v Misconsin laws, or	laws of any other	states?		
(h) Have you ever been convicted of a	ny violations of any c	ounty or municipa	l ordinances?		[] tes 💆 110
If yes, give law or ordinance violate and status of charges pending. (If n	o, trial court, trial date nore room is needed. o	and penany imp continue on reverse	side of this form.)	2000/1p1/2···	
					<del></del>
3. Are charges for any offenses presently	pending against you	(other than traffic	unrelated to alcoho	ol beverage	s) r
for violation of any federal laws, any W municipality?	isconsin laws, any lav	ws of other states	or ordinances or ar		Yes KONO
If yes, describe status of charges pend	ing.				
4. Do you hold are you making application	n for or are you an o	fficer, director or a	gent of a corporation	n/nonprofi	A1
organization or member/manager/ager	nt of a limited liability	company noloing	or applying for any	Other alcor	Yes No
beverage license or permit?	lur State -Ger	nentrum /	M. lwecker She	+ Thed	45 - Delefield
<u> </u>	(N	ame, Location and Type	of License/Permit)	ornoration	or
<ol><li>Do you hold and/or are you an officer, member/manager/agent of a limited lia</li></ol>					
member/manager/agent of a limited lia brewery/winery permit or wholesale liq	uor, manufacturer or	rectifier permit in	the State of Wiscon	ısin?	Yes
(If yes, identify.)				s by City and C	
·	sale Licensee or Permittee)				
READ CAREFULLY BEFORE SIGNING:	I, The undersigned, s	hall not willfully re	fuse to provide thos	e services	offered under this license,
or refuse to employ of discharge any pers	ou onie wise draine	u pecause of face	, oojor, oroda, com	ction of ne	sonnel for training or pro-
motion solely on the basis of such informa	ation. I aiso shali nol (	discriminate again	st any member of the	ne military	service dressed in uniform
by willfully refusing services offered under	r this license.				
The undersigned, being first duly sworn of	n oath, deposes and	says that he/she i	s the person named	in the fore	going application; that the
The undersigned, being first duly sworn of applicant has read and made a complete dersigned further understands that any lice	answer to each que	stion, and that the	: answers in each ir	istance are tutes shall	oe void, and under penalt
dersigned further understands that any lic of state law, the applicant may be prosec	ense issued contrary ated for submitting fa	lse statements an	d affidavits in conn	ection with	this application.
	Mille Comment	Millian			
Subscribed and sworn to before me	TARY	POBL TONIA			
this 8th day of May	, 20		11		
mayorithe	MA MA	ARY T. Y	11/172	/ <u>U (</u>	
(Clerk/Notary Public)	EL EL	SNER /	- V-16-7	Signature of Na	med (ndividual)
	2 \	1 - 5			
My commission evoires 2/2/12	02-70/ <sub>1/2</sub> \				
My commission expires	DO TO MAJOR	stion, and that the to Chapter 125 o also statements and PUBLC ARY T. SNER			Misconsin Department of Reven

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: Golden Anchor Paperlis WI LLC 162 Ristorn to Lago
Street Address: N26 W30207 Maple Are Pewalter W1 53077
Name of Applicant (Please Print): Charles History
All licenses are effective from July 1 <sup>st</sup> of the year applied for through June 30 <sup>th</sup> 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 1 <sup>st</sup> will expire on June 30 <sup>th</sup> of the following year.
Applicant Signature Charter Date 5/4/18
Applicant Address (if different from business location):
644 County ld K Haitfand WI 53027



RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION	Applicant's WI Seller's Permit No.: FEIN Nu.: 39-1	mber: .847252
Submit to municipal clerk. Read instructions on reverse side.	LICENSE REQUESTED	
For the license period beginning: 07 01 2018 ending: 06 30 2019	TYPE	FEE
√ Town of	Class A beer \$	100
TO THE GOVERNING BODY of the: Village of DELAFIELD	A 01000 P 0001	5
City of	T Olass C Willo S C S. C	
		N/A
County of WAUKESHA Aldermanic Dist. No. (if required by ordinance)	C Glade /dec /	
	Class B liquor \$	
	Class B (wine only) winery \$	
☑ Corporation/Nonprofit Organization JUN 1 2 2018	Publication fee \$	
Complete A or B. All must complete C.	TOTAL FEE \$	400
Complete A or B. All must complete C.  A. Individual or Partnership:  TEM #8. PAGE 1053	TOTAL FEE \$	
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, LID	DD Dayley Kan
Address of Corporation/Limited Liability Company (if different from licensed premises) N1	3W28400 SILVERNAID	WI 53072
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limi	ited Liability Company.	ffice & Zip Code
Title Name (Inc. Middle Name) Home A	Address Post Of	WT 53149
President/Member GREG J. KAZMIERSKI W330S7650 COUNT	Y RD EE MORWONAGO,	11 33223
Vice President/Member		
Secretary/Member		
Treasurer/Member		
Agent •		
Directors/Managers	- 262-547-0	535
C.1. Trade Name BUCK RUB OUTFITTERS, LTD Busines	s Phone Number 262-547-0	WT 53072
2. Address of Premises N13W28400 SILVERNAIL RD Post Of  3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin who	fice & Zip Code PEWAOREE,	77: Vos. □ No.
4. Premises description: Describe building or buildings where alcohol beverages are to be sold include all rooms including living quarters, if used, for the sales, service, consumption, and/o (Alcohol beverages may be sold and stored only on the premises described.) INDOOR R		
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 li director, manager or agent for either a limited liability company licensee, corporation licen licensee been convicted of any offenses (excluding traffic offenses not related to alcoho laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipali	al) for violation of any federal	Yes 🛭 No
b. Are charges for any offenses presently pending (excluding traffic offenses not related to a	alcohol) against the named	
7. Except for questions 6a and 6b, have there been any changes in the answers to the question last application for this license? If yes, explain.	ns as submitted by you on your	☐ Yes 🗹 No
Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Franchise Tax return of the Ilcensee? If not, explain.	ne Wisconsin Income or	☑ Yes ☐ No
9. 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 involces must be kept at the licensed date of invoice and made available for inspection by law enforcement?	premises for 2 years from the	✓ Yes □ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? .		. [] Yes [V] No
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of best of the knowledge of the signers. Signers agree to operate this business according to law and that if granted, will not be assigned to another. (Individual applicants and each member of a partnership applied Limited Liability Companies must sign.)  SUBSCRIBED AND SWORN TO BEFORE ME  this	of the above questions has been truth the rights and responsibilities conferr licant must sign; corporate officer(s),	fully answered to the red by the license(s), members/managers
SUBSCRIBED AND SWORN TO BEFORE ME	Kaz J. F	/ Ns
this 30 day of Clerk/Notary Public)  My commission expires 2 1 30 ELS TO THE STORY Public Statistical Partners Sta	on/Member/Manager of Limited Liability Comp s)/Member/Manager of Limited Liability Comp	pany /Partner/Individual)
(Clerk/Notary Public) NI SIN Since of Corporation	on/Member/Manager of Limited Liability Comp	oany /Partner)
My commission expires 221 202 El Additional Partner(s	s)/Member/Manager of Limited Liability Comp	any if Any)
TO BE COMPLETED BY CLERK  Date received and filed with municipal clerk  Date reported to the province of the p	Date license granted	
License number issued Date license issued	Signature of Clerk / Deputy Clerk	
	Wiscons	sin Department of Revenue

