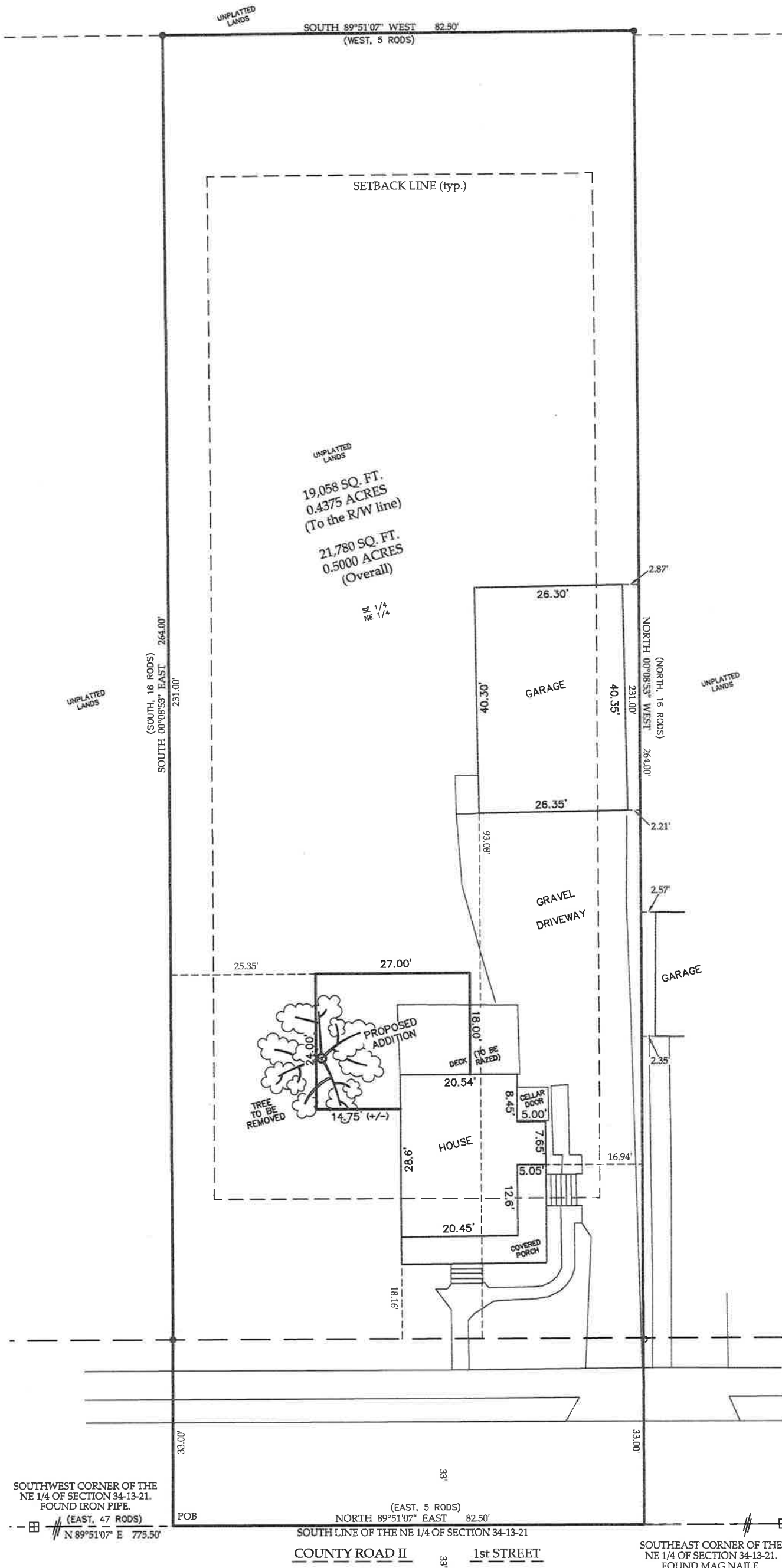




# PLAT OF SURVEY

OWNERS:  
 JANEL L. HUBACEK  
 BRENT A. SCHICKER  
 647 1ST STREET  
 RANDOM LAKE, WI 53075

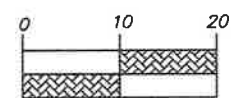
PART OF THE SW1/4 OF THE NE1/4 OF SECTION 34, TOWN 13 NORTH, RANGE 21 EAST, IN THE VILLAGE OF RANDOM LAKE, SHEBOYGAN COUNTY, WISCONSIN, DESCRIBED AS: COMMENCING AT A POINT FORTY-SEVEN (47) RODS EAST OF THE SOUTHWEST CORNER OF THE SOUTHWEST QUARTER (SW1/4) OF THE NORTHEAST QUARTER (NE1/4) OF SECTION NUMBER THIRTY-FOUR (34) TOWNSHIP NUMBER THIRTEEN (13) NORTH, RANGE NUMBER TWENTY-ONE EAST (21) EAST, THENCE FIVE (5) RODS, THENCE SOUTH SIXTEEN (16) RODS, THENCE WEST FIVE (5) RODS, THENCE SOUTH SIXTEEN (16) RODS TO THE PLACE OF BEGINNING.



UNPLATTED LANDS  
 19,058 SQ. FT.  
 0.4375 ACRES  
 (To the R/W line)  
 21,780 SQ. FT.  
 0.5000 ACRES  
 (Overall)



BEARINGS ARE REFERENCED TO THE WISCONSIN COUNTY COORDINATE SYSTEM, SHEBOYGAN COUNTY (NAD83/91). THE SOUTH LINE OF NE 1/4 OF SECTION 34-13-21 BEARS NORTH 89°51'07" EAST.



### LEGEND

- 1" IRON PIPE FOUND
  - 3/4" x 18" REBAR WEIGHING 1.13 LBS/FOOT SET.
- (RECORDED AS)

ZONED R-1  
 SETBACKS:  
 FRONT: 25 FEET  
 SIDE: MINIMUM TOTAL: 15 FEET,  
 MINIMUM SIDE, 7 FEET.  
 (SHOWN: 7.5 FEET)  
 REAR: 25 FEET

THIS SURVEY IS MADE FOR THE EXCLUSIVE USE OF THE PRESENT OWNER OF THE PROPERTY, AND ALSO THOSE WHO PURCHASE, MORTGAGE OR GUARANTEE THE TITLE THERETO WITHIN 1 YEAR FROM THE DATE HEREON.

I HEREBY CERTIFY THAT I HAVE SURVEYED THE ABOVE DESCRIBED PROPERTY AND THE ABOVE MAP IS A TRUE REPRESENTATION THEREOF AND SHOWS THE SIZE AND LOCATION OF THE PROPERTY, ITS EXTERIOR BOUNDARIES, THE LOCATION AND DIMENSION OF ALL VISIBLE STRUCTURES THEREON, FENCES, APPARENT EASEMENTS, ROADWAYS AND VISIBLE ENCROACHMENT, IF ANY, AND THAT I HAVE COMPLIED WITH WISCONSIN CHAPTER A-E 7.

# PSE

122 Wisconsin Street, West Bend, WI 53095  
 262.346.7800 kparish@parishse.com  
 FN: BS-25-23 Date: 5/10/23

SOUTHWEST CORNER OF THE NE 1/4 OF SECTION 34-13-21. FOUND IRON PIPE.  
 (EAST, 47 RODS)  
 N 89°51'07" E 775.50'

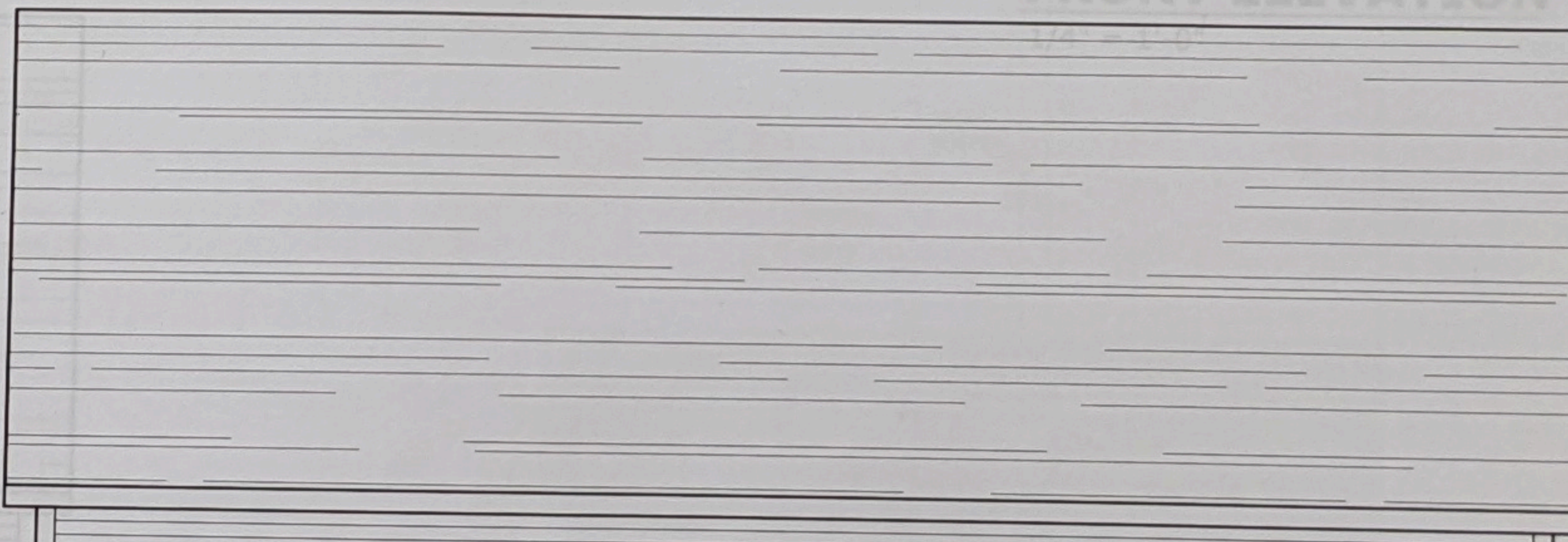
(EAST, 5 RODS)  
 NORTH 89°51'07" EAST 82.50'  
 SOUTH LINE OF THE NE 1/4 OF SECTION 34-13-21  
 COUNTY ROAD II 1st STREET

SOUTHEAST CORNER OF THE NE 1/4 OF SECTION 34-13-21. FOUND MAG NAIL.

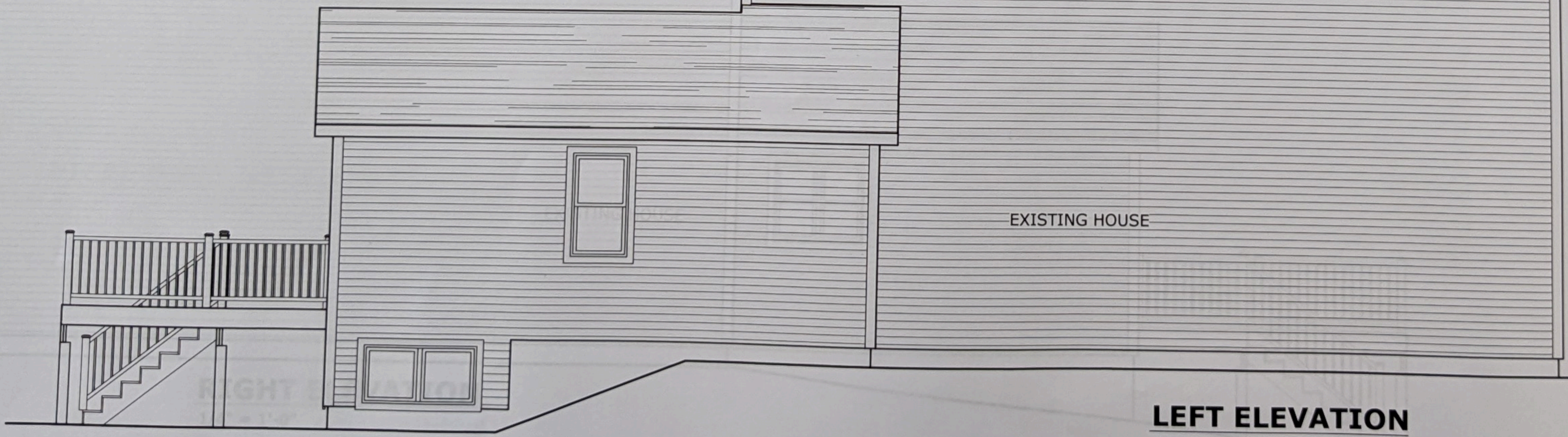
SURVEYED BY JOSEPH W. DAVID  
 MAPPED BY J. SCOTT HENKEL, PLS



**REAR ELEVATION**  
1/4" = 1'-0"



**FRONT ELEVATION**



**LEFT ELEVATION**  
1/4" = 1'-0"

**FINAL PLAN**

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DATE	DESCRIPTION	BY
4/3/2023	PRELIMINARY PLAN	SA
4/18/2023	BID PLAN	SA
4/20/2023	FINAL PLAN	SA

**BRENT & JANEL  
SCHICKER RESIDENCE**

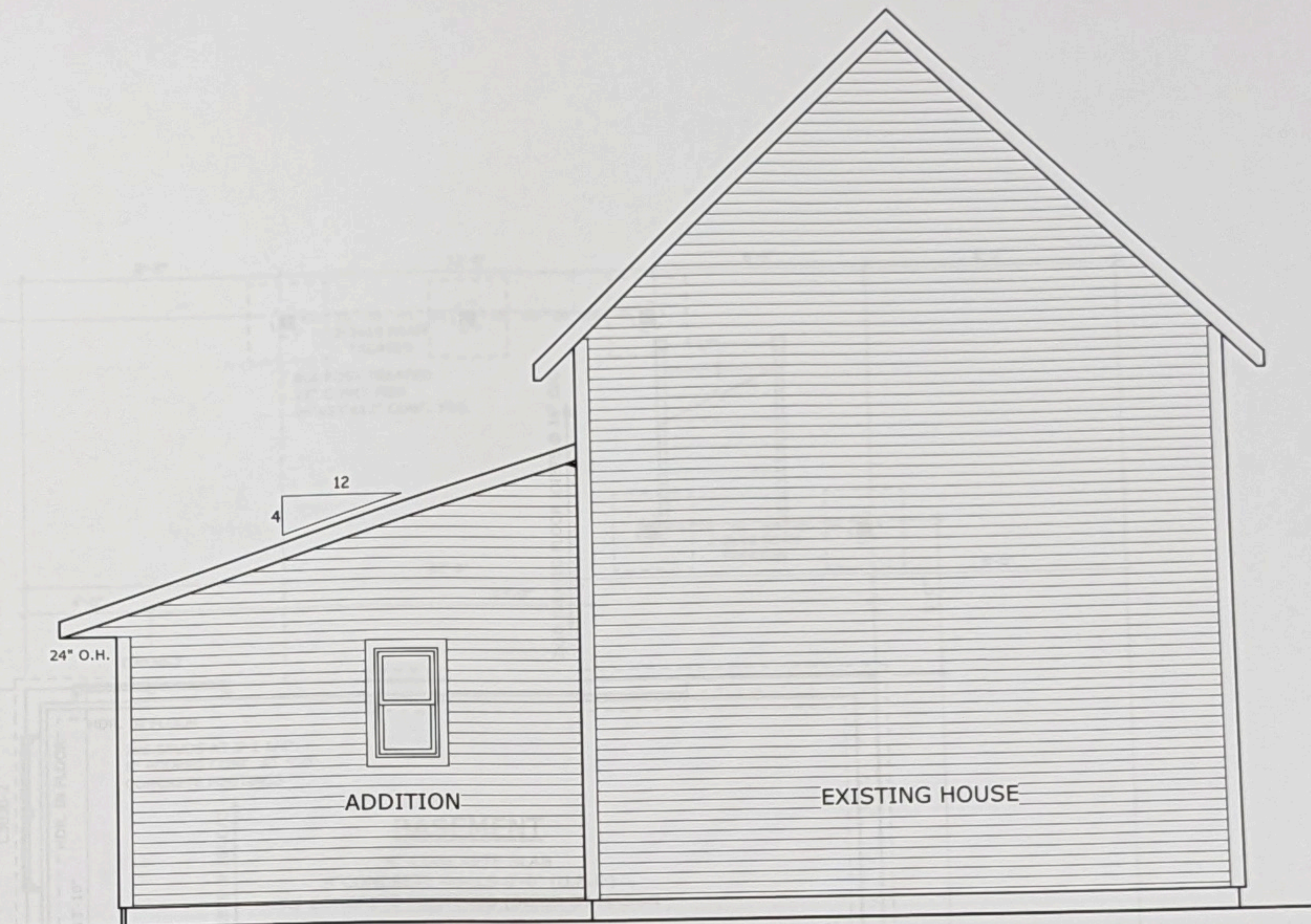
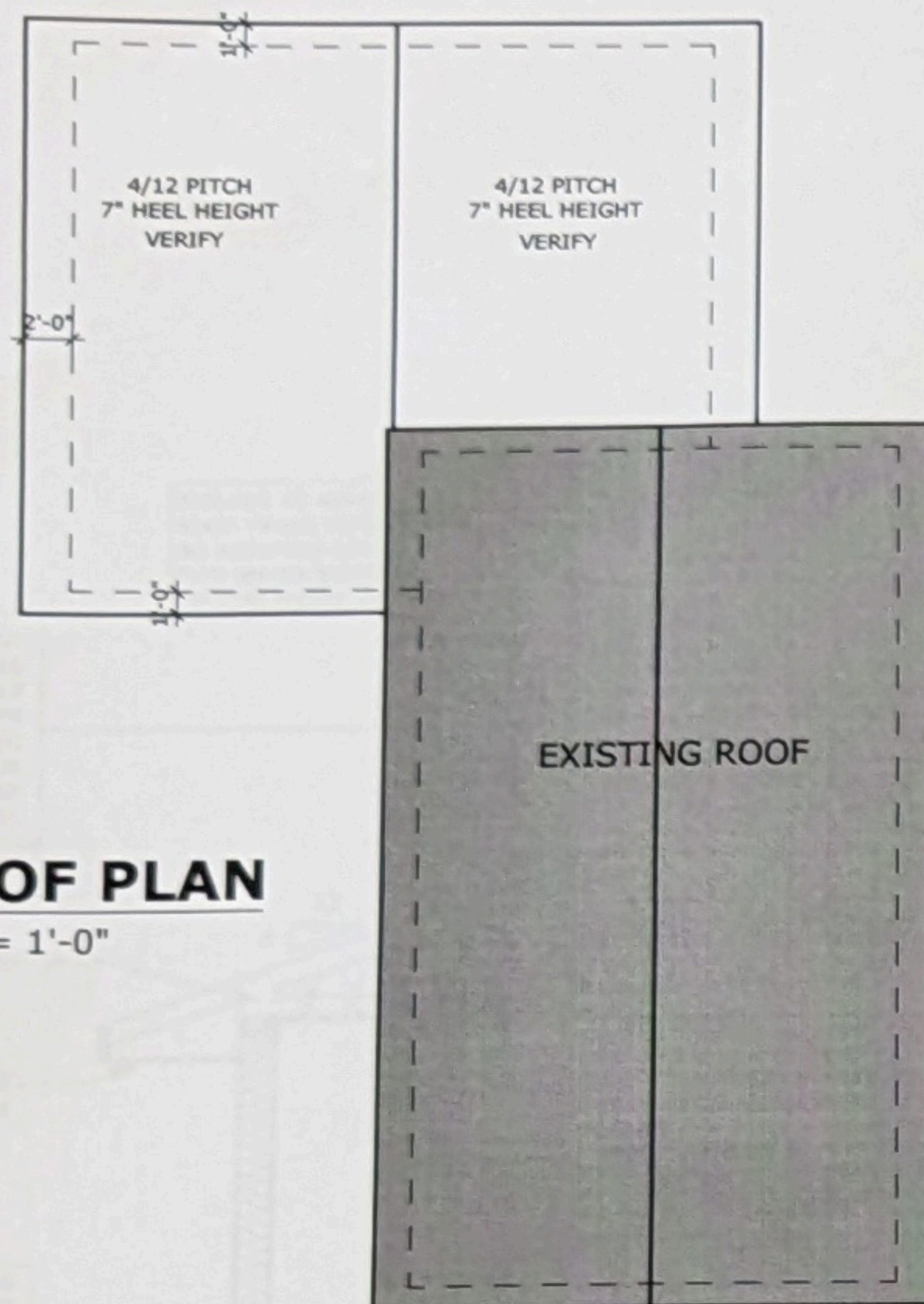
WAYNE KELLER  
647 1st STREET  
RANDOM LAKE, WI



DESIGNER: J. WASHATKO  
SCALE: 1/4" = 1'-0"  
SHEET NO: **A1**  
PROJECT NO: A23-161-K

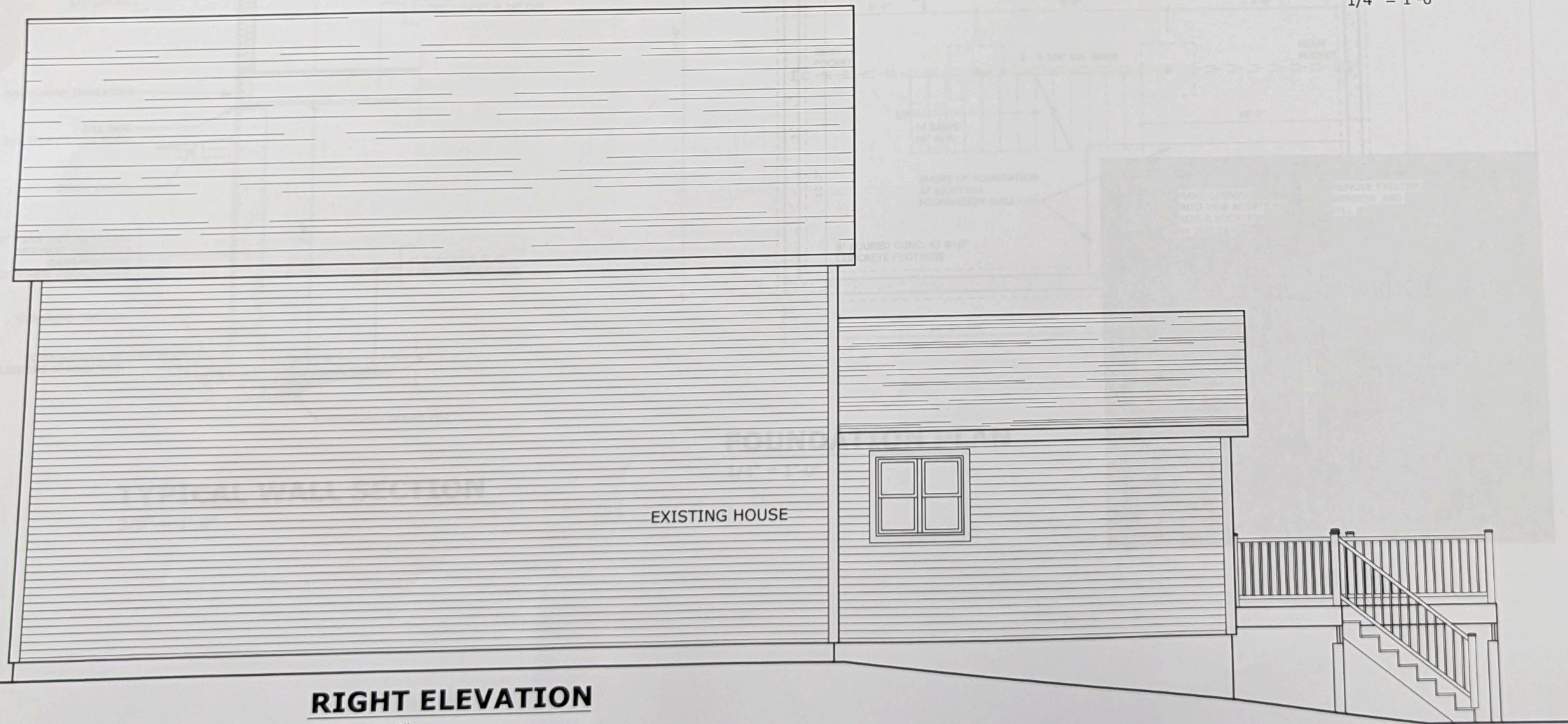
**ROOF PLAN**

1/8" = 1'-0"



**FRONT ELEVATION**

1/4" = 1'-0"



**RIGHT ELEVATION**

1/4" = 1'-0"