AT-115 (R. 7-15)

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Latitude Tall Name (who so print) (last name)		(first name	اد		(middle na	ame)	
Individual's Full Name (please print) (last name)  KAZMIERSKI	CE	inrst name REG	7)		J		
<u> </u>	Post Office		City		State	Zip Code	
Home Address (street/route) W330S7650 CTY RD EE	, oar omeo		MUKWONAGO		WI	53149	ļ
Home Phone Number		Age	Date of Birth		Place of B		
262-470-3880		62			MILW	AUKEE	
		l	<u> </u>				
The <b>above named individual</b> provides the			erson who is (check on	ie):			
Applying for an alcohol beverage licen							
A member of a partnership which is n							
GREG KAZMIERSKI - PRE		K RUE	OUTFITTERS,	iahility Company	or Nonpro	fit Organization)	
which is making application for an alco			esme of corporation, Emilion 2.	,,	·		
The above named individual provides the	e following information	on to the	licensing authority:				
1. (a) How long have you continuously re	sided in Wisconsin p	orior to th	is date? <u>62</u>				
(b) Have you resided in the City of Milv	vaukee continuously	for one	/ear immediately prior	to this date	∍?	∐ Yes	✓ No
2. (a) Have you ever been consisted of a	ny offenses (other th	an traffic	unrelated to alcohol b	neverages)			✓ No
for violation of any federal laws, an	y Wisconsin laws, o	r laws of	any other states?			∐ √∆e	V No
(b) Have you ever been convicted of a lf yes, give law or ordinance violate	d, trial court, trial da	te and pe	enaity imposed, and/oi	r date, desc	ription	<u> </u> 163	FAT 140
and status of charges pending. (If n	nore room is needed,	continue	on reverse side of this t	form.)			
3. Are charges for any offenses presently	nending against vol	ı (other t	han traffic unrelated to	alcohol be	everage:	s)	
for violation of any federal laws, any W	isconsin laws, any la	aws of oti	ner states or ordinance	es of any c	ounty or		✓ No
municipality?						[_] Yes	ĀT 14
If yes, describe status of charges pend		<i>er</i> !!		rnaration/n	onprofit	<del></del>	
4. Do you hold, are you making application or member/manager/ager	on for or are you an o	officer, dii Lompan	rector or agent of a co v holding or applying f	for any othe	er alcoh	ol	
beverage license or permit?			, or applying .		. <b></b>	🗌 Yes	No.
If yes, identify.			on and Type of License/Permit)				
5. Do you hold and/or are you an officer,	•		= = = = = = = = = = = = = = = = = = = =		oration c	or	
mambar/managar/agent of a limited lie	bility company holdi	no or apr	dving for a wholesale	beer permi	t,		[Z] N.
brewery/winery permit or wholesale liq	uor, manufacturer o	r rectifier	permit in the State of	Wisconsin		Lightes	<b>√</b> N
(If yes, identify.)	2			(Address by C	ity and Co	unty)	
•	sale Licensee or Permittee)						
READ CAREFULLY BEFORE SIGNING:	, The undersigned, s	shall not v	willfully refuse to provi	de those se	rvices c	offered under thi	s licens: L shall n
or refuse to employ or discharge any pers	on otherwise qualific	ed pecau:	se of race, color, creet vo or discriminate in th	he selection	n of pers	sonnel for traini	ng or pr
motion solely on the basis of such informa	ition. I also snall not	discrimin	ate against any memb	oer of the m	ilitary s	ervice dressed i	in unifor
by willfully refusing services offered under	r this license.						
The undersigned, being first duly sworn o	n oath, deposes and	says tha	t he/she is the person	named in t	he fore	going application	n; that ti
applicant has read and made a complete dersigned further understands that any lice							
of state law, the applicant may be prosect	IITAA TAR ELIDMITTIINA 19	3166 61316	menis ann auklaviis i	n connection	on wjth t	his application.	·
			**************************************	,	/.	Λ	
Subscribed and sworn to before me	, 20 <u>\8</u>	TARY P	TO THE TOTAL STATE OF THE PARTY	/	/ \	· //	
this 30 day of April	, 20 <u>  8</u> 🚆 8		17 M			// 、	
man T Women		MAR	YER JOLE	g K	U.,_	ml_	
(Clerk/Notary Public)		/ ELS	IN SEE	(Signal	ure of Nam	ned Individual)	
My commission expires 2 212	as The	S		2	/		
	_ <del></del> ''l	MATE (	NE MISSIE		V	/isconsin Departmer	nt of Reve
AT-103a (R. 8-11)		111/	1644.				