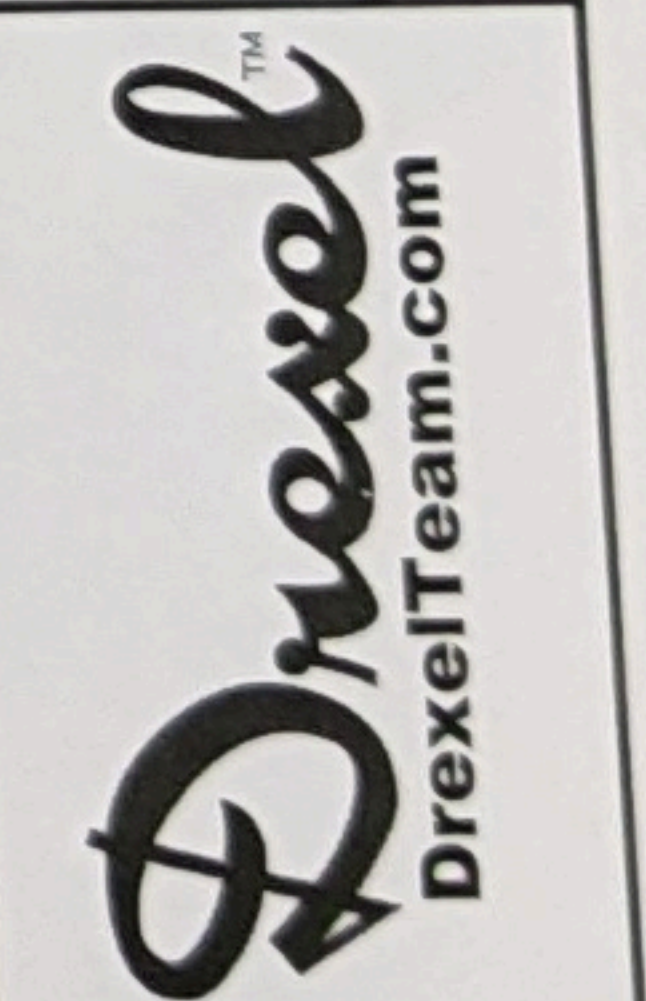
**FINAL PLAN**

PRELIMINARY PLAN	SA	4/3/2023	SA
BID PLAN	SA	4/18/2023	SA
FINAL PLAN	SA	4/20/2023	SA

**BRENT & JANEL SCHICKER RESIDENCE**

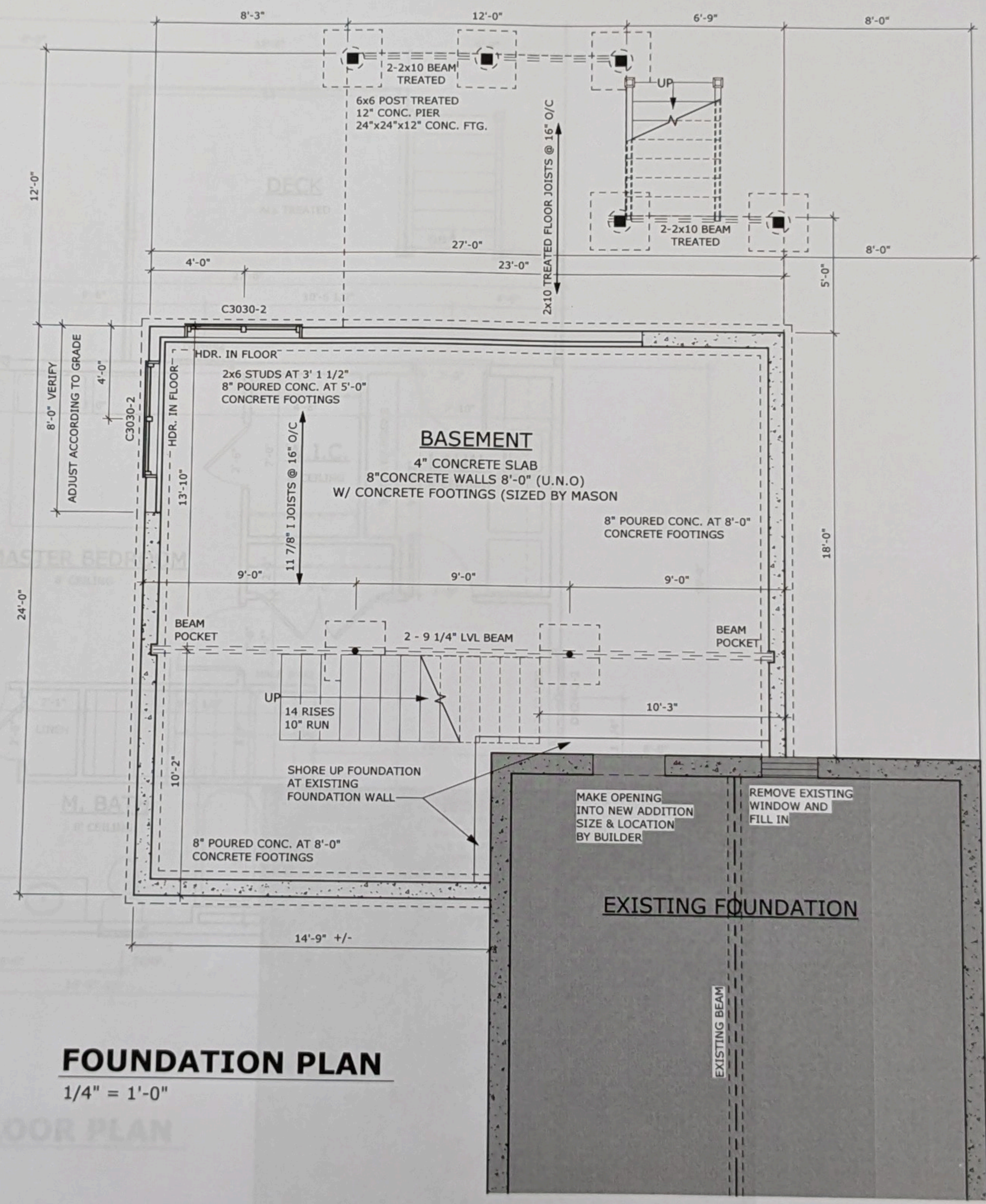
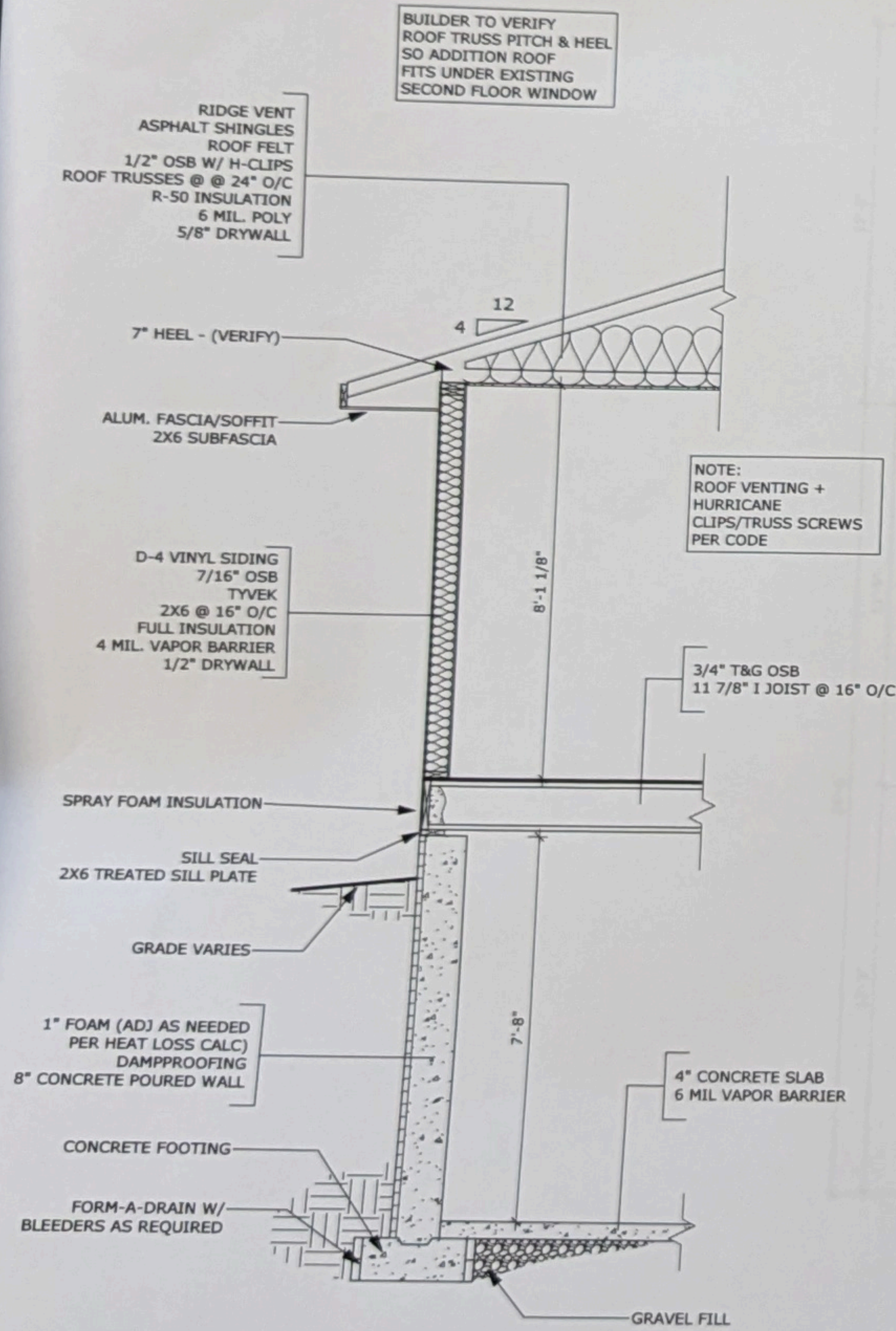
WAYNE KELLER

647 1st STREET  
RANDOM LAKE, WI



DESIGNER: J. WASHATKO  
SCALE: As indicated  
SHEET NO: **A2**  
PROJECT NO: A23-161-K

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**FINAL PLAN**

PRELIMINARY PLAN	4/3/2023	SA
BID PLAN	4/18/2023	SA
FINAL PLAN	4/20/2023	SA

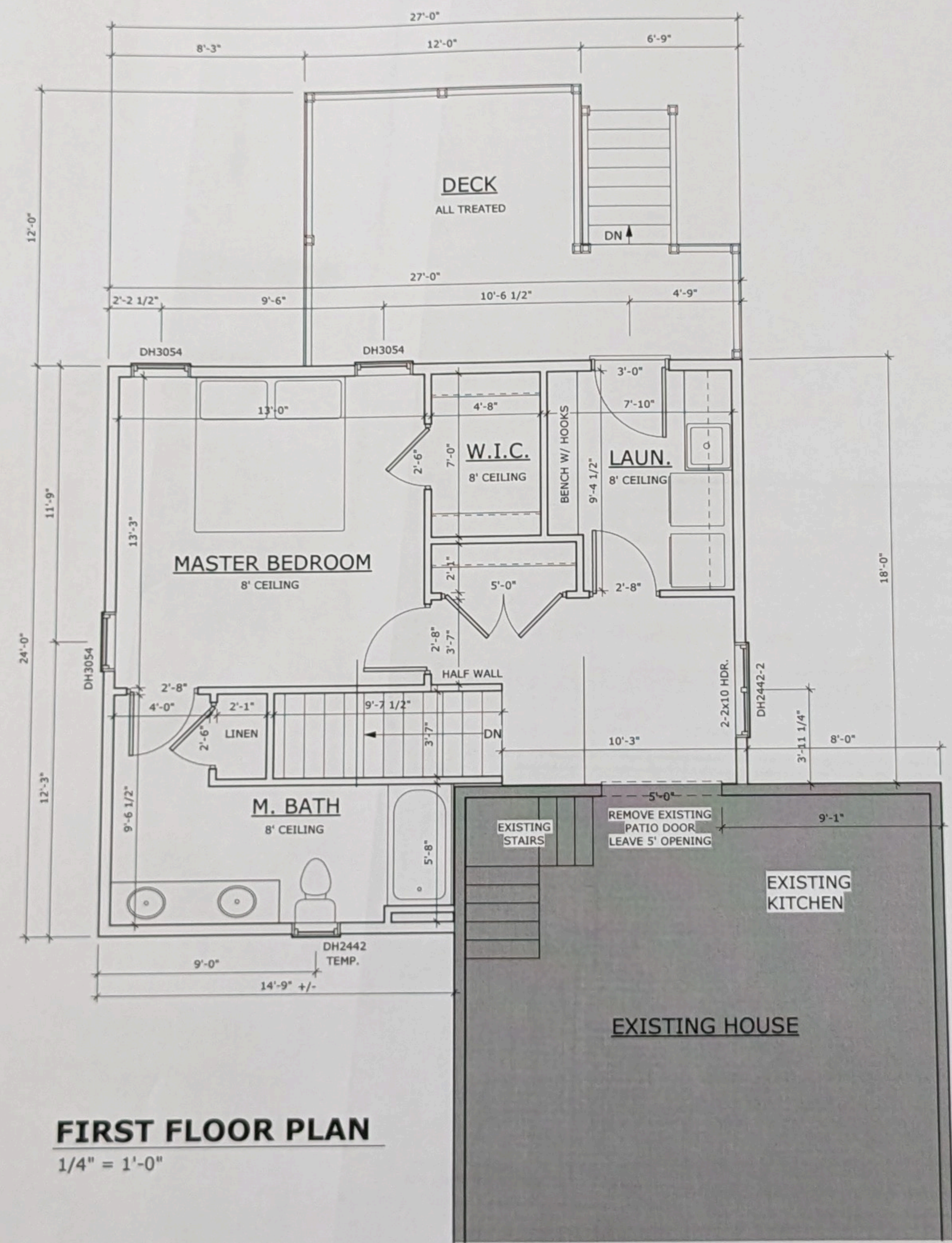
**BRENT & JANEL SCHICKER RESIDENCE**

WAYNE KELLER

647 1st STREET  
RANDOM LAKE, WI

**Drexel™**  
DrexelTeam.com

DESIGNER: J. WASHATKO  
 SCALE: As indicated  
 SHEET NO: **A3**  
 PROJECT NO: A23-161-K



**FIRST FLOOR PLAN**  
1/4" = 1'-0"

ADDITION FLOOR AREA= 583 SF

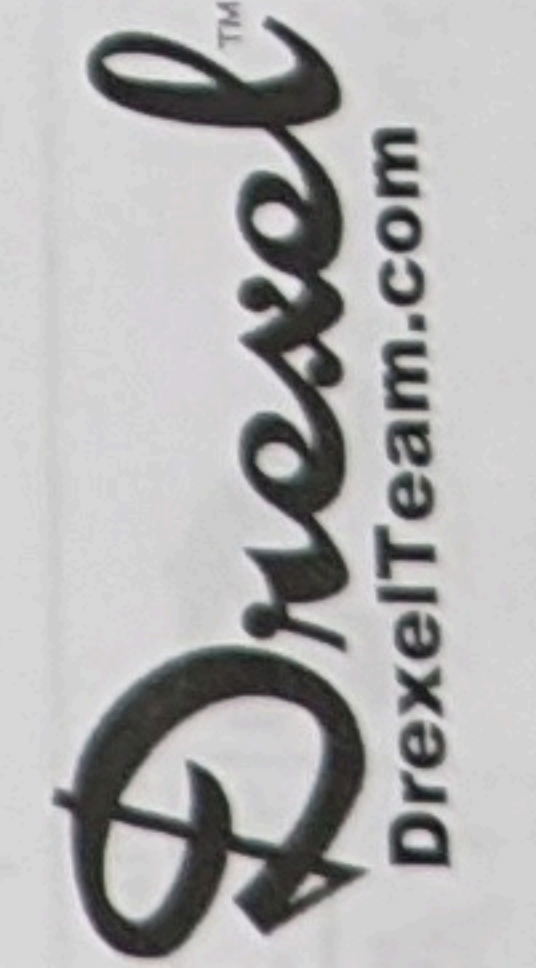
**FINAL PLAN**

DATE	DESCRIPTION	BY	SA
4/3/2023	PRELIMINARY PLAN		SA
4/18/2023	BID PLAN		SA
4/20/2023	FINAL PLAN		SA

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**BRENT & JANEL  
SCHICKER RESIDENCE**

WAYNE KELLER  
647 1st STREET  
RANDOM LAKE, WI



DESIGNER: J. WASHATKO  
SCALE: 1/4" = 1'-0"  
SHEET NO: **A4**  
PROJECT NO: A23-161-K



# Wisconsin Department of Safety and Professional Services Division of Industry Services



## Online Building Permit System

### Step 7

### Print Confirmation

THIS IS NOT AN ACTUAL PERMIT. PERMIT WILL BE ISSUED BY VILLAGE OF RANDOM LAKE AFTER REVIEW PROCESS

**1** Your filing number is 'DIS-062325506'. Please print for your record. [Click here for Print](#)

**JURISDICTION :** Village of RANDOM LAKE

**PROJECT TYPE :** New

**PERMITS :** Construction HVAC Electric Plumbing Erosion

**PARCEL NUMBER :** 59176746956

#### Owner

**NAME :** Jake and Carli Reuteler

**ADDRESS** 408 Franzen St., Random Lake, 53075

**CONTACT** (262) 424-9486, the.reuteler.1@gmail.com

#### Contractors

**DWELLING CONTRACTOR**

**NAME :** LEE REALTY OF SHEBOYGAN INC WERNER HOMES

**LIC/CERT # :** DC-059500769 **EXP DATE :** 07/31/2023

**ADDRESS , ,**

**CONTACT ,**

**DWELLING CONTRACTOR QUALIFIER**

**NAME :** ROBERT J WERNER

**LIC/CERT # :** DCQ-120700217 **EXP DATE :** 12/12/2023

**ADDRESS** 4539 S Taylor Dr, Sheboygan, 53081

**CONTACT ,**

**HVAC CONTRACTOR/QUALIFIER**

Project Information

NAME : WENSINK HEATING SERVICES INC  
LIC/CERT # : 5719 EXP DATE : 10/04/2025  
ADDRESS , OOSTBURG, 53070  
CONTACT ,

ELECTRICAL CONTRACTOR  
NAME : LUEDTKE ELECTRIC INC  
LIC/CERT # : 1506 EXP DATE : 06/30/2024  
ADDRESS 214 N 10TH ST, OOSTBURG, 53070  
CONTACT ,

ELECTRICAL MASTER ELECTRICIAN  
NAME : TODD JAMES LUEDTKE  
LIC/CERT # : 1509 EXP DATE : 06/30/2023  
ADDRESS W4005 COUNTY ROAD A S, CEDAR GROVE, 53013  
CONTACT ,

MASTER PLUMBER  
NAME : LARRY F BOEDECKER  
LIC/CERT # : 232200 EXP DATE : 03/31/2027  
ADDRESS 1109 S WISCONSIN DR, HOWARDS GROVE, 53083  
CONTACT ,

---

SUBMITTER

NAME : Robert Werner  
ADDRESS 4539 South Taylor Drive, Sheboygan, 53081  
CONTACT (920) 458-4104, aaron@wernerhomes.com

---

LOT AREA

AREA12431.00 SQ. FT.  
1 OR MORE ACRES SOIL WILL BE DISTURBED false  
LOCATION : Village of RANDOM LAKE

BUILDING  
ADDRESS : East Shore Dr. , Random Lake, 53075  
COUNTY SUBDIVISION LOT NO. 4 BLOCK NO.

ZONING

DISTRICT : PERMIT NUMBER :  
SETBACKS Front ft.: 25.25 Rear ft.: 28.27Left Ft.:9.19Right ft.: 28.11

---

PROJECT INFORMATION

1. PROJECT TYPE : New
2. AREA :



## Project Information

AREA INVOLVED (SQ FT)	Unit 1	Unit 2	Total
Unfin. Bsmt.	1641.00		1641.00
Living Area	1641.00		1641.00
Garage	853.00		853.00
Deck/Porch	50.00		50.00
Total	4185.00	0.00	4185.00

3. OCCUPANCY : One Family

4. CONSTRUCTION TYPE :Site Built

5. STORIES :1-Story Plus Basement

6. ELECTRIC : Entrance Panel Amps 200, Underground

7. WALLS :Wood Frame

8. USE : Permanent

9. HVAC EQUIP : Furnace

10. SEWER :Municipal ,

11. WATER :Municipal

12. ENERGY SOURCE :

Space Htg : Nat Gas ,  
Water Htg : Nat Gas ,

13. HEAT LOSS :60206

14. EST. BUILDING COST w/o LAND :350000.00

I understand that I: am subject to all applicable codes, laws, statutes and ordinances, including those described on the reverse side of the last ply of this form; am subject to any conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and the owner shall sign the statement on the back of the permit if not signing below. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling Contractor Certification and have read the cautionary statement regarding contractor responsibility on the reverse side of the last ply of this form.

SIGN/PRINT NAME: Robert Werner

DATE 6/1/2023 2:13 PM

[START NEW PERMIT REQUEST >> \(/APEX/CUSTOMER\\_PORTAL\\_INTRO\\_PAGE\)](#)

CONTACT (CONTACTUS) ([HTTPS://WWW.WISCONSIN.GOV/PAGES/POLICIES.ASPX](https://www.wisconsin.gov/pages/policies.aspx))  
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[WWW.WISCONSIN.GOV](http://www.wisconsin.gov)  
([HTTP://WWW.WISCONSIN.GOV](http://www.wisconsin.gov))



# REScheck Software Version 4.7.2 Compliance Certificate

Project Reuteler

Energy Code: **2009 IECC**  
 Location: **Random Lake, Wisconsin**  
 Construction Type: **Single-family**  
 Project Type: **New Construction**  
 Orientation: **Bldg. faces 315 deg. from North**  
 Conditioned Floor Area: **3,282 ft2**  
 Glazing Area: **11%**  
 Climate Zone: **6 (7474 HDD)**  
 Permit Date:  
 Permit Number:

Construction Site:  
 East Shore Dr  
 Random Lake, WI 53075

Owner/Agent:

Designer/Contractor:  
 Werner Homes  
 4539 S Taylor Dr  
 Sheboygan, WI 53081  
 920-458-4104  
 wernerhomes@wernerhomes.com

**Compliance: Passes using performance alternative**

Compliance: **0.7% Better Than Code**

NOTE: Slab-on-grade tradeoffs are no longer considered in the UA or performance compliance path in REScheck. Each slab-on-grade assembly in the specified climate zone must meet the minimum energy code insulation R-value and depth requirements.

## Envelope Assemblies

Assembly	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	Prop. U-Factor	Req. U-Factor	Prop. UA	Req. UA
Ceiling 1: Flat Ceiling or Scissor Truss	1,641	0.0	49.0	0.020	0.026	33	43
Wall 1: Wood Frame, 16" o.c. Orientation: Front	488	19.0	6.0	0.043	0.057	18	24
Window 1: Wood Frame:Double Pane with Low-E SHGC: 0.30 Orientation: Front	38			0.290	0.350	11	13
Door 2: Solid Orientation: Front	21			0.150	0.350	3	7
Wall 2: Wood Frame, 16" o.c. Orientation: Left side	336	19.0	6.0	0.043	0.057	14	18
Door 1: Solid Orientation: Left side	21			0.150	0.350	3	7
Wall 3: Wood Frame, 16" o.c. Orientation: Back	488	19.0	6.0	0.043	0.057	16	22
Window 2: Wood Frame:Double Pane with Low-E SHGC: 0.30 Orientation: Back	109			0.290	0.350	32	38
Wall 4: Wood Frame, 16" o.c. Orientation: Right side	336	19.0	6.0	0.043	0.057	13	17

Assembly	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	Prop. U-Factor	Req. U-Factor	Prop. UA	Req. UA
Window 3: Wood Frame:Double Pane with Low-E SHGC: 0.30 Orientation: Right side	35			0.290	0.350	10	12
Basement Wall 1: Solid Concrete or Masonry Orientation: Front Wall height: 7.8' Depth below grade: 7.0' Insulation depth: 7.8'	473	0.0	5.0	0.089	0.050	42	24
Basement Wall 2: Solid Concrete or Masonry Orientation: Left side Wall height: 7.8' Depth below grade: 7.0' Insulation depth: 7.8'	326	0.0	5.0	0.089	0.050	29	16
Basement Wall 3: Solid Concrete or Masonry Orientation: Back Wall height: 7.8' Depth below grade: 7.0' Insulation depth: 7.8'	473	0.0	5.0	0.089	0.050	42	24
Basement Wall 4: Solid Concrete or Masonry Orientation: Right side Wall height: 7.8' Depth below grade: 7.0' Insulation depth: 7.8'	326	0.0	5.0	0.089	0.050	29	16

*Compliance Statement:* The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the 2009 IECC requirements in REScheck Version 4.7.2 and to comply with the mandatory requirements listed in the REScheck Inspection Checklist.

Aaron Spicvogel - Project Coordinator  
Name - Title

  
Signature

6-1-23  
Date

WERNER HOMES  
4539 TAYLOR DR.  
SHEBOYGAN, WI. 53081

JOB NAME: JAKE & CARLI REUTELER  
ADDRESS: EAST SHORE DR, RANDOM L  
DATE: 25-May-23

LIST OF CONTRACTORS FOR - NEW DWELLING

EXCAVATING CONTRACTOR:	WAGNER EXCAVATING	SHEBOYGAN	458-9082
MASON CONTRACTOR:	OOSTBURG CONCRETE	OOSTBURG	564-3341
CONCRETE CONTRACTOR:	OOSTBURG CONCRETE	OOSTBURG	564-3341
CARPENTER CONTRACTOR:	WERNER HOMES	SHEBOYGAN	458-4103
ELECTRICAL CONTRACTOR:	LUEDTKE ELECTRIC	OOSTBURG	564-2022
INSULATION CONTRACTOR:	ALPINE INSULATION	SHEBOYGAN	458-8188
HEATING CONTRACTOR:	WENSINK HEATING	SHEB. FALLS	564-6209
PLUMBING CONTRACTOR:	NUEMANN PLUMBING	SHEBOYGAN	565-3345
ROOFING CONTRACTOR:	WERNER HOMES	SHEBOYGAN	458-4103
SIDING CONTRACTOR:	WERNER HOMES	SHEBOYGAN	458-4103
DRYWALL CONTRACTOR:	TENPAS DRYWALL	SHEB. FALLS	467-2253
PAINTING CONTRACTOR:	COREY LEIKIP	SHEBOYGAN	980-6547
LANDSCAPING CONTRACTOR:	BY OWNER		

**10** Year SureStart Protection  
**10** Year StreakFighter Algae-Resistance Warranty  
**130** MPH Wind Warranty  
 Silver Birch is Energy Star Rated.