#### 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: Buck Rub Ourfitters, LTD
Street Address: N13 W 28400 Silvernail Rd Pewanker W1 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 / Leg Good Julia Date 7/50/8  Applicant Address (if different from business location):
W330 S7650 Cty Rd EE Mukwonago W1 53149
i S

JUN 122018

TOWN OF DELAFIELD

W302N1254 Maple Avenue Phone: 262-646-2398 Delafield, WI 53018 Fax: 262-646-8687 ITEM#8.G.PAGE 10f 1

Receipt Number: 1026
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: St. ANTHONY ON THE LAKE
Street Address: W260N2101 P20SPECT AVE, PEWAWICEE, WI 53072
Name of Applicant (Please Print): ARHUK 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 Date



Maria Action

JUN 122018

ITEM #8.H. PAGE OF

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

#### TOWN OF DELAFIELD

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

# 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 WALL DORF SCHOOL
Street Address: N14W29143 SILVERNALL Rd. Pawaukac, WI
Name of Applicant (Please Print): Seanne Rinky
All licenses are effective from July 1 <sup>st</sup> of the year applied for through June 30 <sup>th</sup> 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 1 <sup>st</sup> will expire on June 30 <sup>th</sup> of the following year.
Applicant Signature Date 4.9.18
Applicant Address (if different from business location):





# **Town of Delafield**

Date: June 7, 2018

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

and Supervisor Smith

From: Mary Elsner

Item 81 - Consideration and possible action on Operator's License Re:

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.

AGENDA ITEM

# Town of Delafield Fermented Malt Beverages & Intoxicating Liquors License Application

JUN 122018

To the Board of Supervisors of the Town of Delafield:

ITEM#81 | PAGE 104 2

10 the posit	TOL Onherwoods of the Louis of Daie	mora.				
i hereby app Malt Bevera	oly for a License of service, from data ges and Intoxicating Liquors, subject Statutes and all acts amendatory the ordinances and regulations, Federa	to the militario	ing milbonog by com	harabu saree to com	niv with all laws	
□ New b	Renewal ·	Please	Print,	``		
Driver's Lice	ansa Or WU.D.#	_	Birth Date	Telephone Number	90-3844	
First Name	role		Middle Initial La	Bi Name Halist	reri	
Street Addr	**** (1)28UM OAK	/tmRd	City	Pewarker State	Zip Code/ - 53/472	
Social Sec	urih klumbar —		United States Citizen	o Male	Female	
White	) Black 🗌 Aslan ör Pacific	•	Business Establishmer	nt For Which Applying	e facht []u	6
	American Indian or Alaskan Native	! <del> </del>				
1. If	you checked <u>NEW</u> above – have you artenders license in the <u>State of Wisc</u>	completed the B <u>onsin</u> within the			ι .	
· 2, H	ave you <u>EVER</u> been convicted of viole	ating any:	Wisco Laws of	aws ANYWHERE? onsin State Laws? FANY other State? any municipality?	☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☑No	
3.	If you answered YES to any question i			ng for each conviction	; 	
<u> </u>	Date of Conviction	City & State whe	re violation occurred	c WI		
1	Nature of offense			<del></del>		
L.						
	Date of Conviction	City & State who	ere violation occurred			
-	Nature of offense					
<u> </u>	(List additional offenses on back of fo	orm)			<b>\</b>	
4.	Are there any charges listed in #2 about YES answer:	ove that are PRE	SENTLY PENDING aga	ainst you?	☐ Yes ☐ No	
	Date of Offense	City & State wh	ere violation occurred		:	
	Nature of offense	<u> </u>				
i i	,					

(List additional offenses on back of form)



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

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

Information Bureau

Name: BALISTRERI, NICOLE

Date of Birth: Alias Names:

#### NOTICE TO EMPLOYERS

It may be a violation of state law to discriminate against a job applicant because of an arrest or conviction record. Generally speaking, an employer may refuse to hire an applicant on the basis of a conviction record only if the circumstances of the offense for which the applicant was convicted substantially relate to the circumstances of the particular job. For more information, see <a href="Statute 111.335">Statute 111.335</a> 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

AGENDA ITEM Date: 5/3/16 JUN 1 2 2018

# Fermented Malt Beverages & Intoxicating Liquors License Application ITEM#810PAGE 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, 20 20, 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	Pleas	e Print	_		
Driver's License		Birth Date	Telephone 267	Number 366 -585	9
rirst Name		Middle Initial	Last Name EloudSir		
ANTHONY Street Address   CAR Canada PAH		City	S	tate Zip Co	7.7
Social Security Number		United States Citiz	en [	] No	
Business Establishment For Which Applying Penackee Yack (1)	Ь	Street Address of	Business		
If you checked <u>NEW</u> above – habartenders license in the <u>State</u>	ave you completed the B of Wisconsin within the	artenders Training last two years?	Course In the <u>Sta</u>	te of Wisconsin o ∐Yes	r held a No
2. Have you <u>EVER</u> been convicted		Feder W Law	al Laws ANYWHEF isconsin State Lav s of ANY other Sta s of any municipal	vs? ∐Yes ite? ∐Yes	No No No No
3. If you answered <u>YES</u> to any qu	uestion listed in #2 above				
Date of Conviction	City & State when	re violation occurr	ed		
Nature of offense					
Date of Conviction	City & State whe	re violation occur	red		
Nature of offense			······································		
(List additional offenses on back)  4. Are there any charges listed in the state of		SENTLY PENDING	against you?	∐Yes	. □No
Date of Offense	City & State who	ere violation occur	red	<del></del> .	
Nature of offense					
(List additional offenses on t	pack of form)				<u>,                                     </u>