# LANDMARK<sup>®</sup>

## Designer Shingles

- Shown in Weathered Wood
- Altimor Blue
  - Highland
  - Summit
  - Cascade
  - Coastal
  - Collage
  - Driftwood
  - Pewter



Featured Color:  
**DRIFTWOOD**

**WinterGuard<sup>®</sup>**  
 WinterGuard is the underlayment designed to prevent leakage due to water backup from ice dams or wind-driven rain.

**DiamondDeck<sup>®</sup> and RoofRunner<sup>™</sup>**  
 CertainTeed offers two options in High Performance Underlayment. Both are manufactured to provide superior performance in terms of both weather protection and contractor safety.

Ask your contractor about the complete Energy Roof System<sup>™</sup> from CertainTeed.



BUCHTEL Werner Homes

A

A

## Exterior Colors

See next card for color availability by product.

▼ White

▼ Canvas

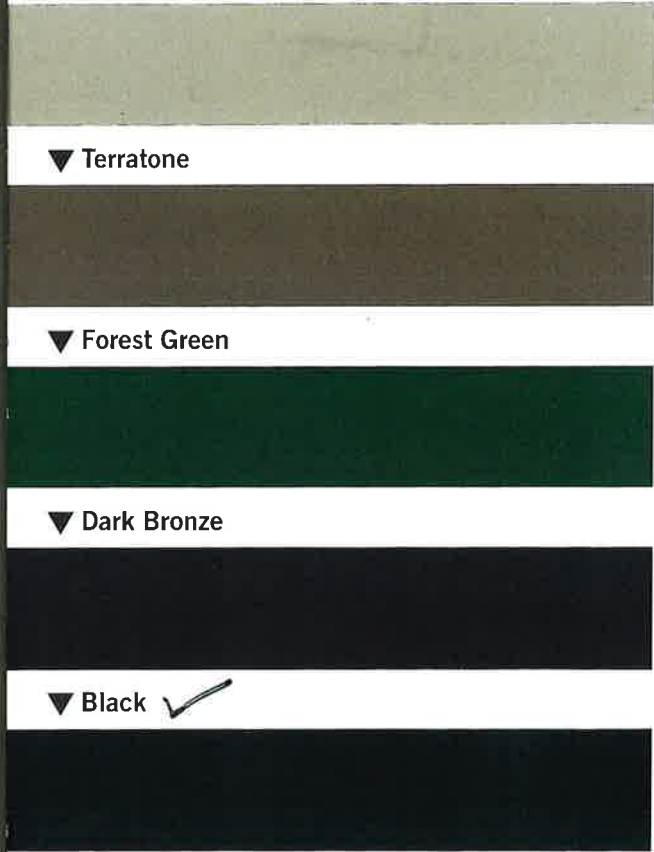
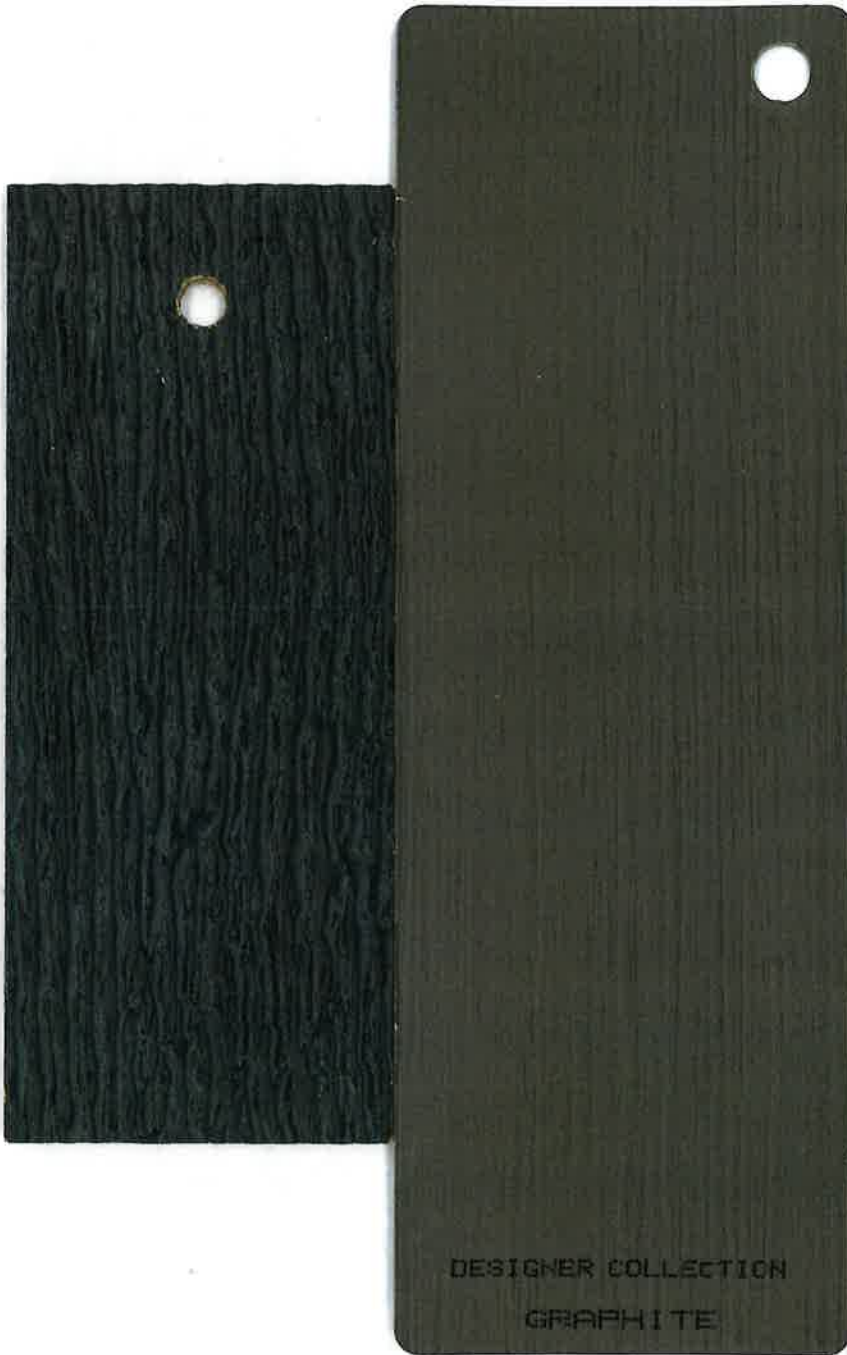
▼ Sandtone

▼ Terratone

▼ Forest Green

▼ Dark Bronze

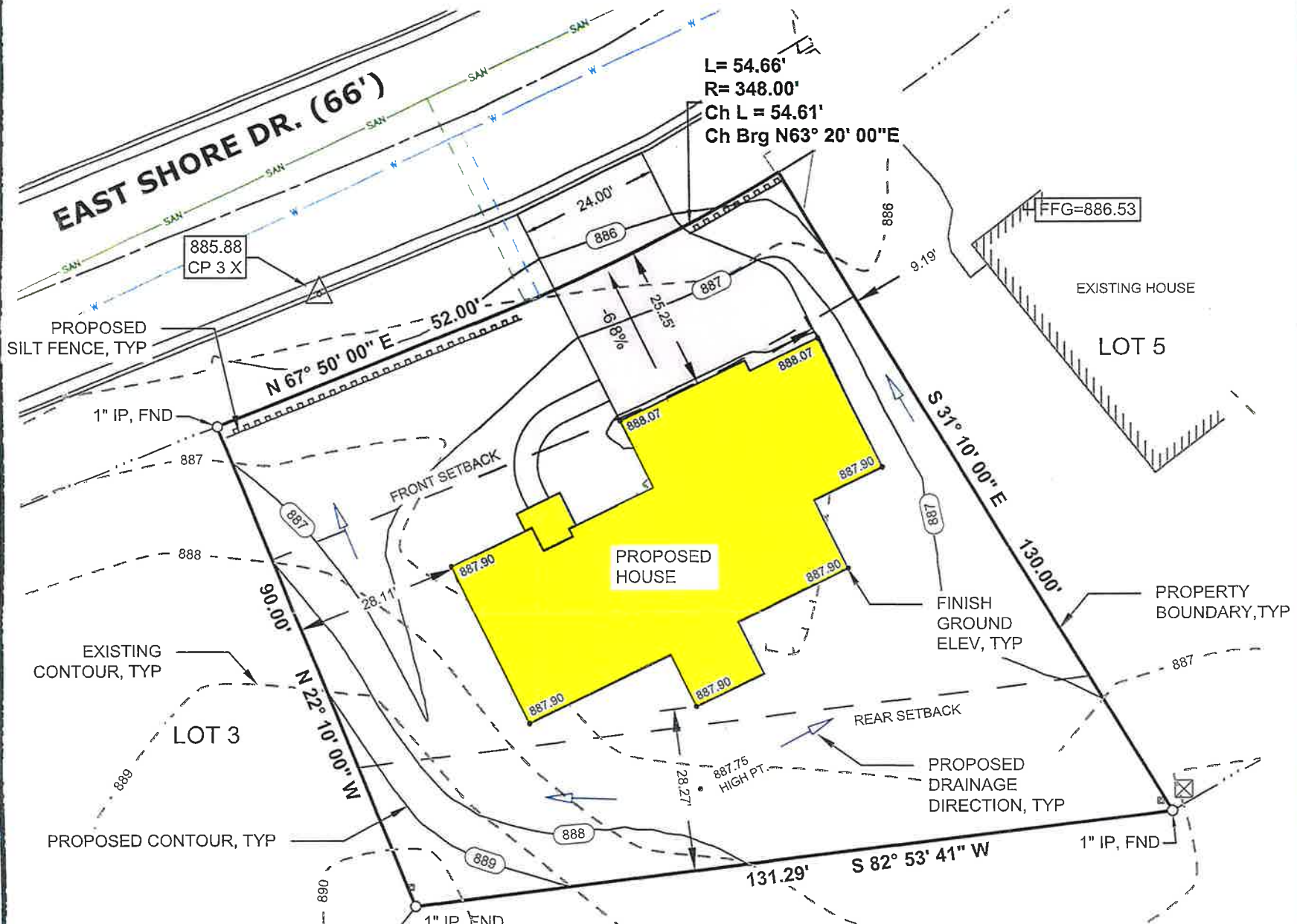
▼ Black ✓



Color chips are affected by the type and amount of light in which they're viewed, as well as the age of the chip. Slight differences may exist between the color or sheen of the chip and the actual color of the product specified.

# BUILDING PERMIT SURVEY

LOT 4 OF LAKE VIEW ESTATES  
 PART OF GOVERNMENT LOT 4, SECTION 26, T13N, R21E  
 VILLAGE OF RANDOM LAKE  
 SHEBOYGAN COUNTY, WISCONSIN



**PROPOSED HOUSE**

TOP OF CONC WALL =	888.40
MASTER PLAN TOP OF WALL =	887.90
GARAGE FINISH FLOOR =	888.07
TOP OF FOOTING =	880.40
BASEMENT FLOOR =	880.73
REAR GROUND GRADE =	887.90

BENCHMARK: "X" IN CURB DESIGNATED AS CP 3 X ON SURVEY  
 ELEV = 885.88'

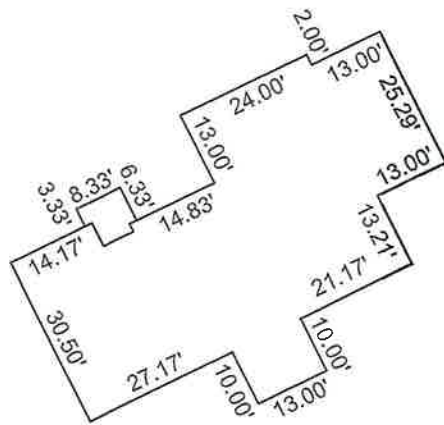
BUILDING DIMENSIONS TO PROPERTY LINE ARE FROM THE FOUNDATION WALL CORNER AND PERPENDICULAR TO THE PROPERTY LINE

PARCEL NUMBER: 59176746956  
 PARCEL OWNER: JACOB & CARLI REUTELER  
 PARCEL ADDRESS: EAST SHORE DR.  
 PARCEL AREA: 12,431 SQ. FT. (0.285 AC.)

VILLAGE ZONING: R-1 RESIDENTIAL DISTRICT  
 25' FRONT SETBACK  
 15' (TOTAL BOTH SIDES) SIDE SETBACK  
 7' (MINIMUM ONE SIDE) SIDE SETBACK  
 25' REAR SETBACK

BEARINGS AND DISTANCES SHOWN ARE REFERENCED TO THE SOUTH LINE OF THE SE 1/4 OF SEC. 26, T13N, R21E, WHICH BEARS S89°12'51"W

- EROSION CONTROL NOTES:**
1. INSTALL SILT FENCE AS SHOWN ON SURVEY.
  2. INSTALL TRACKING PAD AT PROPOSED DRIVE
  3. PLACE TEMPORARY TOPSOIL PILE AT REAR OF LOT



PROPOSED BUILDING FOUNDATION LAYOUT  
 (1" = 40')



I, CRAIG A. RUSCH, WISCONSIN REGISTERED LAND SURVEYOR NO. S-2274, DO HEREBY CERTIFY THAT THIS SURVEY IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DRAWING DATE: 6-1-2023



GRAPHIC SCALE

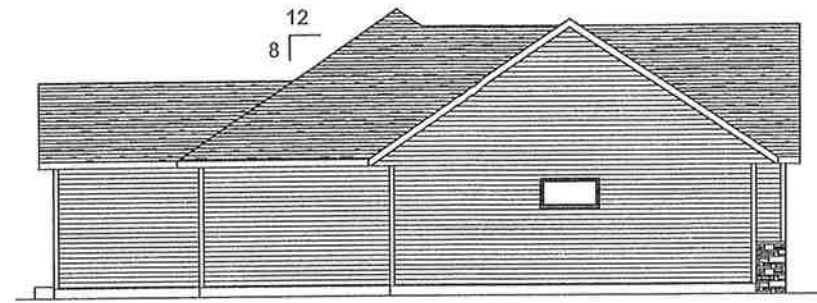


1 inch = 30 ft.



**REUTELER RESIDENCE**  
 EAST SHORE DRIVE  
 RANDOM LAKE, WI

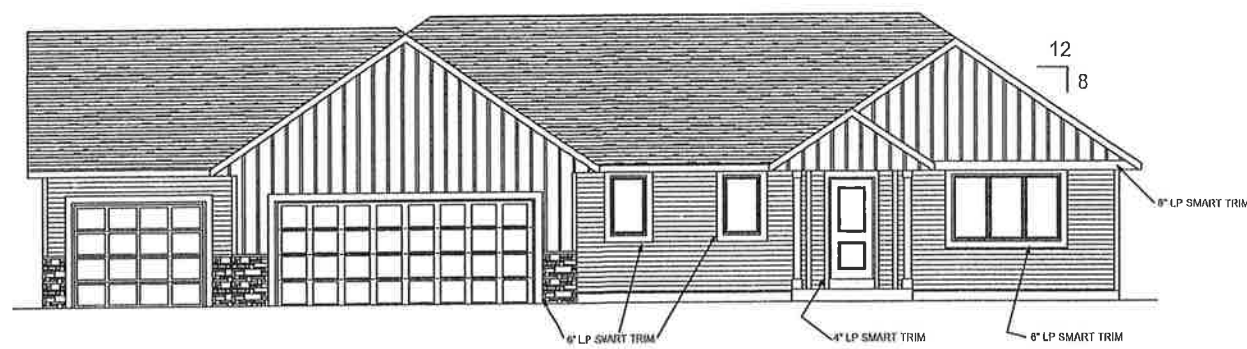




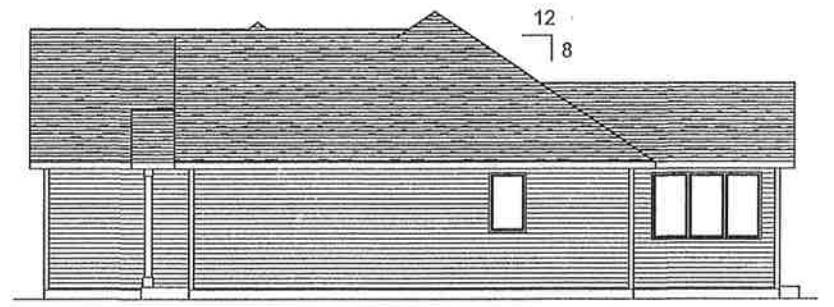
LEFT ELEVATION  
SCALE: 1/8" = 1'-0"



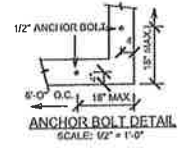
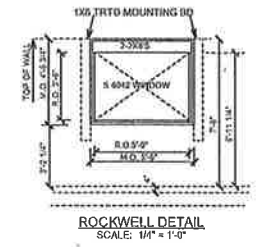
REAR ELEVATION  
SCALE: 1/8" = 1'-0"



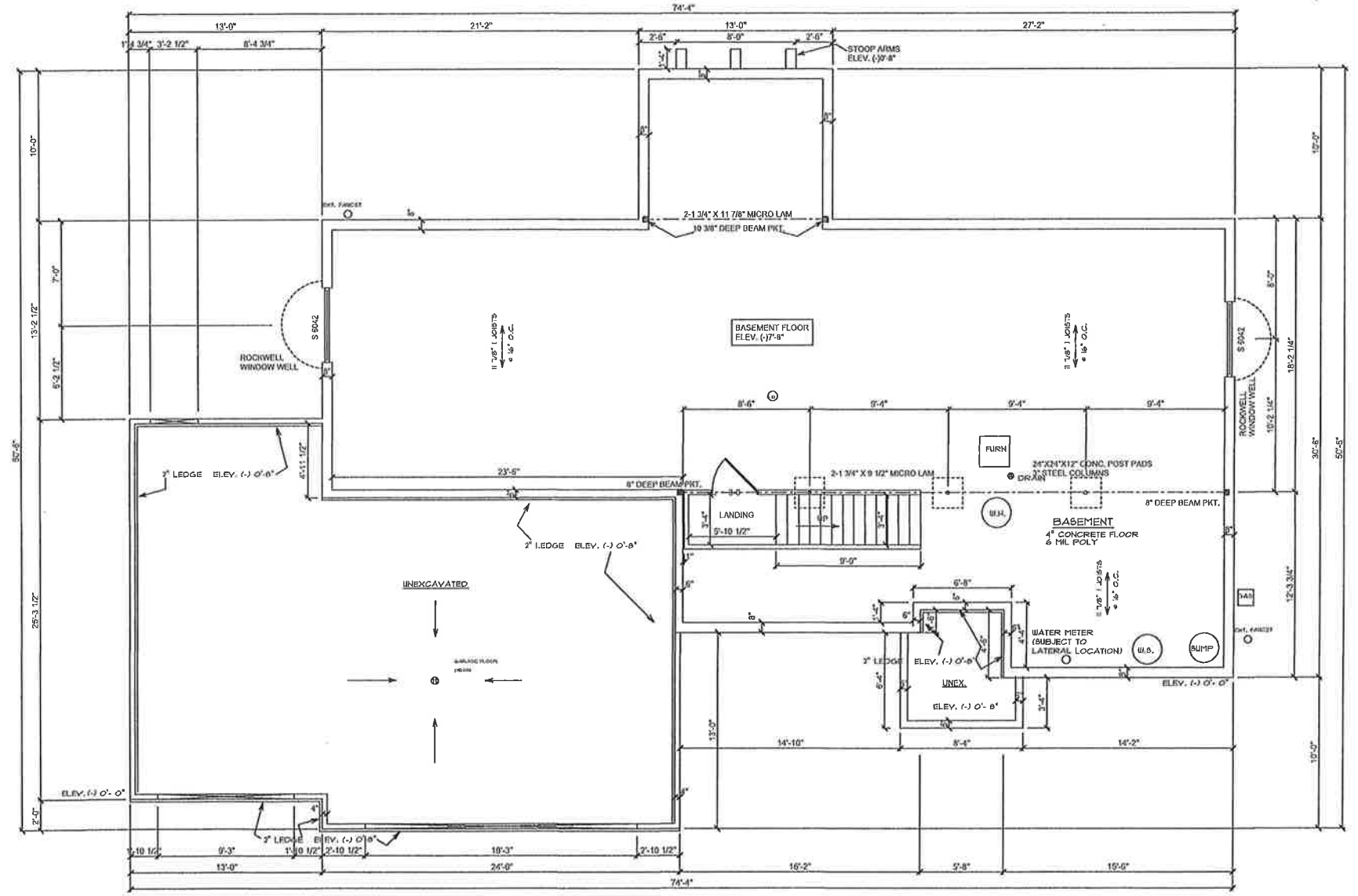
FRONT ELEVATION  
SCALE: 1/8" = 1'-0"

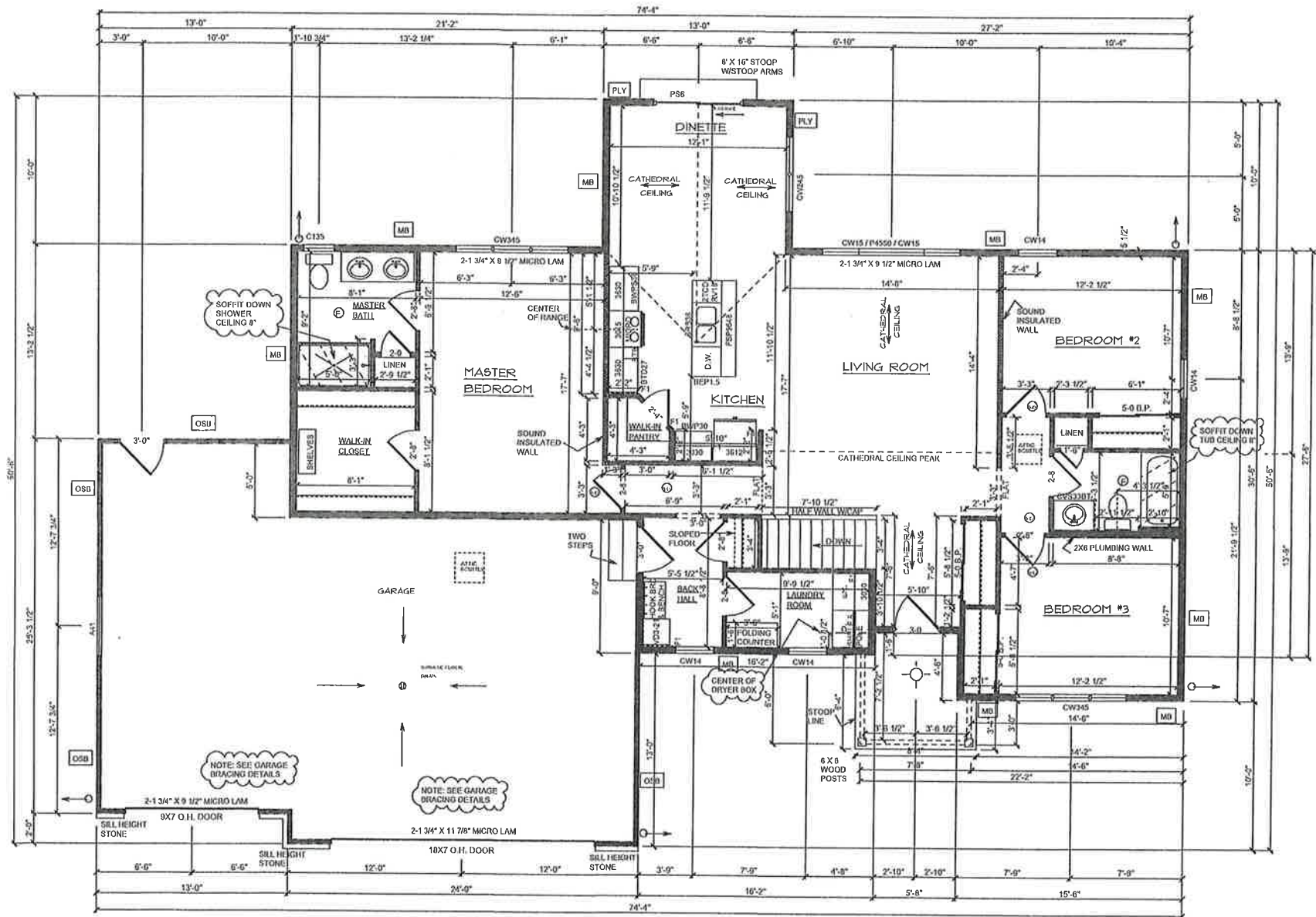


RIGHT ELEVATION  
SCALE: 1/8" = 1'-0"



REMARK NOTE:  
 1) 1-#4 ROD ALONG TOP ALL UNBALANCED FULL FOUNDATION WALLS  
 2) 2-#4 RODS ON ALL JUMP-UP FOUNDATION WALL CONNECTIONS  
 3) 1-#4 ROD AT ALL SAME HEIGHT HOUSE FOUNDATION TO GARAGE STOOP CONNECTION





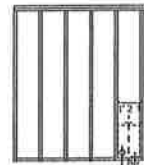
**BRACING NOTES:**  
 BRACING TO BE NO MORE THAN 21' APART ON STRAIGHT WALLS. BRACING CAN NOT START MORE THAN 12' 6" FROM A CORNER.