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:

- 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: 4/24/18AGENDA WEM

☐Yes XNo

# Fermented Malt Beverages & Intoxicating Liquors License Application Town of Delafield

JUN 122018

I hereby apply for a License of service, from date Malt Beverages and Intoxicating Liquors, subject Wisconsin Statutes and all acts amendatory their resolutions, ordinances and regulations, Federa is granted to me.	t to the limitation	s imposed by S	ection 125.52(2	ree to comply	with al	l laws,
☐ New 🛱 Renewal	<u>Please</u>	<u>Print</u>				
Driver's License Or WI I.D.#		Birth Date		ne Number 370-50	69	
First Name Aarom	,	Middle Initial	Last Name Fran	K		
Street Address NIOW28620 Northview R		city Waokei	sha	State W I	Zip Co S3	58
Social Security Number		United States Citiz X Yes	en	□ No		
Business Establishment For Which Applying RevarKee Yaut-Club		Street Address of	Business	<u> </u>		
If you checked <u>NEW</u> above – have you checked <u>NEW</u> above – have you constant the <u>State of Wisco</u>	completed the Bar o <u>nsin</u> within the la	rtenders Training st two years?	Course in the §	State of Wisco L	nsin or ] Yes	held a □ No
2. Have you <u>EVER</u> been convicted of viola		Feder W Law	al Laws ANYWH /isconsin State I is of ANY other is s of any municip	aws?	∐Yes ∐Yes ∐Yes ∰Yes	No No No No No No
3. If you answered <u>YES</u> to any question li				conviction:		<del></del>
Date of Conviction 2002 7: 2003 Maybe	ity & State where WavKe					
Nature of offense	HC	<u>.</u>				
	City & State where	e violation occur	red			
Nature of offense		<u>.</u>				

(List additional offenses on back of form)

(List additional offenses on back of form)

If YES answer:

Date of Offense

Nature of offense

To the Board of Supervisors of the Town of Delafield:

City & State where violation occurred

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



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

0/0/1/2010

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

010 1120 10

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:

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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) POSSESION 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

Date: 5-2-1846ENDATEM

# Town of Delafield Fermented Malt Beverages & Intoxicating Liquors License Application

JUN 122018 ITEM#8.IHAGE 10F2

To the Board of Supervisors of the Town of Delafield:

I hereby apply for a License of service, from date hereof to June 30, 2 , 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 <u>F</u>	Please Print					
Driver's License Or WI I.D.#	Birth Date Telephone Number 414-852-4961					
First Name  TOAN  JR.	Middle Initial Last Name GRIGNON					
Street Address 1714 GLACIER RIDGE 1	2D WAUKESHA WI 53188					
Social Security Number	United States Citizen Yes					
Business Establishment For Which Applying PEWAUKEE YACHT CLU	B Edgewater Dr. PEWAUKEE					
If you checked <u>NEW</u> above – have you completed the Bartenders Training Course in the <u>State of Wisconsin</u> or held a bartenders license in the <u>State of Wisconsin</u> within the last two years?     ☐ Yes ☐ No						
2. Have you <u>EVER</u> been convicted of violating any	The Who					
3. If you answered $\underline{YES}$ to any question listed in #	2 above complete the following for each conviction:					
Date of Conviction  5/200/ ? City & Ste	ate where violation occurred					
Nature of offense SERVING UNDER	· ·					
Date of Conviction City & St	City & State where violation occurred					
Nature of offense						
(List additional offenses on back of form)	(List additional offenses on back of form)					
<ol> <li>Are there any charges listed in #2 above that a If YES answer:</li> </ol>						
Date of Offense City & St	tate where violation occurred					
Nature of offense						
(List additional offenses on back of form)	(List additional offenses on back of form)					



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

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

Information Bureau

Name: GRIGNON JR, JOHN

Date of Birth: Alias Names:

#### NOTICE TO EMPLOYERS

It may be a violation of state law to discriminate against a job applicant because of an arrest or conviction record. Generally speaking, an employer may refuse to hire an applicant on the basis of a conviction record only if the circumstances of the offense for which the applicant was convicted substantially relate to the circumstances of the particular job. For more information, see <a href="Statute 111.335">Statute 111.335</a> 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

# Date: U130118 Monator JUN 122018 Town of Delafield Fermented Malt Beverages & Intoxicating Liquors License Application ITEM # 8:T. PAGE | of 2. rd of Supervisors of the Town of Delafield:

To the Board of Supervisors of the Town of Delafield:

(List additional offenses on back of form)

I hereby apply for a License of service, from date hereof to June 30, 20 , 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 greated to me is granted to me.

□ New	₩ Renewal	Pleas	e Print				· 	
Driver's L	Icense Or WI 1.D.#		Birth Date	Teleph	one Number	816	3	
)o.Nam	10		Middle Initial	Last Name				
1050			N_	Kell	Nex	1		
Street Ad	<b>Ω</b> \		Way V	SVU.	State	Zip Co	186	
Social S.	Aprente SI	<del>-</del>	United States Citiz	en	□ No			
1 .	s Establishment For Which Applying	ub	Street Address of W22 W29	Business SAOU FO	gewat	er Dr	. Peu	DOWNER W1 53072
1,	If you checked <u>NEW</u> above – have yo bartenders license in the <u>State of Wi</u>	u completed the E sconsin within the	Bartenders Training last two years?	Course in the	State of Wis	<u>consin</u> or ∐Yes	held a No	W1 250 10
2.	Have you <u>EVER</u> been convicted of vi		Feder W 1 aw	al Laws ANYW risconsin State is of ANY other is of any munic	Laws? State?	☐ Yes ☐ Yes ☐ Yes ☐ Yes	Д ио Д ио Д ио Д ио	
3.	If you answered <u>YES</u> to any question	n listed in #2 abov	•			<u> </u>		٦
	Date of Conviction	City & State whe	re violation occurr	ed		<del></del>		<u> </u>
	Nature of offense	<u> </u>						
1	Date of Conviction	City & State wh	ere violation occur	red				
	Nature of offense	_!						
4.	(List additional offenses on back of Are there any charges listed in #2 a If YEŞ answer:		SENTLY PENDING	against you?		☐ Yes	ŊΝο	
	Date of Offense	City & State wh	ere violation occu	red				
	Nature of offense						<u></u> _	
								<del></del>



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 <u>Statute 111.335</u> 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

Date: 1107

# Town of Delafield Fermented Malt Beverages & Intoxicating Liquors License Application

JUN 122018

To the Board of Supervisors of the Town of Delafield:

ITEM #8.1. PAGE 168 7

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	e Print						
Driver's License Or WI I.D.#	Birth Date   Telephone Number   262-370-4509						
First Name Timothy	Middle Initial  H  Mc Cet F-Cey  State  Zip Code						
Street Address 1508 E Morgan Ave	Milwaukee WI 53207						
Social Security Number	United States Citizen  ☐ Yes ☐ No						
White ☑ Black ☐ Asian or Pacific Islander ☐  American Indian or Alaskan Native ☐	Business Establishment For Which Applying Pewarkee Yacht Club						
If you checked <u>NEW</u> above – have you completed the E bartenders license in the <u>State of Wisconsin</u> within the	Bartenders Training Course in the <u>State of Wisconsin</u> or held a last two years?						
2. Have you <u>EVER</u> been convicted of violating any:	Federal Laws ANYWHERE?						
3. If you answered YES to any question listed in #2 abov	I I II						
Sppt 2009 West	Date of Conviction  Sept 2009  West Allis, WT						
Nature of offense Destruction of prope	Nature of offense Destruction of property						
Date of Conviction City & State wh	ere violation occurred						
Nature of offense							
(List additional offenses on back of form)  4. Are there any charges listed in #2 above that are PRE If YES answer:	ESENTLY PENDING against you? ☐ Yes 図No						
Date of Offense City & State where violation occurred							
Nature of offense	Nature of offense						

(List additional offenses on back of form)



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

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

Information Bureau

Name: 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

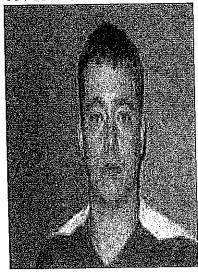
Height: 5'10" Weight: 190lbs;

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: 10909184** 

ARREST AGENCY: WI0411600 WEST ALLIS PD

## **CHARGE**

SEQUENCE NUMBER: 01

LITERAL: CRIMINAL DAMAGE TO PROPERTY // ORD VIO

NCIC CODE: 2901

COUNTS: 1

**CLASSIFICATION:** 

**CHARGE SEVERITY: OTHER** 

## **COURT**

SUBJECT NAME: TIMOTHY H MCCAFFREY

**DATE:** 10/05/2009

COURT: WI041121J - WEST ALLIS MUNICIPAL COURT

**COMMENTS:** 

## **CHARGE**

LOCAL IDENTIFICATION NUMBER: 41162000104611

SEQUENCE NUMBER: 01

LITERAL: CRIMINAL DAMAGE TO PROPERTY // ORD VIO

NCIC CODE: 2901

COUNTS: 1

**CLASSIFICATION:** 

**CHARGE SEVERITY: OTHER** 

# **DISPOSITION**

LITERAL: CONVICTED

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

# SENTENCING

**DATE:** 10/05/2009 **CASE NUMBER:** 

COURT: WI041121J - WEST ALLIS MUNICIPAL COURT

**CONVICTED OFFENSE:** 

CHARGE SEQUENCE NUMBER: 01

SENTENCE: FINE COMMENTS:

#### **CONTRIBUTING AGENCIES**

WI013035Y-WI CIB IDENTIFICATION SECTION WI0411600-WEST ALLIS PD

000000

# WI041121J-WEST ALLIS MUNICIPAL COURT

End of Rapsheet

# Date: U/30 18 JUN 122018 Town of Delafield Fermented Malt Beverages & Intoxicating Liquors License Application ITEM#87. Page 10f 2.

To the Board of Supervisors of the Town of Delafield:

(List additional offenses on back of form)

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 greated to me

□ New □ Renewal	Pleas	<u>e Print</u>			·
Driver's License Or WI I.D.#	N.	Birth Date	Telephone Number	19-2	3905
First Name  Briana		Middle Initial Last S(	Name Chni HVL		
Street Address 318 Prospect Ave		cityHartar	d State	zip Cod	3020
Social Security Number		United States Citizen X-Yes	□ No		
Business Establishment For Which Applying Penou Kee Yacht	<u>"lub</u>	Street Address of Busines	304 FO	gwo	ter D
If you checked <u>NEW</u> above – have you co bartenders license in the <u>State of Wiscor</u>	ompleted the B	artenders Training Cours last two years?	MRE WI se In the State of Wis	consin or l	held a □ No
2. Have you <u>EVER</u> been convicted of violati		Federal Law Wiscons	s ANYWHERE? sin State Laws? IY other State? y municipality?	Yes Yes Yes Yes	Ζίνο Ζίνο Ξίνο Χίνο
3. If you answered <u>YES</u> to any question lls		complete the following			· 
Date of Conviction Cit	ty & State wher	e violation occurred			
Nature of offense	Icohol	to pain	Ors		
Date of Conviction C	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 If YES answer:		SENTLY PENDING agains	st you?	☐Yes	ЩNo
Date of Offense City & State where violation occurred					
Nature of offense					