OSG 48" x 12" BRACED WALL PANEL  
 84 NAILS AT 8" O.C. AT PANEL EDGES & 12" O.C. ON ALL FRAMING

MB METAL T BRACING

PLY 48" x 12" BRACED WALL PANEL  
 84 NAILS AT 8" O.C. AT PANEL EDGES & 12" O.C. ON ALL FRAMING

**NOTE:**  
 [Symbol] STANDARD RANGE FREE STANDING  
 [Symbol] SLIDE IN RANGE SITS ON COUNTERTOP



DRYER VENT BOX  
 DD400 17 3/8" X 23 1/2" X 12 1/2"

LAUNDRY ROOM WALL DETAIL

3 FLOOR PLAN  
 1641 S.F.

NOTES:

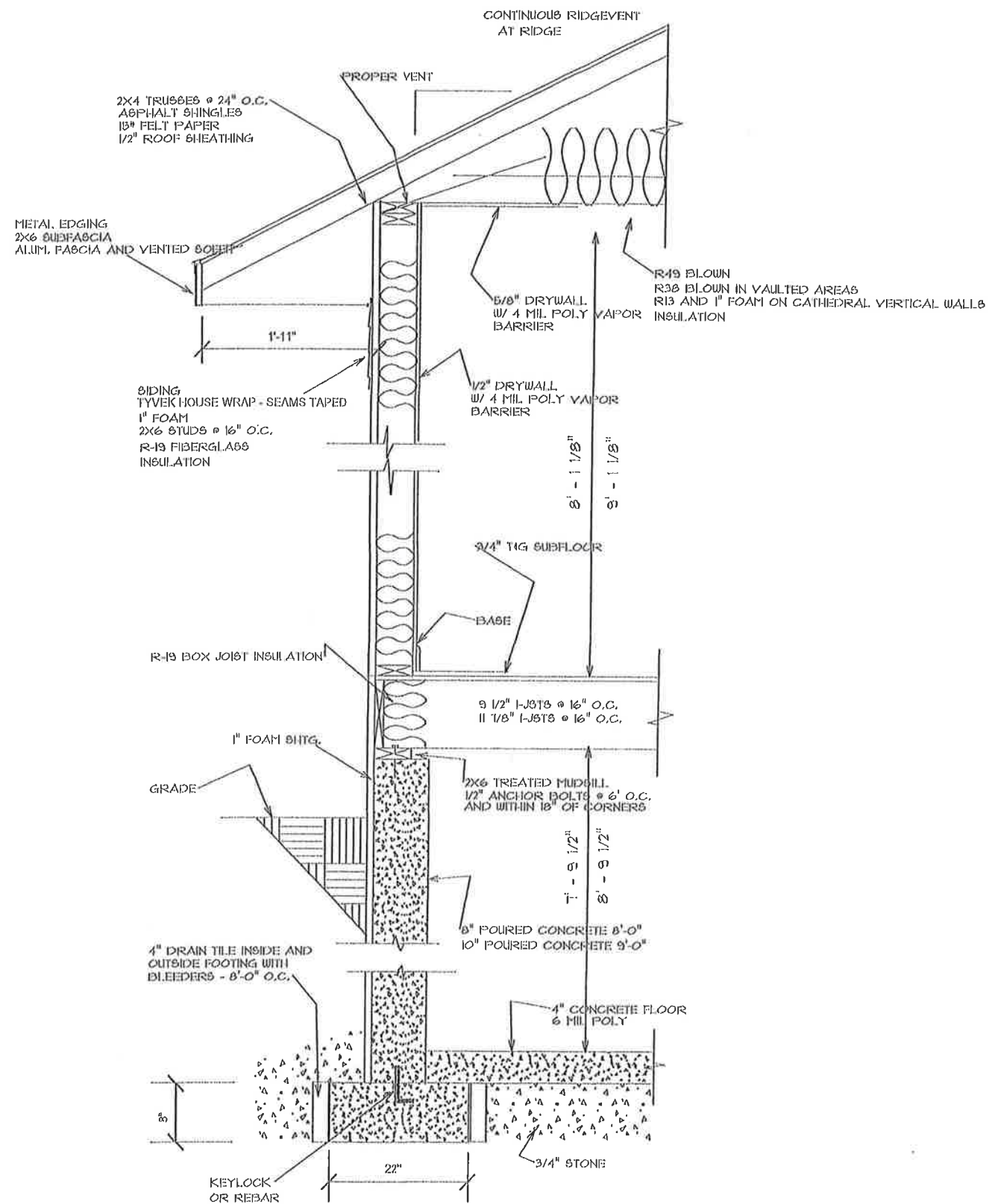
REUTELER

DATE: May 30, 2023

THIS DESIGN MAY NOT BE COPIED, REDRAWN, TRACED OR REPRODUCED WITHOUT THE EXPRESSED WRITTEN CONSENT OF WERNER HOMES.

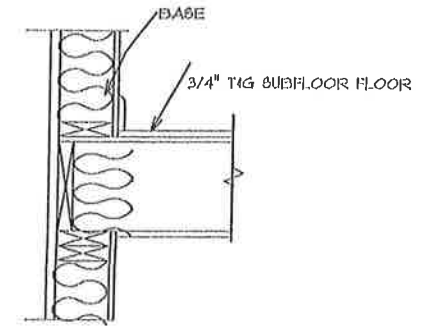
4539 SOUTH TAYLOR DR., SHEBOYGAN, WI 53081  
 TEL: 1-800-458-1184 FAX: 1-920-494-1815  
 WWW.WERNERHOMES.COM  
 WERNERHOMES@WERNERHOMES.COM



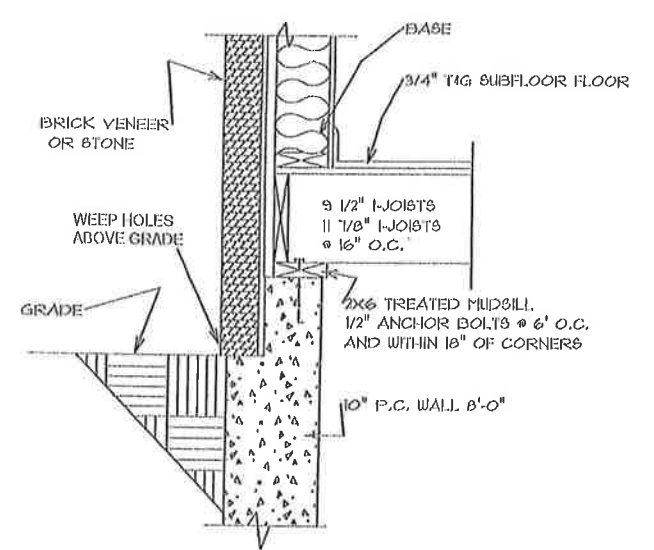


TYPICAL SECTION

- OTHER NOTES:
1. LOAD POINTS GO TO FOUNDATION
  2. PROPER FLASHING OVER DOOR AND WINDOW TRIM
  3. PROPER FLASHING ON BRICK LEDGE
  4. 11 7/8" BASEMENT BEAM NEEDS U-BOOT SADDLE ON POST
  5. INSTALL 2 X 2 X 3/16" WASHERS ON BOLTS BY GARAGE DOOR
  6. GARAGE SCUTTLE MUST BE MECHANICALLY FASTENED



TYPICAL 2-STORY SECTION



TYPICAL BRICK SECTION



MIN. HEADER FOR GABLE END:  
 3-1/2"X 11-7/8" IJC GLU LAM  
 (LOADING:42/20)  
 MAX 18' CLEAR OPENING

3-1/2"X 11-7/8" BIG BEAM GLU LAM  
 (LOADING:60/20)  
 MAX 18' CLEAR OPENING  
 UDC 21.25(9)(b)4.d. & f. & e.

FASTEN SHEATHING TO HEADER  
 WITH 8d COMMON NAILS IN 3"  
 GRID PATTERN AS SHOWN AND 3"  
 O.C. IN ALL FRAMING (STUDS  
 AND SILLS) (TYP.)

1000 LB. HEADER-TO-JACK-STUD  
 STRAP ON BOTH SIDES OF OPENING.  
 INSTALL ON BACKSIDE AS SHOWN ON  
 SIDE ELEVATION, MSTA36 STRAP  
 UDC 21.25-K  
 UDC 21.25(9)(b)4.h.

MIN. (1) KING STUD (TYP.)

FOR A PANEL SPLICE (IF NEEDED)  
 PANEL EDGE SHALL BE BLOCKED &  
 OCCUR WITH IN 24" OF MID HEIGHT.  
 ONE ROW OF 8d COMMON NAILS 3"  
 O.C. IS REQ'D IN EACH PANEL.  
 UDC 21.25(8)(h)

MIN. WIDTH BASED ON 6:1  
 HEIGHT-TO-WIDTH RATIO: FOR  
 EXAMPLE: 16" MIN. FOR 8'HEIGHT  
 18" MIN. FOR 9'HEIGHT  
 20" MIN. FOR 10'HEIGHT  
 UDC 21.25(9)(b)4.  
 UDC 21.25(9)(c)5.

MIN. 2"X2"X3/16" PLATE  
 WASHER

2-ANCHOR BOLT PER PANEL  
 IRC R403.1.6 (TYP.)  
 UDC 21.18(1)(c)  
 UDC 21.25(9)(b)2.b. & c.

FOUNDATION PER CODE (TYP.)

EXTENT OF HEADER (TWO BRACED WALL SEGMENTS)

OPENINGS UP TO 18' (FINISHED WIDTH)

HEADER SHALL BE  
 FASTENED TO KING  
 STUD WITH 6-16d  
 SINKER NAILS

TOP PLATE IS  
 REQUIRED PER  
 IRC R602.3.2,  
 UDC 21.25(2)

NO. OF JACK STUDS PER TABLE  
 IBC 502.5(182), URC 21.25(3)(b)  
 OPENINGS GREATER THAN 6' REQ. 2 JACK  
 STUDS. ENSURE THAT 2 JACK STUDS CAN  
 CARRY THE LOAD FROM HEADER, ESPECIALLY  
 IF ON THE EAVE END

MAX. HEIGHT 10'-0"

OUTSIDE ELEVATION

EAVE END HEADER (PLEASE CALL TO HAVE HEADER SIZED):  
 HEADER SIZE WILL VARY DEPENDING ON SNOW  
 LOAD, TRIBUTARY LENGTH OF TRUSSES AND OVERHANG.  
 UDC 21.25(a)(b)4.d. & f. & g.

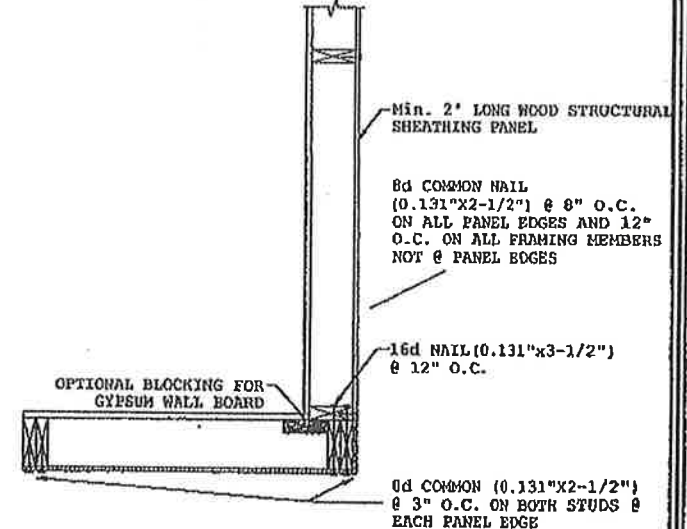
SHEATHING FILLER IF NEEDED  
 UDC 21.25 (9) (b) 4.e.

16d SINKER NAILS IN 2 ROWS @  
 3" O.C.

1000 LB. HEADER-TO-JACK-STUD  
 STRAP ON BOTH SIDES OF OPENING  
 MSTA36 STRAP  
 SEE TABLE UDC 21.25-K  
 UDC 21.25(9)(b)4.h.

3/8" MIN. THICKNESS WOOD  
 STRUCTURAL PANEL SHEATHING  
 UDC 21.25 (8) (b) 4.  
 UDC 21.25 (9) (b) 2.

SIDE



GARAGE DOOR CORNER

SEE 21.25 (9)(c) 6.

IMPORTANT CODE REQUIREMENT:  
 ONLY FOR USE ON HOMES WITH FULLY SHEATHED  
 PLYWOOD OR OSB EXTERIOR WALLS, PER IRC  
 R602.10.5.,  
 UDC 21.25(8)(b)4.

DETAIL OF NARROW WALL BRACING METHOD



1-800-236-1528  
 1-715-359-6524 FAX  
 ewpsales@wausausupply.com

From: Account Nbr: 000-0980-00 Route/Seq Nbr: Pressure Zone Cd:  
Thru: 000-0980-00

Account Nbr: 000-0980-00 Customer Name: Knowlton, Joesph & Andrea  
Service Address: 610 SPRING CT  
PSC Classification: Residential

Meter Nbr: 80344277 Rate Type: 5/8" & 3/4" Install Date: 3/10/2016  
Route/Seq Nbr: 11-0099 Location: Pressure Zone Cd: 00  
ROM Serial Nbr: ROM Install Date:  
Register ID: 80344277 MXU/MIU ID: 81734562  
Utilities: SEWER WATER  
Memos: 1st:  
2nd:  
3rd:

<u>Read Date</u>	<u>Reading</u>	<u>Consumption</u>	<u>Comment</u>
5/09/2023	486239	4548	Remote Reading
4/05/2023	481691	3651	Remote Reading
3/09/2023	478040	4433	Remote Reading
2/07/2023	473607	3504	Remote Reading
1/10/2023	470103	3312	Remote Reading
12/14/2022	466791	2909	Remote Reading
11/22/2022	463882	5665	Remote Reading
10/12/2022	458217	4186	Remote Reading
9/12/2022	454031	3606	Remote Reading
8/17/2022	450425	3730	Remote Reading
7/20/2022	446695	4851	Remote Reading
6/15/2022	441844	4089	Remote Reading
5/20/2022	437755	4141	Remote Reading
4/18/2022	433614	5651	Remote Reading
3/10/2022	427963	2926	Remote Reading
2/15/2022	425037	4756	Remote Reading
1/13/2022	420281	4493	Remote Reading
12/13/2021	415788	14094	Remote Reading
9/09/2021	401694	4995	Remote Reading
8/05/2021	396699	2478	Remote Reading
7/19/2021	394221	7092	Remote Reading
6/10/2021	387129	13027	Remote Reading
5/11/2021	374102	3926	Remote Reading
4/12/2021	370176	4885	Remote Reading
3/09/2021	365291	3541	Remote Reading
2/11/2021	361750	3593	Remote Reading
1/14/2021	358157	4780	Remote Reading
12/07/2020	353377	3825	Remote Reading

From: Account Nbr: 000-0980-00 Route/Seq Nbr: Pressure Zone Cd:  
Thru: 000-0980-00

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SEWER

Residential  
5/8" & 3/4" 1

=====

Residential Meter Count 1

=====

SEWER Meter Count 1

WATER

Residential  
5/8" & 3/4" 1

=====

Residential Meter Count 1

=====

WATER Meter Count 1

=====

Total Meter Count 2

**ORDINANCE NO. 2023-10**

**AN ORDINANCE TO REPEAL AND RECREATE SECTION 22-9(a)(5); 22-9(b)(5); 22-9(c)(3) RELATED TO BRUSH, GRASS, AND WEEDS IN THE MUNICIPAL CODE OF THE VILLAGE OF RANDOM LAKE, SHEBOYGAN COUNTY, WISCONSIN**

**WHEREAS**, the Village of Random Lake adopted the Brush, Grass, and Weeds Code of Ordinances 1994, followed by several amendments that have been enacted, and

**WHEREAS**, the Village Board of the Village of Random Lake believes it is in the best interest of the Village to regulate brush, grass, and weeds; and

**NOW, THEREFORE**, the Village Board of the Village of Random Lake, Sheboygan County, Wisconsin DOES HEREBY ORDAIN AS FOLLOWS:

**SECTION 1:** Chapter 22 of the Village of Random Lake Municipal Code entitled “Nuisances”, Article I entitled “In General”, Section 22-9 entitled “Brush, grass, and weeds”, Subsection (a) entitled “Destruction of noxious weeds”, Subsubsection (5) entitled “Costs” is hereby repealed and recreated as follows:

~~(5) *Costs.* If the village causes the noxious weeds to be destroyed, the actual costs thereof, together with an administrative fee equal to ten percent of the actual cost, shall be charge to the property owner. If such charges are not paid by November 15 of the year in which they are billed, such charges, together with an additional administrative fee for collection equal to ten percent of the total of such charges and fees, shall be extended on the next succeeding tax roll as a tax charged against the property affected and collected in the same manner as are other taxes pursuant to Wis. Stats. § 66.0703. If any person shall violate this chapter, he or she shall be subject to a forfeiture pursuant to Section 1-13 of the Village Code. In addition, any person shall be subject to such amount as set forth in the schedule of fees adopted by the village board from time to time. If the fee and/or forfeiture are not paid within 10 days, such fees and/or forfeiture shall be doubled and the person shall be granted an additional 10 days to make payment. Any unpaid fee owed to the village by any person in violation of this section that is not paid by November 1<sup>st</sup> shall be delinquent and placed upon the tax roll, pursuant to Wis Stats 66.0627.~~

**SECTION 2:** Chapter 22 of the Village of Random Lake Municipal Code entitled “Nuisances”, Article I entitled “In General”, Section 22-9 entitled “Brush, grass, and weeds”, Subsection (a) entitled “Length of lawn and grasses”, Subsubsection (5) entitled “Costs” is hereby repealed and recreated as follows:

~~(5) *Costs.* If the village causes the grass, and weeds to be destroyed, the actual costs thereof, together with an administrative fee equal to ten percent of the actual cost, shall be charge to the property owner. If such charges are not paid by November 15 of the year in which they are billed, such charges, together with an additional administrative fee for collection equal to ten percent of the total of such charges and fees, shall be extended on~~



~~the next succeeding tax roll as a tax charged against the property affected and collected in the same manner as are other taxes pursuant to Wis. Stats. 66.0703.~~ If any person shall violate this chapter, he or she shall be subject to a forfeiture pursuant to Section 1-13 of the Village Code. In addition, any person shall be subject to such amount as set forth in the schedule of fees adopted by the village board from time to time. If the fee and/or forfeiture are not paid within 10 days, such fees and/or forfeiture shall be doubled and the person shall be granted an additional 10 days to make payment. Any unpaid fee owed to the village by any person in violation of this section that is not paid by November 1<sup>st</sup> shall be delinquent and placed upon the tax roll, pursuant to Wis Stats 66.0627.

**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 ordinances whose terms are in conflict with the provisions of this ordinance are hereby repealed as to those terms that conflict.

**SECTION 4: EFFECTIVE DATE**

This Ordinance shall take effect immediately upon passage and posting or publication as provided by law.

Dated this 5th day of June 2023.

**VILLAGE OF RANDOM LAKE**

By: \_\_\_\_\_  
Michael San Felippo, President

ATTESTED:

\_\_\_\_\_  
Stephanie Waala  
Village Clerk/Treasurer

Date Adopted: \_\_\_\_\_

Date Published: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Street & Sidewalk Excavations & Openings Application Fee	\$10.00	12/4/2017
Obstructions & Encroachments Street Permit	\$5.00/4-day period No more than 3 in one calendar year	
Right-of-Way Excavation Permit Fee	\$200.00	12/4/2017
Degradation Fee	Refer to DPW for Fee Schedule	12/4/2017
Brush, Grass, and Weeds Removal Violation	\$100 per Occurance	6/5/2023
Brush, Grass, and Weeds Removal Cost Violation	\$75 minimum or actual cost (\$35 per hour, per person + \$30 equipment cost per hour)	6/5/2023
<b>Subdivisions</b>		
Perliminary Plat Review - Reapplication Fee	\$60.00 + \$5.00 per lot \$30.00 + \$5.00 per lot	12/4/2017
Final Plat Review - Reapplication Fee	\$60.00 + \$5.00 per lot \$30.00 + \$5.00 per lot	12/4/2017
Certified Survey Map Review Fee	\$50.00 + Recording Cost	12/4/2017
Park Fee	\$900.00 per lot	12/4/2017
Inspection Fee	Actual Cost	12/4/2017
Engineering Fee	Actual Cost	12/4/2017
Legal Fees	Actual Cost	12/4/2017
Erosion Control Fee - One & Two Family - Multi Family - Commercial/Industrial	\$140.00 \$140.00 \$170.00	12/4/2017
Penalty	\$250.00 + Prosecution Cost	12/4/2017
<b>Traffic &amp; Vehicles</b>		
Street Permit	\$5.00/4-day period No more than 3 in one calendar year	
Disorderly conduct with a motor vehicle/watercraft	First Offense \$100.00 Each Offense Thereafter \$250.00	2/7/2022
Engine Braking Penalty	First Offense \$50.00 Each Offense Thereafter \$250.00	4/9/2018
Parking Violation	\$25.00 per Occurance	2/6/2023
Snow Removal Violation	\$100 per Occurance	2/6/2023
Snow Removal Cost Violation	\$75 minimum or actual cost (\$35 per hour, per person + \$30 equipment cost per hour)	2/6/2023
Golf Cart Permit	\$25 May 1st - April 30th	1/1/2022
Golf Cart Violation	\$50 first offense/ \$125 all additional	7/18/2022
<b>Utility Charges</b>		
Category A - Domestic Wastewater	\$12.55 per 1,000 gallons	5/1/2023
Category B - BOD (Biochemical Oxygen Demand)	\$2.66 per pound	5/1/2023
SS (Suspended Solids)	\$1.12 per pound	5/1/2023
LSB (Limited Sewer Backup)	\$0.34 per month	5/15/2023
Water - Monthly Public Fire Protection Service	\$10.73 for 5/8-inch meter	5/1/2023
	\$10.73 for 3/4-inch meter	5/1/2023



December 6, 2022

Project No: 20.0098.01

Invoice No: 116476

Peter Lederer  
 Random Lake, Village of  
 Post Office Box 344  
 96 Russell Drive  
 Random Lake, WI 53075

**PROJECT NAME: WWTF Upgrades - Final Design**

clerktreasurer@randomlakewi.com

**Professional Services from August 28, 2022 to October 29, 2022**

**Labor Category**

	<b>Hours</b>	<b>Rate</b>	<b>Amount</b>	
Project Manager	16.50	168.00	2,772.00	
Civil Project Engineer II	12.50	119.00	1,487.50	
Civil Project Engineer I	7.00	107.00	749.00	
Eng Tech/Designer II	27.00	88.00	2,376.00	
Structural Project Manager	2.00	170.00	340.00	
Structural Engineer	44.00	113.00	4,972.00	
Subtotal	109.00		12,696.50	<b>12,696.50</b>

**Consultants**

Acuren Inspection Inc	2,009.15		
CGC, Inc.	7,451.00		
Symbiont	149,211.61		
<b>Subtotal</b>		<b>158,671.76</b>	<b>158,671.76</b>

**Reimbursable Expenses**

Cost - Mileage-Personal Vehicle	37.50		
<b>Subtotal</b>		<b>37.50</b>	<b>37.50</b>

**Billing Limits**

	<b>Current</b>	<b>Prior</b>	<b>To-Date</b>
Labor	12,696.50	356,638.50	369,335.00
Limit			369,398.48
Remaining			63.48
Consultants	158,671.76	260,808.60	419,480.36
Limit			477,859.88
Remaining			58,379.52
Expenses	37.50	738.14	775.64
Limit			775.64

**Total Invoice Amount** \$171,405.76

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Project	20.0098.01	WWTF Upgrades - Final Design	Invoice	116476
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**BTD**

	<b>Current</b>	<b>Prior</b>	<b>JTD</b>
Labor	12,696.50	356,638.50	369,335.00
Consultant	158,671.76	260,808.60	419,480.36
Expense	37.50	738.14	775.64
<b>Totals</b>	<b>171,405.76</b>	<b>618,185.24</b>	<b>789,591.00</b>

Agreement Amount      848,034.00

For questions regarding this invoice please contact:                Aaron Groh           .

# Billing Backup

Tuesday, December 6, 2022

Kapur and Associates, Inc.