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

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

Information Bureau

Name: SCHNITTKE, BRIANA

Date of Birth: Alias Names:

#### NOTICE TO EMPLOYERS

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 <a href="Statute 111.335">Statute 111.335</a> 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 127018 THEM#8:I BAGE 1062

To the Board of Supervisors of the Town of Delafield:

(List additional offenses on back of form)

I hereby apply for a License of service, from date hereof to June 30, 20 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 Telephone Number Birth Date Driver's License Or WI I D # Last Name Middle Initial First Name Zip Code State Street Address 53 132 W United States Citizen Social Security Number XYes 🗌 No Business Establishment For Which Applying Aslan or Pacific Islander 🗌 White IX Black 🗌 Pewarkee Yachot Club American indian or Alaskan Native 🔲 If you checked <u>NEW</u> above - have you completed the Bartenders Training Course in the <u>State of Wisconsin</u> or held a bartenders license in the <u>State of Wisconsin</u> within the last two years? ∐ Yes Federal Laws ANYWHERE? Have you EVER been convicted of violating any: Yes Yes Wisconsin State Laws? ☐ Yes Laws of ANY other State? Ordinances of any municipality? ∏Yes If you answered YES to any question listed in #2 above complete the following for each conviction: City & State where violation occurred Date of Conviction Nature of offense City & State where violation occurred Date of Conviction Nature of offense (List additional offenses on back of form) ☐ Yes ☐ No Are there any charges listed in #2 above that are PRESENTLY PENDING against you? If YES answer: City & State where violation occurred Date of Offense Nature of offense



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 <a href="Statute 111.335">Statute 111.335</a> 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:

- 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 <u>The Department of Justice website</u> 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: 5/31/18/19

JUN 122018

# Town of Delafield Fermented Malt Beverages & Intoxicating Liquors License Application ITEM#8. I 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, 20**20**, 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 <u>P</u>	lease Print
Divor's License C-MILLOW	Telephone Number 262-424-4749
First Name  Vavio	Middle Initial Last Name BUY back
Street Address Westshore Driv-	e Delatield W1 53018
Social Consults Number	United States Citizen  ∠ Yes
Business Establishment For Which Applying  Im S LakeSide	Street Address of Business Maple Avenue
If you checked <u>NEW</u> above – have you completed bartenders license in the <u>State of Wisconsin</u> with	I If the Bartenders Training Course in the <u>State of Wisconsin</u> or held a In the last two years? ☐ Yes ☐ No
2. Have you <u>EVER</u> been convicted of violating any:	angulanno Dives Dilo
3. If you answered <u>YES</u> to any question listed in #2	2 above complete the following for each conviction:
Date of Conviction 2006 City & State	te where violation occurred
Nature of offense	
Date of Conviction 2013 City & Sta	te where violation occurred Re Wav Kee
Nature of offense Serving a	minor
(List additional offenses on back of form)	DV AND
<ol> <li>Are there any charges listed in #2 above that are if YES answer:</li> </ol>	e PRESENTLY PENDING against you?
Date of Offense City & Sta	te where violation occurred
Nature of offense	
(List additional offenses on back of form)	



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

Name: 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 <a href="Statute 111.335">Statute 111.335</a> 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: 424 18 /

JUN 122018

Town of Delafield

Fermented Malt Beverages & Intoxicating Liquors License Application TEM# 10 PAGE 108

To the Board of Supervisors of the Town of Delafield:

(List additional offenses on back of form)

I hereby apply for a License of service, from date hereof to June 30, 20 (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	<u>Pleas</u>	e Print				
Driver's License Or WI 1.D.#	1	Birth Date		one Number 2よ-ろろフー	1534	<del> </del>
First Name		Middle Initial	Lest Name			
Street Address W268 N2780 Water St		Pewauk	<u> </u>	State W	53(	72
Social Security Number		United States Citize	n 	□ No		
Business Establishment For Which Applying Kim's Lakeside		Street Address of B	usiness	. <del></del>		
If you checked <u>NEW</u> above – have yo bartenders license in the <u>State of Wit</u>	ou completed the B sconsin within the	artenders Training last two years?	Course in the	State of Wisc	<u>onsin</u> or l ∐Yes	heid a □ No
2. Have you <u>EVER</u> been convicted of vi	olating any:	Wi: Laws	I Laws ANYWi sconsin State of ANY other of any munici	Laws? State?	☐ Yes ☐ Yes ☐ Yes ☐ Yes	No No No No
, 3. If you answered <u>YES</u> to any question		· · · · · · · · · · · · · · · · · · ·		conviction:		
Date of Conviction	City & State Wile	re violation occurre	u 			
Nature of offense	<u></u>					
Date of Conviction	City & State whe	re violation occurre	ed			
Nature of offense		-	,			
(List additional offenses on back of  4. Are there any charges listed in #2 a If YES answer:	ere any charges listed in #2 above that are PRESENTLY PENDING against you?				∐Yes	⊠ио
			•			
Date of Offense	City & State whe	ere violation occurre	ed			



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 <a href="Statute 111.335">Statute 111.335</a> 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.