Invoice 116476 Dated 12/6/2022

2:17:15 PM

## Labor Category

		Hours	Rate	Amount
Project Manager				
86 - Groh, Aaron	8/29/2022	4.00	168.00	672.00
deliver floodplain report to sheboygan county, site layout meeting, cwf, structural				
86 - Groh, Aaron	8/30/2022	.50	168.00	84.00
CWF				
86 - Groh, Aaron	8/31/2022	3.00	168.00	504.00
CWF				
86 - Groh, Aaron	9/1/2022	1.50	168.00	252.00
wdnr coordination				
86 - Groh, Aaron	9/2/2022	3.00	168.00	504.00
belt filter press				
86 - Groh, Aaron	9/3/2022	1.50	168.00	252.00
belt filter press, prep for team meeting				
86 - Groh, Aaron	9/6/2022	2.00	168.00	336.00
team meeting				
86 - Groh, Aaron	9/7/2022	1.00	168.00	168.00
village board meeting				
Civil Project Engineer II				
4 - Laufer, Matthew	8/29/2022	3.00	119.00	357.00
cwf application				
4 - Laufer, Matthew	8/30/2022	3.50	119.00	416.50
cwf application				
4 - Laufer, Matthew	8/31/2022	3.00	119.00	357.00
cwf application				
4 - Laufer, Matthew	9/6/2022	3.00	119.00	357.00
CWF application				
Civil Project Engineer I				
3 - Eppert, Alexander	8/29/2022	7.00	107.00	749.00
Site Design				
Eng Tech/Designer II				
17 - Grosskreutz, John	8/29/2022	3.00	88.00	264.00
Final Plan Review				
17 - Grosskreutz, John	8/30/2022	2.00	88.00	176.00
Final Plan Review				
17 - Grosskreutz, John	8/31/2022	3.00	88.00	264.00
Final Updates				
17 - Grosskreutz, John	9/2/2022	2.00	88.00	176.00
Final Plan Review				
17 - Drescher, David	9/6/2022	4.00	88.00	352.00
Preliminary				
17 - Grosskreutz, John	9/6/2022	5.00	88.00	440.00
Final Plan Review				

Project	20.0098.01	WWTF Upgrades - Final Design		Invoice	116476
17 - Grosskreutz, John		9/7/2022	4.00	88.00	352.00
Final Plan Review					
17 - Grosskreutz, John		9/8/2022	4.00	88.00	352.00
Final Plan Review					
Structural Project Manager					
348 - Zagloul, Mohammed		9/8/2022	2.00	170.00	340.00
Structural design					
Structural Engineer					
325 - Connolly, Shannon		8/28/2022	2.00	113.00	226.00
Final Clarifier & Pipe Tunnel					
325 - Connolly, Shannon		8/29/2022	3.00	113.00	339.00
Final Clarifier & Pipe Tunnel					
325 - Connolly, Shannon		8/30/2022	3.00	113.00	339.00
Final Clarifier & Pipe Tunnel					
325 - Connolly, Shannon		9/1/2022	3.00	113.00	339.00
Final Clarifier & Pipe Tunnel & Garage Door					
325 - Connolly, Shannon		9/2/2022	6.00	113.00	678.00
Final Clarifier & Pipe Tunnel & Garage Door					
325 - Connolly, Shannon		9/6/2022	7.00	113.00	791.00
Final Clarifier and garage door					
325 - Connolly, Shannon		9/7/2022	7.00	113.00	791.00
Final Clarifier and garage door					
325 - Connolly, Shannon		9/8/2022	8.00	113.00	904.00
Final Clarifier and garage door					
325 - Connolly, Shannon		9/9/2022	5.00	113.00	565.00
Final Clarifier and garage door					
Subtotal			109.00		12,696.50
					<b>12,696.50</b>
<b>Consultants</b>					
Acuren Inspection Inc					
AP 139445	9/30/2022	Acuren Inspection Inc			2,009.15
CGC, Inc.					
AP 139000	8/30/2022	CGC, Inc.			7,451.00
Symbiont					
AP 139089	8/31/2022	Symbiont			39,639.86
AP 139090	8/31/2022	Symbiont			49,198.00
AP 139475	10/29/2022	Symbiont			60,373.75
Subtotal					<b>158,671.76</b>
					<b>158,671.76</b>
<b>Reimbursable Expenses</b>					
Cost - Mileage-Personal Vehicle					
00000007424	9/6/2022	Grosskreutz, John / WWTF Upgrades -			37.50
8		Final Design / Random Lake Final			
		Design Check In Review Meeting /			
		60.00 miles @ 0.625			
Subtotal					<b>37.50</b>
					<b>37.50</b>
				<b>Total this Project</b>	<b>\$171,405.76</b>
				<b>Total this Report</b>	<b>\$171,405.76</b>



# Invoice

Acuren Inspection, Inc.  
 4250 N. 126th Street  
 Brookfield, WI 53005  
 Phone: 262-781-0105  
 Fax: 262-781-7796

Kapur Inc.  
 7711 N Port Washington Rd  
 Milwaukee, WI 53217 USA

INVOICE NUMBER: 0000925806  
 INVOICE DATE: 9/24/2022  
 SERVICE CALL #: 793041

CUSTOMER NO: 70-0222491  
 CUSTOMER P.O.: Aaron

TERMS: NET 30 DAYS

DESCRIPTION	QUANTITY	PRICE	AMOUNT
<i>8/2/22</i>			
Waste Water Treatment Facility File # M13-B-89 Random Lake, WI Tech: Travis Taylor			
Level II UT Technician	HR	80.000	640.00
Level II UT Technician OT	HR	120.000	1,080.00
MT Yoke	Each	40.000	40.00
Ultra Gel II Couplant	GAL	72.000	36.00
Vehicle Charge	Each	55.000	55.00
MILEAGE	EA	1.250	118.75
Environmental Surcharge	Each	39.400	39.40
LAST ITEM			

PLEASE REMIT TO:  
 PO Box 846313  
 Dallas, TX 75284-6313

Subtotal	2,009.15
Sales Tax	0.00
<b>Balance</b>	<b>2,009.15</b>

This document and all services and/or products provided in connection with this document and all future sales are subject to and shall be governed by the "Acuren Standard Service Terms" in effect when the services and/or products are ordered. THOSE TERMS ARE AVAILABLE AT [WWW.ACUREN.COM/SERVICETERMS](http://WWW.ACUREN.COM/SERVICETERMS) <<http://WWW.ACUREN.COM/SERVICETERMS>>, ARE EXPRESSLY INCORPORATED BY REFERENCE INTO THIS DOCUMENT AND SHALL SUPERSEDE ANY CONFLICTING TERMS IN ANY OTHER DOCUMENT (EXCEPT WHERE EXPRESSLY AGREED OTHERWISE IN THAT OTHER DOCUMENT).



ACUREN

ULTRASONIC EXAMINATION REPORT

This test is accredited and meet(s) the requirements of ISO/IEC 17025 as verified by the ANSI-ASQ National Accreditation Board/ANAB. Refer to certificate and scope of accreditation (AT-1815 Brookfield).

Acuren Inspection, Inc.
4250 N 126th Street
Brookfield, Wisconsin 53005
Phone: 262.781.0105

www.acuren.com
A Higher Level of Reliability

Report Number: BRO208424

Form containing customer information (Kapur Inc.), location (690 Wolf Road), part number (M. Mahon Associates File No. M13-B-89), item description (Waste Water Treatment Facility Piping), NDE procedure (UT-2A), material (Ductile Iron), instrument manufacturer (Olympus), and transducer details.

Table with 4 columns: Items, Quantity, Comments, and Accept/Reject. Contains a main entry about UT thickness examination and a note about calibration.

Form section for Sensitivity Level (76dB), Calibration Time Check (1100), and other inspection parameters like High Temp and Customer Contact.

Form section for Client Representative and Acuren Inspector (Travis Taylor) with date (08/02/2022) and inspection level (Level II).

Client acknowledges receipt and custody of the report or other work ("Deliverable"). Client agrees that it is responsible for assuring that acceptance standards, specifications and criteria in the Deliverable and Statement of Work ("SOW") are correct.

Client acknowledges that it is responsible for the failure of any items inspected to meet standards, and for remediation. Client has 15 business days following the date Acuren provides the Deliverable to inspect it.





Construction • Geotechnical  
Consulting Engineering/Testing

**INVOICE # 62897**

**Attn: Accounts Payable / Mr. John Grosskreutz**  
**Kapur & Associates, Inc.**  
**APIInvoice@kapurinc.com**  
**7711 N. Port Washington Rd.**  
**Milwaukee, WI 53217**

Invoice Date: August 25, 2022  
Project Number: CM19213

Professional services rendered through August 6, 2022 under terms of our agreement for the referenced project:

**Random Lake WWTF Upgrades - Final Design (K & A #20.0098.01)**

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Geotechnical Report (Updated)	Lump Sum	\$2,450.00
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**Consultant Expenses**

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J & J Soil Testing, Ltd., Corp.	\$4,899.00
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<b>Total Consultant Expenses</b>	<b>\$4,899.00</b>
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**Reimbursable Expenses**

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Construction/Laboratory Services (Details Attached)	\$102.00
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<b>Total Reimbursable Expenses</b>	<b>\$102.00</b>
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<b>TOTAL DUE THIS INVOICE</b>	<b>\$7,451.00</b>
-------------------------------	-------------------

**Please remit to: 2921 Perry Street, Madison, Wisconsin 53713**

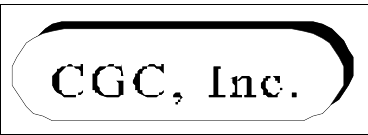
**May be subject to interest charges of 1.5%/month**

**If not paid within 30 days of receipt**

2921 Perry Street, Madison WI 53713

Telephone: 608/288-4100

FAX: 608/288-7887



# Construction/Laboratory Services

Project Job No: CM19213 - Random Lake WWTF Upgrades

Week Ending: 7/16/2022

Ticket No:  Initials: \_\_\_\_\_ Week Ending: 7/16/2022

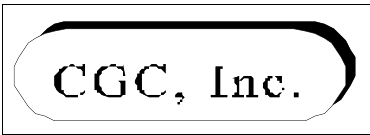
Date Received:

# Tests	Unit Price	Total
3	\$7.00	\$21.00

Geotechnical Lab      Index/Classification Tests      Natural Moisture

CM19213 - Random Lake WWTF Upgrades  Ticket Total      \$21.00

**CM19213 - Random Lake WWTF Upgrades, Week Ending: 7/16/2022      Weekly Total      \$21.00**



# Construction/Laboratory Services

Project Job No: CM19213 - Random Lake WWTF Upgrades

Week Ending: 7/23/2022

Ticket No:  Initials: \_\_\_\_\_ Week Ending: 7/23/2022

		Date Received:	# Tests	Unit Price	Total
Geotechnical Lab	Index/Classification Tests	Unit Weight	3	\$20.00	\$60.00
Geotechnical Lab	Index/Classification Tests	Natural Moisture	3	\$7.00	\$21.00
CM19213 - Random Lake WWTF Upgrades			<input type="text" value="2349"/>	Ticket Total	\$81.00
<b>CM19213 - Random Lake WWTF Upgrades, Week Ending: 7/23/2022</b>				<b>Weekly Total</b>	<b>\$81.00</b>
<b>CM19213 - Random Lake WWTF Upgrades</b>				<b>Grand Total</b>	<b>\$102.00</b>



REMIT TO

**Symbiont**  
6737 West Washington Street  
Suite 3440  
Milwaukee, WI 53214

414.291.8840 MAIN  
414.291.8841 FAX  
symbiontonline.com

INVOICE

Aaron Groh  
Kapur & Associates, Inc.  
apinvoice@kapurinc.com

August 16, 2022  
Invoice Number: 55329

**NET DUE 45 Days**

<b>Invoice Total</b>	<b>\$39,639.86</b>
----------------------	--------------------

Project Manager Patrick Carnahan

Project 20PS35691

Kapur - Random Lake WWTP Final Design (HVAC, Electrical, Controls and Process QA QC)

**Purchase Order #: 20.0098.01**

**Professional Services through July 31, 2022**

Phase 0001 Project Management

**Professional Personnel**

	<b>Hours</b>	<b>Amount</b>	
Butt, Jonathan	44.50	7,698.50	
Carnahan, Patrick	13.00	3,146.00	
Chancellor, Luke	65.50	7,336.00	
Froehlich, Jason	3.00	570.00	
Yuhas, Kate	92.50	12,950.00	
<b>Total Professional Services</b>			<b>31,700.50</b>

**Reimbursable Expenses**

Travel & Living		212.36	
<b>Total Reimbursables</b>			<b>212.36</b>

**Phase Total \$31,912.86**

Phase 0002 Electrical Design

**Professional Personnel**

	<b>Hours</b>	<b>Amount</b>	
Carnahan, Patrick	1.00	242.00	
Williams, Barry	31.00	5,580.00	
<b>Total Professional Services</b>			<b>5,822.00</b>

**Phase Total \$5,822.00**

Phase 0006 Plumbing Design

**Professional Personnel**

	<b>Hours</b>	<b>Amount</b>	
Plewa, Peter	15.00	1,905.00	
<b>Total Professional Services</b>			<b>1,905.00</b>

**Phase Total**                      **\$1,905.00**

**Total Invoice Amount**                      **\$39,639.86**

**Outstanding Invoices**

<b>Number</b>	<b>Date</b>	<b>Balance</b>
55016	6/17/2022	6,777.17
55137	7/15/2022	21,477.25
<b>Total</b>		<b>28,254.42</b>



REMIT TO

**Symbiont**  
6737 West Washington Street  
Suite 3440  
Milwaukee, WI 53214

414.291.8840 MAIN  
414.291.8841 FAX  
symbiontonline.com

INVOICE

Aaron Groh  
Kapur & Associates, Inc.  
apinvoice@kapurinc.com

September 8, 2022  
Invoice Number: 55380

**NET DUE 45 Days**

**Invoice Total \$49,198.00**

Project Manager Patrick Carnahan

Project 20PS35691 Kapur - Random Lake WWTP Final Design (HVAC, Electrical, Controls and Process QA QC)

**Purchase Order #: 20.0098.01**

**Professional Services through August 31, 2022**

Phase 0001 Project Management

**Professional Personnel**

	Hours	Amount	
Butt, Jonathan	35.50	6,141.50	
Carnahan, Patrick	32.50	7,865.00	
Chancellor, Luke	99.00	11,088.00	
Frey, Jacob	12.00	1,680.00	
Froehlich, Jason	5.00	950.00	
Yuhas, Kate	32.50	4,550.00	
<b>Total Professional Services</b>			<b>32,274.50</b>
		<b>Phase Total</b>	<b>\$32,274.50</b>

Phase 0002 Electrical Design

**Professional Personnel**

	Hours	Amount	
Williams, Barry	52.00	9,360.00	
<b>Total Professional Services</b>			<b>9,360.00</b>
		<b>Phase Total</b>	<b>\$9,360.00</b>

Phase 0003 HVAC Design

**Subcontractors**

RTM Engineering Consultants, LLC		1,721.50	
<b>Total Subcontractors</b>			<b>1,721.50</b>
		<b>Phase Total</b>	<b>\$1,721.50</b>

Phase 0006 Plumbing Design

**Professional Personnel**

	<b>Hours</b>	<b>Amount</b>	
Plewa, Peter	46.00	5,842.00	
<b>Total Professional Services</b>			<b>5,842.00</b>
		<b>Phase Total</b>	<b>\$5,842.00</b>
		<b>Total Invoice Amount</b>	<b><u><u>\$49,198.00</u></u></b>

**Outstanding Invoices**

<b>Number</b>	<b>Date</b>	<b>Balance</b>
55016	6/17/2022	6,777.17
55137	7/15/2022	21,477.25
55329	8/16/2022	39,639.86
<b>Total</b>		<b>67,894.28</b>

INVOICE



6737 W. Washington Street, Suite 3500  
 Milwaukee, WI 53214  
 1-414-291-8840

Aaron Groh  
 Kapur & Associates, Inc.  
 apinvoice@kapurinc.com

October 20, 2022  
 Invoice Number: 55594

**Invoice Total \$60,373.75**

Project Manager Patrick Carnahan  
 Project R4666690- Random Lake WWTP Final Design  
 222079.01

**Purchase Order #: 20.0098.01**  
**Professional Services through September 30, 2022**

Phase 000001 Project Management

**Professional Personnel**

	Hours	Rate	Amount	
Butt, Jonathan	49.00	180.00	8,820.00	
Carnahan, Patrick	46.50	260.00	12,090.00	
Chancellor, Luke	74.00	112.00	8,288.00	
Froehlich, Jason	4.50	190.00	855.00	
Yuhas, Kate	45.50	140.00	6,370.00	
<b>Total Professional Services</b>				<b>36,423.00</b>

**Reimbursable Expenses**

Mileage - Employee Vehicle			57.75	
<b>Total Reimbursables</b>				<b>57.75</b>

**Total this Phase \$36,480.75**

Phase 000002 Electrical Design

**Professional Personnel**

	Hours	Rate	Amount	
Williams, Barry	77.00	180.00	13,860.00	
<b>Total Professional Services</b>				<b>13,860.00</b>

**Total this Phase \$13,860.00**

Phase 000006 Plumbing Design

**Professional Personnel**

	Hours	Rate	Amount	
Plewa, Peter	79.00	127.00	10,033.00	
<b>Total Professional Services</b>				<b>10,033.00</b>

**Remittance Information:**

**ACH:**  
 Account Number: 5315475  
 ABA/Routing Number: 071000288  
 Bank Name: BMO Harris Bank N.A.  
 Email Remittance: accountsreceivable@meadhunt.com

**MAILING:**  
 Symbiont  
 Attn: Accounts Receivable  
 6737 W. Washington Street, Suite 3500  
 Milwaukee, WI 53214



**Total this Phase** **\$10,033.00**

**Total Invoice Amount** **\$60,373.75**

**Outstanding Invoices**

<b>Number</b>	<b>Date</b>	<b>Balance</b>
55329	8/16/2022	39,639.86
55380	9/8/2022	49,198.00
<b>Total</b>		<b>88,837.86</b>

---

**Remittance Information:**

**ACH:**  
Account Number: 5315475  
ABA/Routing Number: 071000288  
Bank Name: BMO Harris Bank N.A.  
Email Remittance: accountsreceivable@meadhunt.com

**MAILING:**  
Symbiont  
Attn: Accounts Receivable  
6737 W. Washington Street, Suite 3500  
Milwaukee, WI 53214

RESOLUTION NO. 2023-01

**RESOLUTION RECOMMENDING CORRECTION OF PROBLEMS/ DEFICIENCIES  
ADDRESSED IN THE 2022 COMPLIANCE MAINTENANCE ANNUAL REPORT  
VILLAGE OF RANDOM LAKE, WISCONSIN**

**WHEREAS**, it is a requirement under a Wisconsin Pollutant Discharge Elimination System (WPDES) permit issued by the Wisconsin Department of Natural Resources to file a Compliance Maintenance Annual Report (CMAR) for its wastewater treatment/wastewater collection system, under Wisconsin Administrative Code NR 208; and

**WHEREAS**, it is necessary to acknowledge that the governing body has reviewed the Compliance Maintenance Annual Report (CMAR); and

**WHEREAS**, it is necessary to provide recommendations or an action response plan for all individual CMAR section grades (of “C” or less) and/or an overall grade point average (<3.00);

**NOW, THEREFORE, BE IT RESOLVED** by the Village Board of the Village of Random Lake that the following recommendations or actions will be taken to address or correct problems/deficiencies of the wastewater treatment plant as identified in the Compliance Maintenance Annual Report (CMAR):

- 1.) Reviewed the 2022 Compliance Maintenance Annual Report which is attached to this resolution.
- 2.) Effluent Quality and Plant Performance: Grade C
  - a. The village has repaired the operational problems with the filters.
- 3.) Operator Certification and Education: Grade C
  - a. The village has an operator on staff who has an operator-in-training certificate and is expected to be certified within one year.
- 4.) Financial Management: Grade F
  - a. The village is addressing the need to increase sewer rates.
- 5.) Sanitary Sewer Collection Systems: Grade D
  - a. The village is creating a new Capacity, Management, Operation, and Maintenance Program (CMOM).

Adopted this 5th day of June, 2023.  
Village Board, Village of Random Lake  
Sheboygan County, Wisconsin

By: \_\_\_\_\_  
Michael San Felippo, President

ATTEST:

By: \_\_\_\_\_  
Stephanie Waala  
Clerk/Treasurer

# Compliance Maintenance Annual Report

Random Lake Village

Last Updated: Reporting For:  
5/16/2023 **2022**

## Influent Flow and Loading

### 1. Monthly Average Flows and BOD Loadings

1.1 Verify the following monthly flows and BOD loadings to your facility.

Influent No. 701	Influent Monthly Average Flow, MGD	x	Influent Monthly Average BOD Concentration mg/L	x	8.34	=	Influent Monthly Average BOD Loading, lbs/day
January	0.1933	x	77	x	8.34	=	123
February	0.2532	x	77	x	8.34	=	163
March	0.3367	x	60	x	8.34	=	167
April	0.3985	x	52	x	8.34	=	173
May	0.3527	x	58	x	8.34	=	171
June	0.3595	x	79	x	8.34	=	237
July	0.2956	x	76	x	8.34	=	188
August	0.3245	x	67	x	8.34	=	181
September	0.2998	x	81	x	8.34	=	201
October	0.2644	x	75	x	8.34	=	166
November	0.3794	x	54	x	8.34	=	170
December	0.3775	x	139	x	8.34	=	438

### 2. Maximum Monthly Design Flow and Design BOD Loading

2.1 Verify the design flow and loading for your facility.

Design	Design Factor	x	%	=	% of Design
Max Month Design Flow, MGD	.45	x	90	=	0.405
		x	100	=	.45
Design BOD, lbs/day	749	x	90	=	674.1
		x	100	=	749

2.2 Verify the number of times the flow and BOD exceeded 90% or 100% of design, points earned, and score:

	Months of Influent	Number of times flow was greater than 90% of	Number of times flow was greater than 100% of	Number of times BOD was greater than 90% of design	Number of times BOD was greater than 100% of design
January	1	0	0	0	0
February	1	0	0	0	0
March	1	0	0	0	0
April	1	0	0	0	0
May	1	0	0	0	0
June	1	0	0	0	0
July	1	0	0	0	0
August	1	0	0	0	0
September	1	0	0	0	0
October	1	0	0	0	0
November	1	0	0	0	0
December	1	0	0	0	0
Points per each		2	1	3	2
Exceedances		0	0	0	0
Points		0	0	0	0
<b>Total Number of Points</b>					<b>0</b>

0

# Compliance Maintenance Annual Report

Random Lake Village

Last Updated: Reporting For:  
5/16/2023 2022

## 3. Flow Meter

3.1 Was the influent flow meter calibrated in the last year?  
● Yes Enter last calibration date (MM/DD/YYYY)

2022-10-06

○ No

If No, please explain:

## 4. Sewer Use Ordinance

4.1 Did your community have a sewer use ordinance that limited or prohibited the discharge of excessive conventional pollutants ((C)BOD, SS, or pH) or toxic substances to the sewer from industries, commercial users, hauled waste, or residences?

● Yes

○ No

If No, please explain:

4.2 Was it necessary to enforce the ordinance?

○ Yes

● No

If Yes, please explain:

## 5. Septage Receiving

5.1 Did you have requests to receive septage at your facility?

Septic Tanks

Holding Tanks

Grease Traps

○ Yes

○ Yes

○ Yes

● No

● No

● No

5.2 Did you receive septage at your facility? If yes, indicate volume in gallons.

Septic Tanks

○ Yes

gallons

● No

Holding Tanks

○ Yes

gallons

● No

Grease Traps

○ Yes

gallons

● No

5.2.1 If yes to any of the above, please explain if plant performance is affected when receiving any of these wastes.

## 6. Pretreatment

6.1 Did your facility experience operational problems, permit violations, biosolids quality concerns, or hazardous situations in the sewer system or treatment plant that were attributable to commercial or industrial discharges in the last year?

○ Yes

● No

If yes, describe the situation and your community's response.

6.2 Did your facility accept hauled industrial wastes, landfill leachate, etc.?

# Compliance Maintenance Annual Report

Random Lake Village

Last Updated: Reporting For:  
5/16/2023 **2022**

<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If yes, describe the types of wastes received and any procedures or other restrictions that were in place to protect the facility from the discharge of hauled industrial wastes.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
--	--

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

Random Lake Village

Last Updated: Reporting For:  
5/16/2023 **2022**

## Effluent Quality and Plant Performance (BOD/CBOD)

### 1. Effluent (C)BOD Results

1.1 Verify the following monthly average effluent values, exceedances, and points for BOD or CBOD

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit > 10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	15	13.5	2	1	0	0
February	15	13.5	1	1	0	0
March	15	13.5	2	1	0	0
April	15	13.5	0	1	0	0
May	15	13.5	2	1	0	0
June	15	13.5	2	1	0	0
July	15	13.5	1	1	0	0
August	15	13.5	3	1	0	0
September	15	13.5	11	1	0	0
October	15	13.5	5	1	0	0
November	15	13.5	4	1	0	0
December	15	13.5	6	1	0	0

\* Equals limit if limit is <= 10

Months of discharge/yr	12		
Points per each exceedance with 12 months of discharge		7	3
Exceedances		0	0
Points		0	0
<b>Total number of points</b>			<b>0</b>

NOTE: For systems that discharge intermittently to state waters, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge. Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is 12/6 = 2.0

1.2 If any violations occurred, what action was taken to regain compliance?

### 2. Flow Meter Calibration

2.1 Was the effluent flow meter calibrated in the last year?

- Yes Enter last calibration date (MM/DD/YYYY)

2022-10-06

- No

If No, please explain:

### 3. Treatment Problems

3.1 What problems, if any, were experienced over the last year that threatened treatment?

Failure of alum pump for P removal. Problems with chlorine and bisulfate pumps for the disinfection system.

### 4. Other Monitoring and Limits

4.1 At any time in the past year was there an exceedance of a permit limit for any other pollutants such as chlorides, pH, residual chlorine, fecal coliform, or metals?

- Yes

0

# Compliance Maintenance Annual Report

Random Lake Village

Last Updated: Reporting For:  
5/16/2023 **2022**

<p><input type="radio"/> No</p> <p>If Yes, please explain:</p> <div style="border: 1px solid black; padding: 5px;"><p>Residual chlorine. System needed to be calibrated with the new operator. Fecal coliforms. System needed to be calibrated with new operator.</p></div> <p>4.2 At any time in the past year was there a failure of an effluent acute or chronic whole effluent toxicity (WET) test?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If Yes, please explain:</p> <div style="border: 1px solid black; height: 20px;"></div> <p>4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> N/A</p> <p>Please explain unless not applicable:</p> <div style="border: 1px solid black; height: 20px;"></div>
---

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

Random Lake Village

Last Updated: Reporting For:  
5/16/2023 **2022**

## Effluent Quality and Plant Performance (Total Suspended Solids)

### 1. Effluent Total Suspended Solids Results

1.1 Verify the following monthly average effluent values, exceedances, and points for TSS:

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit >10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	20	18	33	1	1	1
February	20	18	33	1	1	1
March	20	18	13	1	0	0
April	20	18	8	1	0	0
May	20	18	6	1	0	0
June	20	18	3	1	0	0
July	20	18	6	1	0	0
August	12	10.8	2	1	0	0
September	12	10.8	4	1	0	0
October	12	10.8	3	1	0	0
November	12	10.8	3	1	0	0
December	12	10.8	5	1	0	0

20

\* Equals limit if limit is <= 10

Months of Discharge/yr	12		
<b>Points per each exceedance with 12 months of discharge:</b>	<b>7</b>	<b>3</b>	
Exceedances	2	2	
Points	14	6	
<b>Total Number of Points</b>		<b>20</b>	

NOTE: For systems that discharge intermittently to state waters, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge.

Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is  $12/6 = 2.0$

1.2 If any violations occurred, what action was taken to regain compliance?

Failure of the tertiary filters

<b>Total Points Generated</b>	20
<b>Score (100 - Total Points Generated)</b>	80
<b>Section Grade</b>	<b>C</b>



# Compliance Maintenance Annual Report

Random Lake Village

Last Updated: Reporting For:  
5/16/2023 **2022**

## Effluent Quality and Plant Performance (Ammonia - NH3)

### 1. Effluent Ammonia Results

1.1 Verify the following monthly and weekly average effluent values, exceedances and points for ammonia

Outfall No. 001	Monthly Average NH3 Limit (mg/L)	Weekly Average NH3 Limit (mg/L)	Effluent Monthly Average NH3 (mg/L)	Monthly Permit Limit Exceedance	Effluent Weekly Average for Week 1	Effluent Weekly Average for Week 2	Effluent Weekly Average for Week 3	Effluent Weekly Average for Week 4	Weekly Permit Limit Exceedance
January	5.1		.323	0					
February	5.1		.879	0					
March	5.1		.06	0					
April	3.2		.047	0					
May	2		.023	0					
June	2		.065	0					
July	2		.251	0					
August	2		0	0					
September	2		.367	0					
October	4.5		.39	0					
November	5.1		.417	0					
December	5.1		.213	0					
Points per each exceedance of Monthly average:									10
Exceedances, Monthly:									0
Points:									0
Points per each exceedance of weekly average (when there is no monthly average):									2.5
Exceedances, Weekly:									0
Points:									0
<b>Total Number of Points</b>									<b>0</b>

0

NOTE: Limit exceedances are considered for monthly OR weekly averages but not both. When a monthly average limit exists it will be used to determine exceedances and generate points. This will be true even if a weekly limit also exists. When a weekly average limit exists and a monthly limit does not exist, the weekly limit will be used to determine exceedances and generate points.

1.2 If any violations occurred, what action was taken to regain compliance?

<b>Total Points Generated</b>	<b>0</b>
<b>Score (100 - Total Points Generated)</b>	<b>100</b>
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

Random Lake Village

Last Updated: Reporting For:  
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## Effluent Quality and Plant Performance (Phosphorus)

### 1. Effluent Phosphorus Results

1.1 Verify the following monthly average effluent values, exceedances, and points for Phosphorus

Outfall No. 001	Monthly Average phosphorus Limit (mg/L)	Effluent Monthly Average phosphorus (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance
January	1	0.228	1	0
February	1	0.154	1	0
March	1	0.078	1	0
April	1	0.059	1	0
May	1	0.026	1	0
June	1	0.448	1	0
July	1	0.263	1	0
August	1	0.738	1	0
September	1	0.259	1	0
October	1	0.398	1	0
November	1	0.333	1	0
December	1	0.499	1	0
Months of Discharge/yr			12	
<b>Points per each exceedance with 12 months of discharge:</b>				<b>10</b>
Exceedances				0
<b>Total Number of Points</b>				<b>0</b>

0

NOTE: For systems that discharge intermittently to waters of the state, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge.

Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is  $12/6 = 2.0$

1.2 If any violations occurred, what action was taken to regain compliance?

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

Random Lake Village

Last Updated: Reporting For:  
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## Biosolids Quality and Management

### 1. Biosolids Use/Disposal

1.1 How did you use or dispose of your biosolids? (Check all that apply)

- Land applied under your permit
- Publicly Distributed Exceptional Quality Biosolids
- Hauled to another permitted facility
- Landfilled
- Incinerated
- Other

NOTE: If you did not remove biosolids from your system, please describe your system type such as lagoons, reed beds, recirculating sand filters, etc.

1.1.1 If you checked Other, please describe:

### 2. Land Application Site

2.1 Last Year's Approved and Active Land Application Sites

2.1.1 How many acres did you have?

209.9 acres

2.1.2 How many acres did you use?

acres

2.2 If you did not have enough acres for your land application needs, what action was taken?

2.3 Did you overapply nitrogen on any of your approved land application sites you used last year?

Yes (30 points)

No

2.4 Have all the sites you used last year for land application been soil tested in the previous 4 years?

Yes

No (10 points)

N/A

0

### 3. Biosolids Metals

Number of biosolids outfalls in your WPDES permit:

3.1 For each outfall tested, verify the biosolids metal quality values for your facility during the last calendar year.

#### Outfall No. 003 - CAKE SLUDGE

Parameter	80% of Limit	H.Q. Limit	Ceiling Limit	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80% Value	High Quality	Ceiling
Arsenic		41	75								1.689						0	0
Cadmium		39	85								<.55						0	0
Copper		1500	4300								56						0	0
Lead		300	840								4.046						0	0
Mercury		17	57								1.7						0	0
Molybdenum	60		75								<4.9				0			0
Nickel	336		420								.0033				0			0
Selenium	80		100								<19				0			0
Zinc		2800	7500								94						0	0

3.1.1 Number of times any of the metals exceeded the high quality limits OR 80% of the limit for molybdenum, nickel, or selenium = 0

Exceedence Points

0 (0 Points)

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<ul style="list-style-type: none"> <li>○ 1-2 (10 Points)</li> <li>○ &gt; 2 (15 Points)</li> </ul> <p>3.1.2 If you exceeded the high quality limits, did you cumulatively track the metals loading at each land application site? (check applicable box)</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No (10 points)</li> <li>● N/A - Did not exceed limits or no HQ limit applies (0 points)</li> <li>○ N/A - Did not land apply biosolids until limit was met (0 points)</li> </ul> <p>3.1.3 Number of times any of the metals exceeded the ceiling limits = 0</p> <p>Exceedence Points</p> <ul style="list-style-type: none"> <li>● 0 (0 Points)</li> <li>○ 1 (10 Points)</li> <li>○ &gt; 1 (15 Points)</li> </ul> <p>3.1.4 Were biosolids land applied which exceeded the ceiling limit?</p> <ul style="list-style-type: none"> <li>○ Yes (20 Points)</li> <li>● No (0 Points)</li> </ul> <p>3.1.5 If any metal limit (high quality or ceiling) was exceeded at any time, what action was taken? Has the source of the metals been identified?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	0
--	---

<p>4. Pathogen Control (per outfall):</p> <p>4.1 Verify the following information. If any information is incorrect, use the Report Issue button under the Options header in the left-side menu.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Outfall Number:</td> <td style="text-align: center;"><b>003</b></td> </tr> <tr> <td>Biosolids Class:</td> <td style="text-align: center;">B</td> </tr> <tr> <td>Bacteria Type and Limit:</td> <td style="text-align: center;">Fecal Coliform</td> </tr> <tr> <td>Sample Dates:</td> <td style="text-align: center;">01/01/2022 - 12/31/2022</td> </tr> <tr> <td>Density:</td> <td style="text-align: center;">1,200</td> </tr> <tr> <td>Sample Concentration Amount:</td> <td style="text-align: center;">MPN/G TS</td> </tr> <tr> <td>Requirement Met:</td> <td style="text-align: center;">Yes</td> </tr> <tr> <td>Land Applied:</td> <td style="text-align: center;">Yes</td> </tr> <tr> <td>Process:</td> <td style="text-align: center;">Aerobic Digestion</td> </tr> <tr> <td>Process Description:</td> <td style="text-align: center;">Aerobic Digestion</td> </tr> </table> <p>4.2 If exceeded Class B limit or did not meet the process criteria at the time of land application.</p> <p>4.2.1 Was the limit exceeded or the process criteria not met at the time of land application?</p> <ul style="list-style-type: none"> <li>○ Yes (40 Points)</li> <li>● No</li> </ul> <p>If yes, what action was taken?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Outfall Number:	<b>003</b>	Biosolids Class:	B	Bacteria Type and Limit:	Fecal Coliform	Sample Dates:	01/01/2022 - 12/31/2022	Density:	1,200	Sample Concentration Amount:	MPN/G TS	Requirement Met:	Yes	Land Applied:	Yes	Process:	Aerobic Digestion	Process Description:	Aerobic Digestion	0
Outfall Number:	<b>003</b>																				
Biosolids Class:	B																				
Bacteria Type and Limit:	Fecal Coliform																				
Sample Dates:	01/01/2022 - 12/31/2022																				
Density:	1,200																				
Sample Concentration Amount:	MPN/G TS																				
Requirement Met:	Yes																				
Land Applied:	Yes																				
Process:	Aerobic Digestion																				
Process Description:	Aerobic Digestion																				

<p>5. Vector Attraction Reduction (per outfall):</p> <p>5.1 Verify the following information. If any of the information is incorrect, use the Report Issue button under the Options header in the left-side menu.</p>	
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Random Lake Village

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Outfall Number:	<b>003</b>	<b>0</b>
Method Date:	12/31/2022	
Option Used To Satisfy Requirement:	Incorporation when land apply	
Requirement Met:	Yes	
Land Applied:	Yes	
Limit (if applicable):		
Results (if applicable):		
<p>5.2 Was the limit exceeded or the process criteria not met at the time of land application?</p> <p><input type="radio"/> Yes (40 Points)</p> <p><input checked="" type="radio"/> No</p> <p>If yes, what action was taken?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
<p>6. Biosolids Storage</p> <p>6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?</p> <p><input checked="" type="radio"/> &gt;= 180 days (0 Points)</p> <p><input type="radio"/> 150 - 179 days (10 Points)</p> <p><input type="radio"/> 120 - 149 days (20 Points)</p> <p><input type="radio"/> 90 - 119 days (30 Points)</p> <p><input type="radio"/> &lt; 90 days (40 Points)</p> <p><input type="radio"/> N/A (0 Points)</p> <p>6.2 If you checked N/A above, explain why.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
<p>7. Issues</p> <p>7.1 Describe any outstanding biosolids issues with treatment, use or overall management:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

Random Lake Village

Last Updated: Reporting For:  
5/16/2023 **2022**

## Staffing and Preventative Maintenance (All Treatment Plants)

<p>1. Plant Staffing</p> <p>1.1 Was your wastewater treatment plant adequately staffed last year?</p> <ul style="list-style-type: none"><li>● Yes</li><li>○ No</li></ul> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Could use more help/staff for:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?</p> <ul style="list-style-type: none"><li>● Yes</li><li>○ No</li></ul> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>2. Preventative Maintenance</p> <p>2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items?</p> <ul style="list-style-type: none"><li>● Yes (Continue with question 2) <input type="checkbox"/><input type="checkbox"/></li><li>○ No (40 points) <input type="checkbox"/><input type="checkbox"/></li></ul> <p>If No, please explain, then go to question 3:</p> <div style="border: 1px solid black; padding: 2px;">New staff is not aware of one and is working on developing a PM plan.</div> <p>2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?</p> <ul style="list-style-type: none"><li>● Yes</li><li>○ No (10 points)</li></ul> <p>2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?</p> <ul style="list-style-type: none"><li>○ Yes<ul style="list-style-type: none"><li>○ Paper file system</li><li>○ Computer system</li><li>○ Both paper and computer system</li></ul></li><li>● No (10 points)</li></ul>	<b>10</b>
<p>3. O&amp;M Manual</p> <p>3.1 Does your plant have a detailed O&amp;M and Manufacturer Equipment Manuals that can be used as a reference when needed?</p> <ul style="list-style-type: none"><li>● Yes</li><li>○ No</li></ul>	
<p>4. Overall Maintenance /Repairs</p> <p>4.1 Rate the overall maintenance of your wastewater plant.</p> <ul style="list-style-type: none"><li>○ Excellent</li><li>○ Very good</li><li>○ Good</li><li>○ Fair</li><li>● Poor</li></ul> <p>Describe your rating:</p>	

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The WWTP is 45 years old and the RBCs are in poor shape. A written PM plan needs to be implemented.
---

<b>Total Points Generated</b>	10
<b>Score (100 - Total Points Generated)</b>	90
<b>Section Grade</b>	<b>B</b>

# Compliance Maintenance Annual Report

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## Operator Certification and Education

### 1. Operator-In-Charge

1.1 Did you have a designated operator-in-charge during the report year?

- Yes (0 points)
- No (20 points)

Name:

BRUCE R NEERHOF

Certification No:

10774

0

### 2. Certification Requirements

2.1 In accordance with Chapter NR 114.56 and 114.57, Wisconsin Administrative Code, what level and subclass(es) were required for the operator-in-charge (OIC) to operate the wastewater treatment plant and what level and subclass(es) were held by the operator-in-charge?

Sub Class	SubClass Description	WWTP		OIC	
		Basic	OIT	Basic	Advanced
A1	Suspended Growth Processes				X
A2	Attached Growth Processes	X	X		
A3	Recirculating Media Filters				X
A4	Ponds, Lagoons and Natural				X
A5	Anaerobic Treatment Of Liquid				
B	Solids Separation	X			X
C	Biological Solids/Sludges	X			X
P	Total Phosphorus	X			X
N	Total Nitrogen				
D	Disinfection	X			X
L	Laboratory				X
U	Unique Treatment Systems				
SS	Sanitary Sewage Collection	X	NA	NA	NA

20

2.2 Was the operator-in-charge certified at the appropriate level and subclass(es) to operate this plant? (Note: Certification in subclass SS is required 5 years after permit reissuance.)

- Yes (0 points)
- No (20 points)

### 3. Succession Planning

3.1 In the event of the loss of your designated operator-in-charge, did you have a contingency plan to ensure the continued proper operation and maintenance of the plant that includes one or more of the following options (check all that apply)?

- One or more additional certified operators on staff
- An arrangement with another certified operator
- An arrangement with another community with a certified operator
- An operator on staff who has an operator-in-training certificate for your plant and is expected to be certified within one year
- A consultant to serve as your certified operator
- None of the above (20 points)

If "None of the above" is selected, please explain:

0

### 4. Continuing Education Credits

4.1 If you had a designated operator-in-charge, was the operator-in-charge earning Continuing Education Credits at the following rates?



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OIT and Basic Certification: ○ Averaging 6 or more CECs per year. ○ Averaging less than 6 CECs per year. Advanced Certification: ● Averaging 8 or more CECs per year. ○ Averaging less than 8 CECs per year.	
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<b>Total Points Generated</b>	20
<b>Score (100 - Total Points Generated)</b>	80
<b>Section Grade</b>	<b>C</b>

# Compliance Maintenance Annual Report

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## Financial Management

<p>1. Provider of Financial Information</p> <p>Name: <input style="width: 150px;" type="text" value="Stehanie Waala"/></p> <p>Telephone: <input style="width: 150px;" type="text" value="920-994-4852"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width: 300px;" type="text" value="clerktreasurer@randomlake.wi.com"/></p>													
<p>2. Treatment Works Operating Revenues</p> <p>2.1 Are User Charges or other revenues sufficient to cover O&amp;M expenses for your wastewater treatment plant AND/OR collection system ?</p> <p><input type="radio"/> Yes (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p><input checked="" type="radio"/> No (40 points)</p> <p>If No, please explain:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Excessive past equipment replacement</div> <p>2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised?</p> <p>Year: <input style="width: 100px;" type="text" value="2022"/></p> <p><input checked="" type="radio"/> 0-2 years ago (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p><input type="radio"/> 3 or more years ago (20 points) <input type="checkbox"/><input type="checkbox"/></p> <p><input type="radio"/> N/A (private facility)</p> <p>2.3 Did you have a special account (e.g., CFWP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?</p> <p><input checked="" type="radio"/> Yes (0 points)</p> <p><input type="radio"/> No (40 points)</p>	40												
REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]													
<p>3. Equipment Replacement Funds</p> <p>3.1 When was the Equipment Replacement Fund last reviewed and/or revised?</p> <p>Year: <input style="width: 100px;" type="text" value="2020"/></p> <p><input type="radio"/> 1-2 years ago (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p><input checked="" type="radio"/> 3 or more years ago (20 points) <input type="checkbox"/><input type="checkbox"/></p> <p><input type="radio"/> N/A</p> <p>If N/A, please explain:</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p>3.2 Equipment Replacement Fund Activity</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>3.2.1 Ending Balance Reported on Last Year's CMAR</b></td> <td style="width: 5%; text-align: center;">\$</td> <td style="width: 35%; text-align: right;"><input style="width: 100%;" type="text" value="336,297.00"/></td> </tr> <tr> <td>3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</td> <td style="text-align: center;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> <tr> <td>3.2.3 Adjusted January 1st Beginning Balance</td> <td style="text-align: center;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="336,297.00"/></td> </tr> <tr> <td>3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)</td> <td style="text-align: center;">+</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="10,769.86"/></td> </tr> </table>	<b>3.2.1 Ending Balance Reported on Last Year's CMAR</b>	\$	<input style="width: 100%;" type="text" value="336,297.00"/>	3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	\$	<input style="width: 100%;" type="text" value="0.00"/>	3.2.3 Adjusted January 1st Beginning Balance	\$	<input style="width: 100%;" type="text" value="336,297.00"/>	3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	<input style="width: 100%;" type="text" value="10,769.86"/>	
<b>3.2.1 Ending Balance Reported on Last Year's CMAR</b>	\$	<input style="width: 100%;" type="text" value="336,297.00"/>											
3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	\$	<input style="width: 100%;" type="text" value="0.00"/>											
3.2.3 Adjusted January 1st Beginning Balance	\$	<input style="width: 100%;" type="text" value="336,297.00"/>											
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	<input style="width: 100%;" type="text" value="10,769.86"/>											

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3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below\*) -

\$ 0.00

3.2.6 Ending Balance as of December 31st for CMAR Reporting Year

\$ 347,066.86

All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.

3.2.6.1 Indicate adjustments, equipment purchases, and/or major repairs from 3.2.5 above.

3.3 What amount should be in your Replacement Fund?

\$ 347,066.86

20

Please note: If you had a CWFP loan, this amount was originally based on the Financial Assistance Agreement (FAA) and should be regularly updated as needed. Further calculation instructions and an example can be found by clicking the SectionInstructions link under Info header in the left-side menu.

3.3.1 Is the December 31 Ending Balance in your Replacement Fund above, (#3.2.6) equal to, or greater than the amount that should be in it (#3.3)?

- Yes
- No

If No, please explain.

## 4. Future Planning

4.1 During the next ten years, will you be involved in formal planning for upgrading, rehabilitating, or new construction of your treatment facility or collection system?

- Yes - If Yes, please provide major project information, if not already listed below.
- No

Project #	Project Description	Estimated Cost	Approximate Construction Year
1	A major upgrade is planned for 2023	\$15,000,000	2024

## 5. Financial Management General Comments

### ENERGY EFFICIENCY AND USE

## 6. Collection System

### 6.1 Energy Usage

6.1.1 Enter the monthly energy usage from the different energy sources:

#### **COLLECTION SYSTEM PUMPAGE: Total Power Consumed**

Number of Municipally Owned Pump/Lift Stations:

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	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	1,667	
February	1,975	
March	1,824	
April	1,309	
May	1,453	
June	1,499	
July	732	
August	526	
September	564	
October	538	
November	838	
December	1,599	
<b>Total</b>	<b>14,524</b>	<b>0</b>
<b>Average</b>	<b>1,210</b>	<b>0</b>

6.1.2 Comments:

6.2 Energy Related Processes and Equipment

6.2.1 Indicate equipment and practices utilized at your pump/lift stations (Check all that apply):

- Comminution or Screening
- Extended Shaft Pumps
- Flow Metering and Recording
- Pneumatic Pumping
- SCADA System
- Self-Priming Pumps
- Submersible Pumps
- Variable Speed Drives
- Other:

6.2.2 Comments:

6.3 Has an Energy Study been performed for your pump/lift stations?

No

Yes

Year:

By Whom:

Describe and Comment:

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## 6.4 Future Energy Related Equipment

6.4.1 What energy efficient equipment or practices do you have planned for the future for your pump/lift stations?

none

## 7. Treatment Facility

### 7.1 Energy Usage

7.1.1 Enter the monthly energy usage from the different energy sources:

#### TREATMENT PLANT: Total Power Consumed/Month

	Electricity Consumed (kWh)	Total Influent Flow (MG)	Electricity Consumed/Flow (kWh/MG)	Total Influent BOD (1000 lbs)	Electricity Consumed/Total Influent BOD (kWh/1000lbs)	Natural Gas Consumed (therms)
January	27,240	5.99	4,548	3.81	7,150	2,144
February	30,960	7.09	4,367	4.56	6,789	1,659
March	34,560	10.44	3,310	5.18	6,672	1,634
April	29,230	11.96	2,444	5.19	5,632	841
May	27,840	10.93	2,547	5.30	5,253	150
June	29,400	10.79	2,725	7.11	4,135	
July	24,960	9.16	2,725	5.83	4,281	
August	29,640	10.06	2,946	5.61	5,283	22
September	27,720	8.99	3,083	6.03	4,597	460
October	26,640	8.20	3,249	5.15	5,173	1,178
November	33,780	11.38	2,968	5.10	6,624	1,541
December	31,560	11.70	2,697	13.58	2,324	968
<b>Total</b>	<b>353,530</b>	<b>116.69</b>		<b>72.45</b>		<b>10,597</b>
<b>Average</b>	<b>29,461</b>	<b>9.72</b>	<b>3,134</b>	<b>6.04</b>	<b>5,326</b>	<b>1,060</b>

7.1.2 Comments:

### 7.2 Energy Related Processes and Equipment

7.2.1 Indicate equipment and practices utilized at your treatment facility (Check all that apply):

- Aerobic Digestion
- Anaerobic Digestion
- Biological Phosphorus Removal
- Coarse Bubble Diffusers
- Dissolved O2 Monitoring and Aeration Control
- Effluent Pumping
- Fine Bubble Diffusers
- Influent Pumping
- Mechanical Sludge Processing
- Nitrification
- SCADA System
- UV Disinfection
- Variable Speed Drives
- Other:

# Compliance Maintenance Annual Report

Random Lake Village

Last Updated: Reporting For:  
5/16/2023 2022

## 7.2.2 Comments:

## 7.3 Future Energy Related Equipment

7.3.1 What energy efficient equipment or practices do you have planned for the future for your treatment facility?

## 8. Biogas Generation

8.1 Do you generate/produce biogas at your facility?

No

Yes

If Yes, how is the biogas used (Check all that apply):

Flared Off

Building Heat

Process Heat

Generate Electricity

Other:

## 9. Energy Efficiency Study

9.1 Has an Energy Study been performed for your treatment facility?

No

Yes

Entire facility

Year:

By Whom:

Describe and Comment:

Part of the facility

Year:

By Whom:

Describe and Comment:

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<b>Total Points Generated</b>	60
<b>Score (100 - Total Points Generated)</b>	40
<b>Section Grade</b>	<b>F</b>

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5/16/2023 2022

## Sanitary Sewer Collection Systems

### 1. Capacity, Management, Operation, and Maintenance (CMOM) Program

#### 1.1 Do you have a CMOM program that is being implemented?

- Yes
- No

If No, explain:

The staff cannot find the CMOM from the previous Director of Public Works. A new one will have to be created.