Date:

# Town of Delafield Fermented Malt Beverages & Intoxicating Liquors License Application

JUN 122018

ITEM#8: THAGE 16 6

To the Board of Supervisors of the Town of Delafield:

(List additional offenses on back of form)

I hereby apply for a License of service, from date hereof to June 30, 20 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
Delivera Liennes Country A	Birth Date Felephone Number (414) 736-2824
First Name	Middle Initial Last Name  Synder
Street Address 3145 N 75TH Se	City State Zip Code 53216
Social Constitutionham	United States Citizen  Ves No
American Indian or Alas	or Pacific Islander  Business Establishment For Which Applying  Kan Native   Kins (AKESIDE)
17 she shed NEW shove	have you completed the Bartenders Training Course in the <u>State of Wisconsin</u> or held a <u>Yes</u> No □ Yes □ No
2. Have you <u>EVER</u> been convic	i Dva ONO
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  4. Are there any charges liste If YES answer:	back of form) I in #2 above that are PRESENTLY PENDING against you? ☐ Yes ☐ No
Date of Offense	City & State where violation occurred



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 122018

To the Board of Supervisors of the Town of Delatield:

ITEM#8I PAGE OF >

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	Pleas	<u>e Print</u>		
Driver's License Or Wi I.D.#		Birth Date	Telephone Number 262-370-	-3155
First Name		Middle Initial Last	Name Hoelz	
Street Address W292 N983 Churchview	Dr.	City Worldesha	State W.Z.	Zip Code
Social Security Number		United States Citizen  ☑ Yes ☐ No	Male	Famale
American Indian or Alaskan N		Business Establishmenti Western Lak	es 6014 Ch	
If you checked <u>NEW</u> above – have bartenders license in the <u>State of New State</u> .	you completed the B <u>Visconsin</u> within the	artenders Training Court last two years?	se in the <u>State of Wisco</u>	nsin or held a ¶Yes ☐ No
2. Have you <u>EVER</u> been convicted of	violating any:	Wiscons	sin State Laws? NY other State?	]Yes ⊠No ]Yes ∑No ]Yes ∑No ]Yes ⊠No
3. If you answered <u>YES</u> to any quest	ion listed in #2 above	e complete the following	for each conviction:	
Date of Conviction	City & State whe	re violation occurred		· · · · · · · · · · · · · · · · · · ·
Nature of offense				
Date of Conviction	City & State whe	re violation occurred		
Nature of offense				
	(List additional offenses on back of form)  Are there any charges listed in #2 above that are PRES If YES answer:			∏Yes □No
Date of Offense	City & State who	ere violation occurred		
Nature of offense	. 1			•
(List additional offenses on back	of form)			,



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

Information Bureau

Name: **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 <a href="Statute 111.335">Statute 111.335</a> and the Department of Workforce Development's publication, Arrest and Conviction Records Under the Law.

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- 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.

Date: 5/4/18 AGENDANTIM

# Town of Delafield Fermented Malt Beverages & Intoxicating Liquors License Application

JÙN	1 2 2018
TTEM#	8/13 PAGE 1052

To the Board of Supervisors of the Town of Delafield:

I hereby apply for a License of service, from date hereof to June 30, 20, 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	<u>Pleas</u>	<u>se Print</u>				
iver's License Or WI l.D.#		Birth Date	Teleph	ione Number ) 7-35ち	-4500	o
TOSEPH		Middle Initial	MORIA	LTY_		
treet Address 336 N OAVWOOD	AVE	OCONOM	ovoc	State V	2ip Co.	966_
ocial Security Number		United States Cit  Yes	tizen	□ No		
usiness Establishment For Which App	lying FCLUB	Street Address o	of Business 63 OFVTON	f.D, IFW	Nukff,la	1 530
If you checked <u>NEW</u> above bartenders license in the <u>S</u>	- have you completed the	Bartenders Traini e last two years?	ng Course in the	State of Wi	<u>lsconsin</u> or ∐Yes	held a □ No
2. Have you <u>EVER</u> been conv		Fed	eral Laws ANYW Wisconsin State ws of ANY other es of any munici	Laws? State?	☐Yes ☐Yes ☐Yes ☐Yes	No No No No
3. If you answered <u>YES</u> to an	ny question listed in #2 abo			conviction	:	
Date of Conviction	City & State wh	ere violation occu	rred			
Nature of offense					·	
Date of Conviction	City & State wi	nere violation occu	ırred			
Nature of offense			.,,			
(List additional offenses of						□No
<ol> <li>Are there any charges list If YES answer:</li> </ol>	ted in #2 above that are PR	ESENTLY PENDIN	G against you?			LINO
Date of Offense	City & State w	here violation occi	urred			
Nature of offense						
(List additional offenses	on back of form)					



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

Information Bureau

Name: MORIARTY, JOSEPH

Date of Birth: 3/15/1978

Alias Names:

## NOTICE TO EMPLOYERS

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Date: 5/4/18 AGENDAITEM

# Town of Delafield JUN 1 2 2018 Fermented Malt Beverages & Intoxicating Liquors License Application TEM #8.1. PAGE 165-2

To the Board of Supervisors of the Town of Delafield:

I hereby apply for a License of service, from date hereof to June 30, 20 20 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.

	river's License Or WI I.D.#		Birth Date	phone Number	ne Number		
				i	3495	397	
rst Na	nme		Middle Initial	Last Name	<u></u>		
Sizs-	Line Noedling WAME	er			<del> </del>	_ <del></del>	
treet A	Line Noedling Warmen Address 15 W34845 Lake	e DR.	Oconom.	a wac	State W/	zip Co 5~3∂	ode <u>66-6-</u>
	Security Number		United States Cit		□ No		
	ss Establishment For Which Applying	100	Street Address o	f Business			
VY	ostekn Lalles G	of course	<u> </u>				· <del></del> -
1.	If you checked <u>NEW</u> above – have bartenders license in the <u>State of</u>	you completed the Wisconsin within the	Bartenders Trainin e last two years?	g Course in th	e <u>State of Wis</u>	<u>sconsin</u> or ☐ Yes	held a □ No
2.	Have you <u>EVER</u> been convicted of	violating any:	Wisconsin State Laws?		☐ Yes ☐ Yes ☐ Yes ☐ Yes	No No No No	
3.							
			ve complete the fol ere violation occur		h conviction:		<u> </u>
ı					h conviction:		
	Date of Conviction	City & State wh		red	h conviction:		
	Date of Conviction  Nature of offense	City & State wh	ere violation occur	red	h conviction:		
	Nature of offense  Date of Conviction	City & State who	ere violation occur	red	h conviction:		
4.	Date of Conviction  Nature of offense  Date of Conviction  Nature of offense	City & State who	ere violation occur	red		□Yes	□No



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

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Date: 5/3/18 AGENDA ITEM

# Town of Delafield Fermented Malt Beverages & Intoxicating Liquors License Application

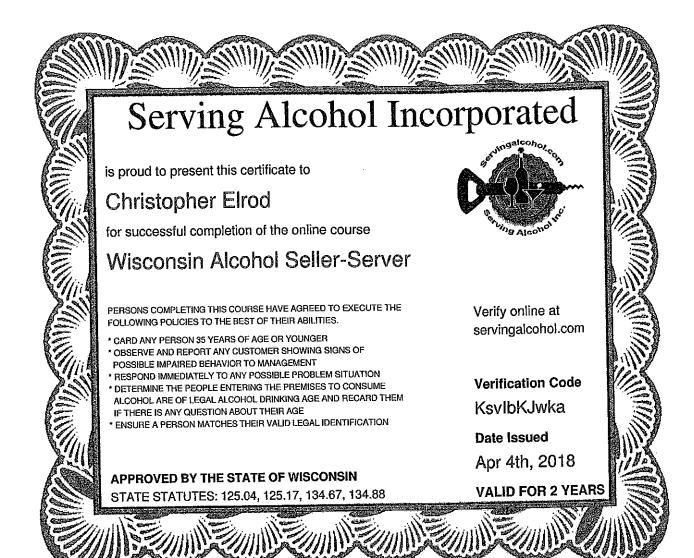
, JUN 122018 | item#J. [, page 1053

To the Board of Supervisors of the Town of Delafield:

(List additional offenses on back of form)

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New 🗆 Renewal	Fleas	e Print			
Oriver's License Or WI LD #		Birth Date ,	762 - 70 <u>-</u>	nber <u>5 -6876</u>	
First Name  CHRISTOPHER		Middle Initial	Last Name ELROD		
Street Address 2402 24TH STR	EET	City KENOSH4	State W	I 53	<u> 14D _</u>
Social Security Number		United States Citiz	en 🔲 N	lo	· <del></del>
Business Establishment For Which Applyli WESTERN LAIKES	GOLF CLUB	Street Address of I	Business J 1963 O	AKTON	RD.
If you checked <u>NEW</u> above – bartenders license in the <u>Stat</u>	have you completed the B e of Wisconsin within the	artenders Training last two years?	Course in the State of	<u>f Wisconsin</u> or ⊠Yes	held a □ No
2. Have you <u>EVER</u> been convict	ed of violating any:	Federa	laws ANYWHERE?	Yes	No ⊠No
		Laws	isconsin State Laws? s of ANY other State? s of any municipality?	☐ Yes ☐ Yes ☐ Yes	No No No
3. If you answered <u>YES</u> to any o	question listed in #2 above	Laws Ordinances e complete the folio	s of ANY other State? of any municipality? owing for each convict	☐ Yes ☐ Yes	⊠No
	question listed in #2 above	Laws Ordinances	s of ANY other State? of any municipality? owing for each convict	☐ Yes ☐ Yes	⊠No
3. If you answered <u>YES</u> to any o	question listed in #2 above	Laws Ordinances e complete the folio	s of ANY other State? of any municipality? owing for each convict	☐ Yes ☐ Yes	⊠No
If you answered <u>YES</u> to any on Date of Conviction	question listed in #2 above	Laws Ordinances e complete the folio	s of ANY other State? of any municipality? owing for each convicted	☐ Yes ☐ Yes	⊠No
3. If you answered <u>YES</u> to any on Date of Conviction  Nature of offense	question listed in #2 above	Law Ordinances e complete the folion re violation occurre	s of ANY other State? of any municipality? owing for each convicted	☐ Yes ☐ Yes	⊠No
3. If you answered <u>YES</u> to any a Date of Conviction  Nature of offense  Date of Conviction	City & State whe	Laws Ordinances e complete the folion re violation occurre ere violation occurre	s of ANY other State? s of any municipality? owing for each convicted	☐ Yes ☐ Yes	No No
3. If you answered <u>YES</u> to any or Date of Conviction  Nature of offense  Date of Conviction  Nature of offense  (List additional offenses on the second of	City & State whe	Laws Ordinances e complete the folion re violation occurre ere violation occurre	s of ANY other State? s of any municipality? owing for each convict ed ed	☐ Yes ☐ Yes	No No



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

Wisconsin Bartender License

Name: Christopher Elrod

Certification Date: Apr 4th; 2018

Certificate Code: KsvlbKJwka

Verify Online: servingalcohol.com

WI SS: 125:04, 125:17, 134:67, 134:88

SERVING ALCOHOL INC VALID FOR 2 YEARS



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

Information Bureau

Name: ELROD, CHRISTOPHER

Date of Birth: Alias Names:

#### NOTICE TO EMPLOYERS

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