#### 1.2 Do you have a CMOM program that contains all the applicable components and items according to Wisc. Adm Code NR 210.23 (4)?

- Yes
- No (30 points)
- N/A

If No or N/A, explain:

The CMOM cannot be found. A new one will have to be created.

#### 1.3 Does your CMOM program contain the following components and items? (check the components and items that apply)

- Goals [NR 210.23 (4)(a)]

Describe the major goals you had for your collection system last year:

Did you accomplish them?

- Yes
- No

If No, explain:

- Organization [NR 210.23 (4) (b)]

Does this chapter of your CMOM include:

- Organizational structure and positions (eg. organizational chart and position descriptions)
- Internal and external lines of communication responsibilities
- Person(s) responsible for reporting overflow events to the department and the public

- Legal Authority [NR 210.23 (4) (c)]

What is the legally binding document that regulates the use of your sewer system?

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY)

Does your sewer use ordinance or other legally binding document address the following:

- Private property inflow and infiltration
- New sewer and building sewer design, construction, installation, testing and inspection
- Rehabilitated sewer and lift station installation, testing and inspection
- Sewage flows satellite system and large private users are monitored and controlled, as necessary
- Fat, oil and grease control
- Enforcement procedures for sewer use non-compliance
- Operation and Maintenance [NR 210.23 (4) (d)]

Does your operation and maintenance program and equipment include the following:

- Equipment and replacement part inventories
- Up-to-date sewer system map



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A management system (computer database and/or file system) for collection system information for O&M activities, investigation and rehabilitation  
 A description of routine operation and maintenance activities (see question 2 below)  
 Capacity assessment program  
 Basement back assessment and correction  
 Regular O&M training  
 Design and Performance Provisions [NR 210.23 (4) (e)]  
 What standards and procedures are established for the design, construction, and inspection of the sewer collection system, including building sewers and interceptor sewers on private property?  
 State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements  
 Construction, Inspection, and Testing  
 Others:

Overflow Emergency Response Plan [NR 210.23 (4) (f)]  
 Does your emergency response capability include:  
 Responsible personnel communication procedures  
 Response order, timing and clean-up  
 Public notification protocols  
 Training  
 Emergency operation protocols and implementation procedures  
 Annual Self-Auditing of your CMOM Program [NR 210.23 (5)]  
 Special Studies Last Year (check only those that apply):  
 Infiltration/Inflow (I/I) Analysis  
 Sewer System Evaluation Survey (SSES)  
 Sewer Evaluation and Capacity Management Plan (SECAP)  
 Lift Station Evaluation Report  
 Others:

30

2. Operation and Maintenance

2.1 Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained.

Cleaning	<input type="text" value="20"/>	% of system/year
Root removal	<input type="text" value="0"/>	% of system/year
Flow monitoring	<input type="text" value="0"/>	% of system/year
Smoke testing	<input type="text" value="0"/>	% of system/year
Sewer line televising	<input type="text" value="20"/>	% of system/year
Manhole inspections	<input type="text" value="20"/>	% of system/year
Lift station O&M	<input type="text" value="624"/>	# per L.S./year
Manhole rehabilitation	<input type="text" value="1"/>	% of manholes rehabbed
Mainline rehabilitation	<input type="text" value="0"/>	% of sewer lines rehabbed
Private sewer inspections	<input type="text" value="10"/>	% of system/year

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Private sewer I/I removal  % of private services  
 River or water crossings  % of pipe crossings evaluated or maintained

Please include additional comments about your sanitary sewer collection system below:

### 3. Performance Indicators

3.1 Provide the following collection system and flow information for the past year.

Total actual amount of precipitation last year in inches  
 Annual average precipitation (for your location)  
 Miles of sanitary sewer  
 Number of lift stations  
 Number of lift station failures  
 Number of sewer pipe failures  
 Number of basement backup occurrences  
 Number of complaints  
 Average daily flow in MGD (if available)  
 Peak monthly flow in MGD (if available)  
 Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

Lift station failures (failures/year)  
 Sewer pipe failures (pipe failures/sewer mile/yr)  
 Sanitary sewer overflows (number/sewer mile/yr)  
 Basement backups (number/sewer mile)  
 Complaints (number/sewer mile)  
 Peaking factor ratio (Peak Monthly:Annual Daily Avg)  
 Peaking factor ratio (Peak Hourly:Annual Daily Avg)

### 4. Overflows

#### LIST OF SANITARY SEWER (SSO) AND TREATMENT FACILITY (TFO) OVERFLOWS REPORTED \*\*

	Date	Location	Cause	Estimated Volume
0	12/22/2022 3:01:00 AM - 12/22/2022 3:07:00 AM	690 Wolf Road	Equipment Failure	400

\*\* If there were any SSOs or TFOs that are not listed above, please contact the DNR and stop work on this section until corrected.

What actions were taken, or are underway, to reduce or eliminate SSO or TFO occurrences in the future?

The SSO was an equipment failure at the WWTP. Steps have been taken to prevent it from happening again.

### 5. Infiltration / Inflow (I/I)

5.1 Was infiltration/inflow (I/I) significant in your community last year?

- Yes
- No

If Yes, please describe:

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5.2 Has infiltration/inflow and resultant high flows affected performance or created problems in your collection system, lift stations, or treatment plant at any time in the past year?

Yes

No

If Yes, please describe:

5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:

No changes

5.4 What is being done to address infiltration/inflow in your collection system?

Televising and repairs.

<b>Total Points Generated</b>	30
<b>Score (100 - Total Points Generated)</b>	70
<b>Section Grade</b>	<b>D</b>

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## Grading Summary

WPDES No: 0021415

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent	A	4	3	12
BOD/CBOD	A	4	10	40
TSS	C	2	5	10
Ammonia	A	4	5	20
Phosphorus	A	4	3	12
Biosolids	A	4	5	20
Staffing/PM	B	3	1	3
OpCert	C	2	1	2
Financial	F	0	1	0
Collection	D	1	3	3
<b>TOTALS</b>			<b>37</b>	<b>122</b>
<b>GRADE POINT AVERAGE (GPA) = 3.30</b>				

### Notes:

- A = Voluntary Range (Response Optional)
- B = Voluntary Range (Response Optional)
- C = Recommendation Range (Response Required)
- D = Action Range (Response Required)
- F = Action Range (Response Required)

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## Resolution or Owner's Statement

Name of Governing  
Body or Owner:

Village of Random Lake

Date of Resolution or  
Action Taken:

Resolution Number:

Date of Submittal:

### ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO SPECIFIC CMAR SECTIONS (Optional for grade A or B. Required for grade C, D, or F):

Influent Flow and Loadings: Grade = A

Effluent Quality: BOD: Grade = A

Effluent Quality: TSS: Grade = C

Operational problems with the filters. Corrected as of 5/16/2023.

Effluent Quality: Ammonia: Grade = A

Effluent Quality: Phosphorus: Grade = A

Biosolids Quality and Management: Grade = A

Staffing: Grade = B

Operator Certification: Grade = C

The current OIC will have enough experience hours in October to change the attached growth from OIT to basic.

Financial Management: Grade = F

The Village is addressing the sewer rates for present operation and future upgrades.

Collection Systems: Grade = D

(Regardless of grade, response required for Collection Systems if SSOs were reported)

A CMOM needs to be created.

### ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO THE OVERALL GRADE POINT AVERAGE AND ANY GENERAL COMMENTS

(Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. less than 3.00)

**G.P.A. = 3.30**



## **VILLAGE OF RANDOM LAKE POLICY ON PROCEDURE FOR FLAGS ON VILLAGE PROPERTIES**

- Display of the flags in public should only be from sunrise to sunset. However, the flag may be displayed at all times if it is illuminated during darkness.
- Flags should not be subject to weather damage, unless it is an all-weather flag.
- Flags will be put into position according to orders from the President of the United States and/or Governor of the State of Wisconsin known by the end of the last working day of the week until the first working day of the following week.
- When converting to half-staff the flag should be first hoisted to the peak for an instant and then lowered to the half-staff position.
- No flag shall be displayed with the union down, except as a signal of distress.
- In a group of flags displayed, the U.S. flag should be at the center and the highest point.

This policy shall take effect immediately upon passage and posting. Dated this 5<sup>th</sup> day of June 2023.



# Sewer User Rate Study Update – Stepped In Sewer Rate Increase Scenario

For

## The Village of Random Lake



June, 2023

Prepared by:

Jon Cameron  
Senior Municipal Advisor

# Table 1

## Projected Test Year

### Treatment Flows and Loadings

*Village of Random Lake, WI*

	Flow (1,000 Gal)	BOD (Lbs)	TSS (Lbs)
	Test Year		
<b><u>Inside Customers</u></b>			
Residential	23,287	38,843	48,553
Commercial	3,549	5,920	7,400
Industrial	5,645	9,416	11,770
Public	1,592	2,655	3,319
Multi-Family	3,167	5,283	6,603
Subtotal Inside Customers	37,240	62,116	77,645
<b><u>Wastewater Treatment Facility</u></b>			
Total Billable	37,240	62,116	77,645
Inflow/Infiltration (I/I)	32,760		
Total WWTF	70,000		
<b>Total For Rate Calcs</b>	<b>37,240</b>	<b>62,116</b>	<b>77,645</b>

**Notes:**

1. Source: Village of Random Lake 2021 billing information and historical sewer billing information.



## Table 2 Historical Expenses and Estimated Budget for Sewer Utility

*Village of Random Lake, WI*

Account Description	2021 ACTUAL <sup>2</sup>	Test Year BUDGET <sup>1</sup>
Plant Wages	77,166	80,000
<b>Additional Treatment Plant Labor Expense</b>		<b>125,000</b>
Office Wages	22,731	24,000
Social Security	7,289	8,000
Retirement	6,626	7,000
HRA Service Fees	397	500
Health, dental and life insurance	23,764	25,759
Health reimbursement account payments	2,100	2,100
Workers compensation insurance	5,818	6,200
Telephone and internet	2,518	2,600
Electricity	40,022	45,000
Natural Gas	5,571	5,800
Sewer and Water	17,299	18,500
Accounting and auditing	9,150	9,300
Office supplies and expense	1,696	2,000
Computer supplies, repairs and expense	2,487	3,000
Postage and bill cards	1,163	1,500
Mileage	567	600
Sewer Rehabilitation	15,010	15,000
Property and liability insurance	7,793	8,000
Other insurance	668	2,750
Dues/Memberships	81	100
Safety equipment supplies, repairs and expense	169	170
Uniforms	569	600
Lift station supplies, repairs and expense	0	250
Plant supplies, repairs and expense	63,700	65,000
Test lab supplies, repairs and expense	2,999	3,500
Test lab equipment	187	2,500
Test lab chemicals	20,462	22,000
Test lab outside services	4,129	4,500
Radio supplies, repairs and gas services	1,245	500
Meters-Supplies Expenses	0	500
Vehicle gas and oil	2,940	3,500
Vehicle supplies, repairs and expense	3,223	3,500
Continuing education	118	400
League dues	195	200
Insurance-Vehicle	265	500
2020 Debt Issue Principal & Interest	15,000	28,794
2021 Debt Issue Principal & Interest	0	12,900
<b>Total</b>	<b>365,117</b>	<b>542,023</b>

Notes:

1. Source: 2022 Adopted Sewer Utility Budget for the Village of Random Lake with additional labor cost estimated for operating upgraded Wastewater Treatment Facility.
2. Source: Village of Random Lake.

**Table 3**  
**Allocation of Costs to Function**

*Village of Random Lake, WI*

Acct Description	Allocation Percentages				WWTF		
	Flow	BOD	TSS	Test Year Budget	Flow	BOD	TSS
<b>Operating &amp; Maintenance</b>							
Plant Wages	55%	30%	15%	\$80,000	\$44,000	\$24,000	\$12,000
<b>Additional Treatment Plant Labor Expense</b>	55%	30%	15%	\$125,000	\$68,750	\$37,500	\$18,750
Office Wages	55%	30%	15%	\$24,000	\$13,200	\$7,200	\$3,600
Social Security	55%	30%	15%	\$8,000	\$4,400	\$2,400	\$1,200
Retirement	55%	30%	15%	\$7,000	\$3,850	\$2,100	\$1,050
HRA Service Fees	55%	30%	15%	\$500	\$275	\$150	\$75
Health, dental and life insurance	55%	30%	15%	\$25,759	\$14,167	\$7,728	\$3,864
Health reimbursement account payments	55%	30%	15%	\$2,100	\$1,155	\$630	\$315
Workers compensation insurance	55%	30%	15%	\$6,200	\$3,410	\$1,860	\$930
Telephone and internet	55%	30%	15%	\$2,600	\$1,430	\$780	\$390
Electricity	20%	60%	20%	\$45,000	\$9,000	\$27,000	\$9,000
Natural Gas	55%	30%	15%	\$5,800	\$3,190	\$1,740	\$870
Sewer and Water	55%	30%	15%	\$18,500	\$10,175	\$5,550	\$2,775
Accounting and auditing	55%	30%	15%	\$9,300	\$5,115	\$2,790	\$1,395
Office supplies and expense	55%	30%	15%	\$2,000	\$1,100	\$600	\$300
Computer supplies, repairs and expense	55%	30%	15%	\$3,000	\$1,650	\$900	\$450
Postage and bill cards	55%	30%	15%	\$1,500	\$825	\$450	\$225
Mileage	55%	30%	15%	\$600	\$330	\$180	\$90
Joint operating costs	55%	30%	15%	\$15,000	\$8,250	\$4,500	\$2,250
Property and liability insurance	55%	30%	15%	\$8,000	\$4,400	\$2,400	\$1,200
Other insurance	55%	30%	15%	\$2,750	\$1,513	\$825	\$413
Dues/Memberships	55%	30%	15%	\$100	\$55	\$30	\$15
Safety equipment supplies, repairs and expense	55%	30%	15%	\$170	\$94	\$51	\$26
Uniforms	55%	30%	15%	\$600	\$330	\$180	\$90
Lift station supplies, repairs and expense	80%	10%	10%	\$250	\$200	\$25	\$25
Plant supplies, repairs and expense	55%	30%	15%	\$65,000	\$35,750	\$19,500	\$9,750
Test lab supplies, repairs and expense	0%	50%	50%	\$3,500	\$0	\$1,750	\$1,750
Test lab equipment	0%	50%	50%	\$2,500	\$0	\$1,250	\$1,250
Test lab chemicals	0%	50%	50%	\$22,000	\$0	\$11,000	\$11,000
Test lab outside services	0%	50%	50%	\$4,500	\$0	\$2,250	\$2,250
Radio supplies, repairs and gas services	55%	30%	15%	\$500	\$275	\$150	\$75
Meters-Supplies, expenses	55%	30%	15%	\$500	\$275	\$150	\$75
Vehicle gas and oil	55%	30%	15%	\$3,500	\$1,925	\$1,050	\$525
Vehicle supplies, repairs and expense	55%	30%	15%	\$3,500	\$1,925	\$1,050	\$525
Continuing education	55%	30%	15%	\$400	\$220	\$120	\$60
League dues	55%	30%	15%	\$200	\$110	\$60	\$30
Insurance-Vehicle	55%	30%	15%	\$500	\$275	\$150	\$75
<b>Total O &amp; M</b>	<b>48%</b>	<b>34%</b>	<b>18%</b>	<b>\$500,329</b>	<b>\$241,618</b>	<b>\$170,049</b>	<b>\$88,662</b>
<b>Capital Costs</b>							
Est. 2022/23 Clean Water Fund Loan P&I Payment	48%	34%	18%	\$0	\$0	\$0	\$0
G.O. Debt Payment - 2020 Debt Issue	48%	34%	18%	\$28,794	\$13,905	\$9,786	\$5,103
G.O. Debt Payment - 2021 Debt Issue	48%	34%	18%	\$12,900	\$6,230	\$4,384	\$2,286
Clean Water Fund Loan Debt Coverage	48%	34%	18%	\$0	\$0	\$0	\$0
Equipment Replacement Fund Deposit	48%	34%	18%	\$0	\$0	\$0	\$0
Cash Financed Capital	48%	34%	18%	\$300,000	\$144,876	\$101,962	\$53,162
<b>Total Capital Costs</b>	<b>48%</b>	<b>34%</b>	<b>18%</b>	<b>\$341,694</b>	<b>\$165,011</b>	<b>\$116,133</b>	<b>\$60,551</b>
<b>Total Net Revenue Requirements</b>				<b>\$842,023</b>	<b>\$406,629</b>	<b>\$286,182</b>	<b>\$149,212</b>
<b>Summary</b>							
<b>Allocation of Costs to Function and Classification for Inside Rates</b>							
				Test Year Budget	Flow	BOD	TSS
O&M and Replacement	48%	34%	18%	\$500,329	\$241,618	\$170,049	\$88,662
Capital	48%	34%	18%	\$341,694	\$165,011	\$116,133	\$60,551
Other Revenues				\$0	\$0	\$0	\$0
<b>Total</b>	<b>48%</b>	<b>34%</b>	<b>18%</b>	<b>842,023</b>	<b>406,629</b>	<b>286,182</b>	<b>149,212</b>

**Legend**

BOD = Biochemical Oxygen Demand  
TSS = Total Suspended Solids

# Table 4 Rate Computation Worksheet

*Village of Random Lake, WI*

## Calculation of Inside Customer Rates

### Volumetric Charges

<u>Charge Type</u>	<u>Cost</u>	<u>Billable Units (1,000 Gal or lbs)</u>	<u>Rate/Unit</u>
Flow Charge per 1000 Gal	\$406,629	37,240	\$10.92
Conveyance Charge per 1000 Gal	\$0	37,240	\$0.00
BOD Charge per lb.	\$286,182	62,116	\$4.61
TSS Charge per lb.	\$149,212	77,645	\$1.92
P Charge per lb.	\$0	0	
N Charge per lb.	\$0	0	
BOD Charge per 1000 Gal			\$7.69
TSS Charge per 1000 Gal			\$4.00
P Charge per 1000 Gal			\$0.00
N Charge per 1000 Gal			\$0.00
Total Volumetric Rate per 1000 Gal			\$22.61

### Rate Summary

Fixed charge per connection			
Total Volumetric Rate per 1000 Gal			\$22.61
BOD Charge per lb.			\$4.610
TSS Charge per lb.			\$1.920
P Charge per lb.			
N Charge per lb.			

## Table 5 Rate Summary (Monthly Charges)

*Village of Random Lake, WI*

	Current	COS	Test Year Proposed
<b>Domestic Sewer Customers</b>			
Volumetric Rate per 1000 Gal	\$12.55	\$22.61	\$22.61
<b>High Strength Industrial</b>			
BOD Charge per lb.	\$2.660	\$4.610	\$4.61
TSS Charge per lb.	\$1.120	\$1.920	\$1.92

## Table 6 Revenue Check (Based on COS)

*Village of Random Lake, WI*

		Units	Rate	Annual Total
<b>Fixed Charge</b>				
<b>Volumetric Charges</b>				
Residential	Flow (000 gal)	23,287	\$22.61	\$526,581
Commercial	Flow (000 gal)	3,549	\$22.61	\$80,252
Industrial	Flow (000 gal)	5,645	\$22.61	\$127,649
Public	Flow (000 gal)	1,592	\$22.61	\$35,999
Multi-Family	Flow (000 gal)	3,167	\$22.61	\$71,614
Krier Foods	Flow (000 gal)	0	\$22.61	\$0
Subtotal		37,240		\$842,096
<b>High Strength Industrial</b>				
Industrial Excess BOD	Lbs	0	\$4.610	\$0
Industrial Excess TSS	Lbs	0	\$1.920	\$0.00
Subtotal		0		\$0
<b>Total Revenues</b>				<b>\$842,096</b>
<b>Revenue Requirements</b>				<b>\$842,023</b>
<b>Difference</b>				<b>\$73</b>

**Notes:**

1) Difference due to rounding

## Table 7 Test Year Cash Flow Analysis

*Village of Random Lake, WI*

	Test Year
<b><u>Cash Sources</u></b>	
Revenues from User Rates <sup>(1)</sup>	\$842,096
Other, Miscellenous	\$3,150
Investment Income on Unrestricted Cash	\$1,000
<b>Total Cash Sources</b>	<b>\$846,246</b>
<b><u>Cash Uses</u></b>	
O&M	\$500,329
Other	
<b>Net Before Debt Service</b>	<b>\$345,917</b>
<b><u>Debt Service</u></b>	
General Obligation Debt Service P&I	\$41,694
Revenue Bond Debt Service P&I	\$0
<b>Total Debt Service</b>	<b>\$41,694</b>
Cash Funded Capital	\$300,000
Deposit to Equipment Replacement Fund	\$0
Transfer in/(out)	\$0
<b>Net Cash Flow</b>	<b>\$4,223</b>

**Notes:**

1) Full year of revenues from proposed user rates

## Table 8

### Comparison of Existing and Proposed Bills

*Village of Random Lake, WI*

Customer	Usage Level	Usage 1,000 Gal	Current Bill	Monthly		Percent Change
				Proposed Bill	Dollar Change	
Residential	Low User	1,500.00	\$18.83	\$33.92	\$15.09	80.2%
Residential	Avg. User	3,000.00	\$37.65	\$67.84	\$30.19	80.2%
Residential	High User	4,500.00	\$56.48	\$101.76	\$45.28	80.2%

6/01/2023 1:47 PM

Reprint Payroll Register Quick  
All Employees

Page: 1  
PAYRL

Check Date From: 5/18/2023  
Thru: 5/18/2023

From Dept:  
Thru Dept:

Name / Chk	Beg	End Dates	Check Nbr	Hours	Earnings	Deductions	Net Pay
DAHM, JERIOD N			V1642	83.00	1,878.75	520.17	1,358.58
5/18/2023	4/30/2023	5/13/2023					
GOEMER, ARIANA			V1643	6.00	54.06	4.13	49.93
5/18/2023	4/30/2023	5/13/2023					
HORNING, ELISABETH			V1644	35.50	564.45	50.28	514.17
5/18/2023	4/30/2023	5/13/2023					
JAYCOX, CARISSA M			V1645	80.00	1,812.80	504.17	1,308.63
5/18/2023	4/30/2023	5/13/2023					
KOLB, CHRISTOPHER J			V1646	84.00	1,941.88	663.04	1,278.84
5/18/2023	4/30/2023	5/13/2023					
LAUMANN, RAEGAN M			V1647	11.00	93.50	7.16	86.34
5/18/2023	4/30/2023	5/13/2023					
LEDERER, PETER			V1648	80.00	3,024.81	1,086.80	1,938.01
5/18/2023	4/30/2023	5/13/2023					
LOCKLAIR, DANIEL R			V1649	21.50	262.09	20.05	242.04
5/18/2023	4/30/2023	5/13/2023					
MARTIN, SUZANNE			V1650	13.50	178.61	13.66	164.95
5/18/2023	4/30/2023	5/13/2023					
MORANTE RODRIGUEZ, FLAVIO M			V1651	26.00	390.00	85.10	304.90
5/18/2023	4/30/2023	5/13/2023					
MORLEY, CHRISTOPHER B			V1652	30.00	450.00	65.25	384.75
5/18/2023	4/30/2023	5/13/2023					
SIEGEL, TYLER C			V1653	80.50	2,160.06	727.57	1,432.49
5/18/2023	4/30/2023	5/13/2023					
SULLIVAN, CAMRIN R			V1654	80.00	2,052.55	525.94	1,526.61
5/18/2023	4/30/2023	5/13/2023					
TRAAS, TODD M			V1655	46.12	943.15	141.08	802.07
5/18/2023	4/30/2023	5/13/2023					
WAALA, STEPHANIE S			V1656	80.00	2,798.47	833.17	1,965.30
5/18/2023	4/30/2023	5/13/2023					
WEGNER, MILES C			V1657	83.00	1,690.00	582.84	1,107.16
5/18/2023	4/30/2023	5/13/2023					
WILL, KATRINA A			V1658	32.50	400.73	30.88	369.85
5/18/2023	4/30/2023	5/13/2023					
WILLIAMSON, JACOB N			V1659	88.00	1,972.92	653.08	1,319.84
5/18/2023	4/30/2023	5/13/2023					
WROBLEWSKI, ELIZABETH			V1660	28.50	453.15	93.35	359.80
5/18/2023	4/30/2023	5/13/2023					



Check Date From: 5/18/2023  
Thru: 5/18/2023

From Dept:  
Thru Dept:

Name / Chk	Beg	End Dates	Check Nbr	Hours	Earnings	Deductions	Net Pay
Totals:				989.12	23,121.98	6,607.72	16,514.26
Total Checks:	19		(Male:	10	Female:	9)	

 DPW 10,695.50  
 Library 4,899.14  
 VH 4,611.27  
 Safety 2,916.07

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Check Date From: 6/01/2023  
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From Dept:  
Thru Dept:

Name / Chk	Beg	End Dates	Check Nbr	Hours	Earnings	Deductions	Net Pay
PIEPER, ELIZABETH			32863	5.00	65.00	4.97	60.03
6/01/2023	5/14/2023	5/27/2023					
THEIS, REESE			32864	5.00	60.00	4.59	55.41
6/01/2023	5/14/2023	5/27/2023					
COENEN, LYNN			V1661	3.50	38.96	5.63	33.33
6/01/2023	5/14/2023	5/27/2023					
DAHM, JERIOD N			V1662	83.00	1,901.25	527.28	1,373.97
6/01/2023	5/14/2023	5/27/2023					
GOEMER, ARIANA			V1663	9.00	81.09	6.21	74.88
6/01/2023	5/14/2023	5/27/2023					
HORNING, ELISABETH			V1664	30.00	477.00	40.49	436.51
6/01/2023	5/14/2023	5/27/2023					
JAYCOX, CARISSA M			V1665	80.00	1,812.80	504.17	1,308.63
6/01/2023	5/14/2023	5/27/2023					
KOLB, CHRISTOPHER J			V1666	80.00	1,806.40	620.27	1,186.13
6/01/2023	5/14/2023	5/27/2023					
LAUMANN, RAEGAN M			V1667	8.00	68.00	5.21	62.79
6/01/2023	5/14/2023	5/27/2023					
LEDERER, PETER			V1668	80.00	3,024.81	1,086.80	1,938.01
6/01/2023	5/14/2023	5/27/2023					
LOCKLAIR, DANIEL R			V1669	29.00	353.51	29.89	323.62
6/01/2023	5/14/2023	5/27/2023					
MARTIN, SUZANNE			V1670	14.00	185.22	14.17	171.05
6/01/2023	5/14/2023	5/27/2023					
MORANTE RODRIGUEZ, FLAVIO M			V1671	27.50	412.50	89.09	323.41
6/01/2023	5/14/2023	5/27/2023					
MORLEY, CHRISTOPHER B			V1672	30.00	450.00	65.25	384.75
6/01/2023	5/14/2023	5/27/2023					
SIEGEL, TYLER C			V1673	96.50	2,802.15	963.41	1,838.74
6/01/2023	5/14/2023	5/27/2023					
SULLIVAN, CAMRIN R			V1674	80.00	2,052.55	525.94	1,526.61
6/01/2023	5/14/2023	5/27/2023					
TRAAS, TODD M			V1675	46.12	943.15	141.08	802.07
6/01/2023	5/14/2023	5/27/2023					
WAALA, STEPHANIE S			V1676	80.00	2,798.47	833.17	1,965.30
6/01/2023	5/14/2023	5/27/2023					
WEGNER, MILES C			V1677	86.50	1,795.00	614.02	1,180.98
6/01/2023	5/14/2023	5/27/2023					

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Check Date From: 6/01/2023  
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From Dept:  
Thru Dept:

Name / Chk	Beg	End Dates	Check Nbr	Hours	Earnings	Deductions	Net Pay
WILL, KATRINA A			V1678	26.50	326.75	25.00	301.75
6/01/2023	5/14/2023	5/27/2023					
WILLIAMSON, JACOB N			V1679	84.00	1,972.92	653.08	1,319.84
6/01/2023	5/14/2023	5/27/2023					
WROBLEWSKI, ELIZABETH			V1680	26.00	413.40	82.58	330.82
6/01/2023	5/14/2023	5/27/2023					
Totals:				1,009.62	23,840.93	6,842.30	16,998.63

Total Checks: 22 (Male: 10 Female: 12)

DPW 11,329.61

Library 4,858.98

VH 4,736.27

Safety 2,916.07

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FIRE DEPT CHECKING (COLLINS)

Dated From:

From Account:

Thru: 5/26/2023

Thru Account:

Check Nbr	Check Date	Payee	Amount
1098	5/26/2023	JACOB WILLIAMSON FIRE OFFICER 2 PRACTICAL EXAM	
700-00-52650-005-000		TRAINING	24.24
		FIRE OFFICER 2 PRACTICAL EXAM	05/26/23
700-00-52650-005-000		TRAINING	200.00
		FIRE OFFICER 2 MORAINÉ PARK TECH COLLEGE 052623	
		Total	224.24
		Grand Total	224.24

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FIRE DEPT CHECKING (COLLINS)

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ACCT

Dated From: From Account:  
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	Amount
Total Expenditure from Fund # 700 - AMBULANCE FUND	224.24
Total Expenditure from all Funds	224.24

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ACCT

POOLED CHECKING (COLLINS)

Dated From: From Account:  
Thru: 5/25/2023 Thru Account:

Check Nbr	Check Date	Payee	Amount
32857	5/25/2023	BLAINE WERNER WAIVER OF RENTAL FEE-REFUND 8/15/23	
100-00-46135-000-000		PAVILLION RENTAL WAIVER OF RENTAL FEE-REFUND 8/15/23	100.00
		81523	
		Total	100.00
32858	5/25/2023	FRANCOTYP-POSTALIA, INC POSTAGE MACHINE SUPPLIES	
100-00-51420-390-000		CLERKS OFFICE-SUPPLIES/EXP POSTAGE MACHINE SUPPLIES	123.80
		RI105782836	
600-00-51421-390-000		C/T - supplies, expenses POSTAGE MACHINE SUPPLIES	123.80
		RI105782836	
660-00-51421-390-000		OFFICE SUPPLIES/EXP POSTAGE MACHINE SUPPLIES	123.80
		RI105782836	
		Total	371.40
32859	5/25/2023	PHILIP SCHMIT REFUND OF PAVILION RENTAL-CANCELLATION	
100-00-46135-000-000		PAVILLION RENTAL REFUND OF PAVILION RENTAL-CANCELLATION	100.00
		72323	
		Total	100.00
32860	5/25/2023	ROBERT PRITZLAFF OVERPAYMENT FOR RES SEASON LAUNCH PASS	
100-00-46130-000-000		BOAT LAUNCH OVERPAYMENT FOR RES SEASON LAUNCH PASS	30.00
		2023-24,2023-25	
		Total	30.00
32861	5/25/2023	US CELLULAR 05/08/23 INVOICE	
100-00-53101-390-000		CELL PHONE-DPW DPW CELL	30.88
		0579083972	
600-00-54600-221-000		PLANT - TELEPHONE DPW CELL	30.88
		0579083972	
660-00-54600-221-000		WWTP - TELEPHONE/INTERNET DPW CELL	30.90
		0579083972	
100-00-53101-390-000		CELL PHONE-DPW EMERGENCY CELL PHONES	5.46
		0579083972	
600-00-54600-221-000		PLANT - TELEPHONE EMERGENCY CELL PHONES	5.48
		0579083972	

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POOLED CHECKING (COLLINS)

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Dated From: From Account:  
Thru: 5/25/2023 Thru Account:

Check Nbr	Check Date	Payee	Amount
660-00-54600-221-000		WWTP - TELEPHONE/INTERNET	5.46
		EMERGENCY CELL PHONES	
		0579083972	
		Total	109.06
32862	5/25/2023	WE ENERGIES	
		LIFT STATION ELECTRIC	
660-00-54600-220-000		WWTP - ELECTRICITY	55.72
		LIFT STATION ELECTRIC	
		4572207937	
660-00-54600-223-000		WWTP-GAS	55.72
		LIFT STATION GAS	
		4572207937	
		Total	111.44
		Grand Total	821.90

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Dated From:

From Account:

Thru: 5/25/2023

Thru Account:

Amount

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Total Expenditure from Fund # 100 - GENERAL FUND	390.14
Total Expenditure from Fund # 600 - WATER FUND	160.16
Total Expenditure from Fund # 660 - WASTEWATER FUND	271.60
Total Expenditure from all Funds	821.90



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 POOLED CHECKING (COLLINS)

ACCT

Dated From: 6/06/2023 From Account:  
 Thru: 6/06/2023 Thru Account:

Voucher Nbr	Check Date	Payee	Amount
6/06/2023 ARCHER MAT RENTAL & SALES LLC			
05/09/23 INVOICE			
100-00-51600-230-000		VILLAGE HALL - S.M.R.E	4.70
		1-3'X5' BLACK MINK MAT 37565	
100-00-51600-230-000		VILLAGE HALL - S.M.R.E	18.74
		2-3'X10' BLACK MINK MATS 37565	
Total			23.44
6/06/2023 ARCHER MAT RENTAL & SALES LLC			
05/23/23 INVOICE			
100-00-51600-230-000		VILLAGE HALL - S.M.R.E	4.70
		1-3'X5' BLACK MINK MAT 37650	
100-00-51600-230-000		VILLAGE HALL - S.M.R.E	18.74
		2-3'X10' BLACK MINK MATS 37650	
Total			23.44
6/06/2023 BUELOW VETTER BUIKEMA OLSON & VLIET LLC			
05/03/23 STATEMENT			
100-00-52101-210-000		LEGAL-PROFESSIONAL SERVICES	2,297.50
		FIRE LEGAL 33	
Total			2,297.50
6/06/2023 CANON SOLUTIONS AMERICA INC			
05/22/23 INVOICE			
100-00-51420-290-000		LEASED OFFICE EQUIPMENT	137.27
		COPIER USAGE 6004330356	
Total			137.27
6/06/2023 CANON SOLUTIONS AMERICA INC			
05/22/23 INVOICE			
100-00-51420-290-000		LEASED OFFICE EQUIPMENT	13.89
		COPIER MAINTENANCE 6004331060	
Total			13.89
6/06/2023 CHARTER COMMUNICATIONS			
05/25/23 INVOICE			
100-00-51600-221-000		TELEPHONE/INTERNET-VILLAGE HAL	32.65
		VILLAGE HALL PHONE & INTERNET 0023756052523	
Total			32.65

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 Thru: 6/06/2023 Thru Account:

Voucher Nbr	Check Date	Payee	Amount
6/06/2023 CLIFTONLARSONALLEN LLP			
05/30/23 INVOICE			
100-00-51510-210-000		ACCOUNTING-PROF SERVICES	2,778.33
		2022 AUDIT	3747139
Total			2,778.33
6/06/2023 Computer Service Specialists, Inc.			
05/01/23 INVOICE			
100-00-51422-390-000		TECHNOLOGY - S, M, R, E	100.00
		SERVER MAY 23	202605
100-00-51422-390-000		TECHNOLOGY - S, M, R, E	151.67
		WORKSTATION MAY 23	202605
Total			251.67
6/06/2023 EXTINGUISHERS AT RANDOM LLC			
05/22/23 INVOICE			
100-00-55210-230-000		KIRCHER PARK-S,M,R,E	25.70
		EXTINGUISHER INSPECTION	05/22/23
100-00-55211-230-000		BERTRAM PARK-S,M,R,E	25.70
		EXTINGUISHER INSPECTION	05/22/23
100-00-55220-230-000		LAKEVIEW PARK-S,M,R,E	25.70
		EXTINGUISHER INSPECTION	05/22/23
100-00-51600-230-000		VILLAGE HALL - S.M.R.E	25.70
		EXTINGUISHER INSEPCTION	05/22/23
100-00-53230-230-000		SHOP-S,M,R,E	51.40
		EXTINGUISHER INSPECTION	05/22/23
Total			154.20
6/06/2023 KAPUR & ASSOCIATES INC.			
05/24/23 INVOICE			
401-00-57300-000-000		STREET PROJECTS	280.00
		ORTH LIFT STATION CM	119275
Total			280.00
6/06/2023 Lakeside International Trucks			
05/11/23 INVOICE			
100-00-53240-391-000		GAS & OIL (60%)	53.08
		DEF 2.5 FLEETRIT	4087314P
Total			53.08

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ACCT

Dated From: 6/06/2023 From Account:  
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Voucher Nbr	Check Date	Payee	Amount
<hr/>			
	6/06/2023	LOCHEN EQUIPMENT	
	05/18/23	INVOICE	
100-00-53240-350-000		EQUIPMENT/STREET MACH-S,M,R,E	69.55
		CARBURATOR 001-1002100	
		Total	69.55
<hr/>			
	6/06/2023	MCCLONE AGENCY	
	05/08/23	INVOICE	
100-00-51931-000-000		WORKERS COMP	2,400.00
		COMMERCIAL ACCIDENT 23/24 9989	
		Total	2,400.00
<hr/>			
	6/06/2023	MUELLERS SALES AND SERVICE INC	
	05/09/23	INVOICE	
100-00-53240-350-000		EQUIPMENT/STREET MACH-S,M,R,E	57.88
		CARBURETOR 20230157	
		Total	57.88
<hr/>			
	6/06/2023	MUNICIPAL LAW & LITIGATION GROUP S.C.	
	04/27/23	STATEMENT	
100-00-52101-210-000		LEGAL-PROFESSIONAL SERVICES	3,115.50
		FIRE DEPT LEGAL 9768	
100-00-51300-210-000		LEGAL-PROFESSIONAL SERVICES	3,195.50
		VILLAGE LEGAL 9768	
401-00-51300-217-000		LEGAL COUNSEL	120.00
		TID 4 LEGAL 9768	
		Total	6,431.00
<hr/>			
	6/06/2023	MUNICIPAL LAW & LITIGATION GROUP S.C.	
	05/24/23	INVOICE	
100-00-52101-210-000		LEGAL-PROFESSIONAL SERVICES	510.00
		FIRE DEPT LEGAL 9948	
100-00-51300-210-000		LEGAL-PROFESSIONAL SERVICES	105.00
		VILLAGE LEGAL 9948	
		Total	615.00
<hr/>			
	6/06/2023	NAPA AUTO PARTS	
	05/09/23	INVOICE	
100-00-53240-350-000		EQUIPMENT/STREET MACH-S,M,R,E	3.29
		VINYL FUEL TUBING 783217	

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ACCT

Dated From: 6/06/2023 From Account:  
 Thru: 6/06/2023 Thru Account:

Voucher Nbr	Check Date	Payee	Amount
<b>Total</b>			3.29
<hr/>			
	6/06/2023	NEUENS FREDONIA LUMBER	
	05/10/23	INVOICE	
100-00-55220-230-000		LAKEVIEW PARK-S,M,R,E	33.74
	5/10/23	INVOICE	
		2305-656185	
<b>Total</b>			33.74
<hr/>			
	6/06/2023	NEUENS FREDONIA LUMBER	
	05/10/23	INVOICE	
100-00-55220-230-000		LAKEVIEW PARK-S,M,R,E	15.49
	5/10/23		
		2305-656186	
100-00-55210-230-000		KIRCHER PARK-S,M,R,E	15.49
	5/10/23		
		2305-656186	
<b>Total</b>			30.98
<hr/>			
	6/06/2023	PERFECT CIRCLE TIRE LLC	
	05/09/23	INVOICE	
100-00-53240-350-000		EQUIPMENT/STREET MACH-S,M,R,E	50.96
	5/9/23	INVOICE	
		98001	
<b>Total</b>			50.96
<hr/>			
	6/06/2023	SHEBOYGAN COUNTY TREASURER	
	04/30/23	STATEMENT	
100-00-53300-230-000		STREET/STREET SIGN MAINT	163.90
		BRIDGE MAINTENANCE	
		128337	
<b>Total</b>			163.90
<hr/>			
	6/06/2023	SHEBOYGAN COUNTY TREASURER	
	05/12/23	INVOICE	
100-00-51440-310-000		ELECTION SUPPLIES	294.08
		FEB & APRIL ELECTION SUPPLIES	
		128411	
<b>Total</b>			294.08
<hr/>			
	6/06/2023	SHERWIN WILLIAMS COMPANY	
	05/04/23	INVOICE	
100-00-55210-230-000		KIRCHER PARK-S,M,R,E	72.00
	5/4/23	INVOICE	
		2500-6	
100-00-55220-230-000		LAKEVIEW PARK-S,M,R,E	72.00
	5/4/23	INVOICE	
		2500-6	

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POOLED CHECKING (COLLINS)

Dated From: 6/06/2023

From Account:

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Thru Account:

Voucher Nbr	Check Date	Payee	Amount
<b>Total</b>			<b>144.00</b>
<hr/>			
6/06/2023		SHERWIN WILLIAMS COMPANY	
05/20/23 INVOICE			
100-00-55210-230-000		KIRCHER PARK-S,M,R,E	32.40
	5/20/23 INVOICE	3065-9	
100-00-55220-230-000		LAKEVIEW PARK-S,M,R,E	32.39
	5/20/23 INVOICE	3065-9	
<b>Total</b>			<b>64.79</b>
<hr/>			
6/06/2023		THE SOUNDER	
05/31/23 INVOICE			
100-00-51420-213-000		PUBLISHING	184.64
	5/4, 4/17 MINUTES & BILLS	114905	
100-00-51420-213-000		PUBLISHING	21.25
	5/4 WEED CONTROL	114905	
100-00-51420-213-000		PUBLISHING	82.47
	5/4,5/11,5/18 SUMMER HELP WANTED	114905	
100-00-51420-213-000		PUBLISHING	81.08
	5/11,5/17 ALCOHOL ORDINANCE	114905	
100-00-51420-213-000		PUBLISHING	113.08
	5/11,5/24 ANIMAL ORDINANCE	114905	
100-00-51420-213-000		PUBLISHING	129.25
	5/11,5/27 EMERGENCY MANAGEMENT ORDINANCE	114905	
100-00-51420-213-000		PUBLISHING	68.15
	5/25 LIQUOR LICENSE	114905	
100-00-51420-213-000		PUBLISHING	84.60
	GOLF CART ORDINANCE	114905	
<b>Total</b>			<b>764.52</b>
<hr/>			
6/06/2023		TRUSTEES OF THE RANDOM LAKE	
06/01/23 INVOICE			
100-00-44120-000-000		OPERATOR LICENSES	30.00
	OVERPAYMENT-LIQUOR LICENSE & OPERATOR		
<b>Total</b>			<b>30.00</b>
<hr/>			
6/06/2023		UNIFIRST CORPORATION	
05/09/23 INVOICE			

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ACCT

Dated From: 6/06/2023 From Account:  
 Thru: 6/06/2023 Thru Account:

Voucher Nbr	Check Date	Payee	Amount
100-00-53100-325-000		UNIFORMS	25.56
		UNIFORMS	1299265
		Total	25.56
6/06/2023 UNIFIRST CORPORATION 05/16/23 INVOICE			
100-00-53100-325-000		UNIFORMS	25.56
		UNIFORMS	1300307
		Total	25.56
6/06/2023 UNIFIRST CORPORATION 05/23/23 INVOICE			
100-00-53100-325-000		UNIFORMS	25.56
		UNIFORMS	1301385
		Total	25.56
6/06/2023 UNIFIRST CORPORATION 05/30/23 INVOICE			
100-00-53100-325-000		UNIFORMS	25.56
		UNIFORMS	1302433
		Total	25.56
6/06/2023 Village of Random Lake 05/26/23 INVOICE			
100-00-55210-222-000		KIRCHER PARK-SEWER/WATER	27.67
		000-1380-00	000-1380-00
		Total	27.67
6/06/2023 Village of Random Lake 05/26/23 INVOICE			
100-00-53230-222-000		SEWER/WATER-SHOP	213.93
		000-0010-00	000-0010-00
		Total	213.93
6/06/2023 Village of Random Lake 05/26/23 INVOICE			
100-00-55211-222-000		BERTRAM PARK-SEWER/WATER	136.57
		000-4425-00	000-4425-00
		Total	136.57

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POOLED CHECKING (COLLINS)

ACCT

Dated From: 6/06/2023 From Account:  
Thru: 6/06/2023 Thru Account:

Voucher Nbr	Check Date	Payee	Amount
6/06/2023 Village of Random Lake			
05/26/23 INVOICE			
100-00-51600-222-000		WATER/SEWER-VILLAGE HALL	90.56
	000-2560-00		000-2560-00
			Total 90.56
6/06/2023 Village of Random Lake			
05/26/23 INVOICE			
100-00-55220-222-000		LAKEVIEW PARK-SEWER/WATER	146.51
	000-2310-00		000-2310-00
			Total 146.51
6/06/2023 Village of Random Lake			
05/01/23 INVOICE			
100-00-53230-222-000		SEWER/WATER-SHOP	444.33
	000-0010-00		2022U-1
			Total 444.33
6/06/2023 Village of Random Lake			
05/01/23			
100-00-55210-222-000		KIRCHER PARK-SEWER/WATER	55.44
	000-1380-00		2022U-140
			Total 55.44
6/06/2023 Village of Random Lake			
05/01/23			
100-00-55220-222-000		LAKEVIEW PARK-SEWER/WATER	444.33
	000-2310-00		2022U-234
			Total 444.33
6/06/2023 Village of Random Lake			
05/01/23			
100-00-51600-222-000		WATER/SEWER-VILLAGE HALL	55.44
	000-2560-00		2022U-259
			Total 55.44
6/06/2023 Village of Random Lake			
05/01/23			
100-00-55211-222-000		BERTRAM PARK-SEWER/WATER	444.33
	000-4425-00		2022U-455

ALL Checks by Payee  
 POOLED CHECKING (COLLINS)

ACCT

Dated From: 6/06/2023  
 Thru: 6/06/2023

From Account:  
 Thru Account:

Voucher Nbr	Check Date	Payee	Amount
<b>Total</b>			<b>444.33</b>
6/06/2023 WEX BANK			
05/23/23 STATEMENT			
100-00-53240-391-000		GAS & OIL (60%)	32.26
	4/21/23	FORD PICK UP	076743
100-00-53240-391-000		GAS & OIL (60%)	37.63
	4/26/23	BLUE TRUCK	077661
100-00-53240-391-000		GAS & OIL (60%)	54.26
	4/27/23	FORD PICKUP	077928
100-00-53240-391-000		GAS & OIL (60%)	60.02
	4/28/23	CASE LOADER	078121
100-00-53240-391-000		GAS & OIL (60%)	16.06
	4/28/23	FERRIS	078156
100-00-53240-391-000		GAS & OIL (60%)	93.87
	5/1/23	BLACK 1 TON	078645
100-00-53240-391-000		GAS & OIL (60%)	56.93
	5/2/23	RED TRUCK	078745
100-00-53240-391-000		GAS & OIL (60%)	28.70
	5/2/23	SKID LOADER	071974
100-00-53240-391-000		GAS & OIL (60%)	24.81
	5/3/23	JACOBSEN MOWER	078944
100-00-53240-391-000		GAS & OIL (60%)	54.38
	5/3/23	FORD PICKUP	079064
100-00-53240-391-000		GAS & OIL (60%)	15.45
	5/4/23	FERRIS	079169
100-00-53240-391-000		GAS & OIL (60%)	6.00
	5/5/23	STRING TRIMMER	079368
100-00-53240-391-000		GAS & OIL (60%)	73.47
	5/9/23	TANDUM	080152
100-00-53240-391-000		GAS & OIL (60%)	13.47
	5/10/23	FERRIS	080327
100-00-53240-391-000		GAS & OIL (60%)	33.92
	5/10/23	JACOBSEN	080346
100-00-53240-391-000		GAS & OIL (60%)	56.97
	5/11/23	BLUE TRUCK	080600
100-00-53240-391-000		GAS & OIL (60%)	10.58
	5/12/23	FERRIS	080796



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POOLED CHECKING (COLLINS)

Dated From: 6/06/2023

From Account:

Thru: 6/06/2023

Thru Account:

Voucher Nbr	Check Date	Payee	Amount
100-00-53240-391-000		GAS & OIL (60%)	25.20
	5/15/23	UNKNOWN VEHICLE	081365
100-00-53240-391-000		GAS & OIL (60%)	11.31
	5/15/23	FERRIS	081384
100-00-53240-391-000		GAS & OIL (60%)	7.14
	5/15/23	WWTP PUMP	081392
100-00-53240-391-000		GAS & OIL (60%)	17.50
	5/16/23	JACOBSEN	081605
100-00-53240-391-000		GAS & OIL (60%)	5.60
	5/17/23	FERRIS	081794
100-00-53240-391-000		GAS & OIL (60%)	2.40
	5/17/23	TRIMMER	081830
100-00-53240-391-000		GAS & OIL (60%)	63.60
	5/18/23	UNKNOWN VEHICLE	082017
100-00-53240-391-000		GAS & OIL (60%)	23.88
	5/18/23	SKIDSTEER	082053
100-00-53240-391-000		GAS & OIL (60%)	24.00
	5/19/23	UNKNOWN VEHICLE	082196
100-00-53240-391-000		GAS & OIL (60%)	17.65
	5/22/23	JACOBSEN	082982
100-00-53240-391-000		GAS & OIL (60%)	55.18
	5/22/23	FORD PICKUP	083005
100-00-53240-391-000		GAS & OIL (60%)	11.78
	5/22/23	FERRIS	082971
100-00-53240-391-000		GAS & OIL (60%)	-53.62
		REBATE	05/23/23
100-00-53240-391-000		GAS & OIL (60%)	87.70
		FINANCE CHARGE	5/23/23
<b>Total</b>			<b>968.10</b>
<b>Grand Total</b>			<b>20,328.61</b>

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ACCT

POOLED CHECKING (COLLINS)

Dated From: 6/06/2023

From Account:

Thru: 6/06/2023

Thru Account:

Amount

---

Total Expenditure from Fund # 100 - GENERAL FUND

19,928.61

Total Expenditure from Fund # 401 - TID #4

400.00

Total Expenditure from all Funds

20,328.61

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ACCT

UTILITY CHECKING (COLLINS)

Dated From: 6/06/2023 From Account:  
Thru: 6/06/2023 Thru Account:

Voucher Nbr	Check Date	Payee	Amount
6/06/2023 BEAR GRAPHICS			
05/16/23 INVOICE			
660-00-51102-320-000		PUBLISHING	174.75
		UTILITY CHECKING ACCT CHECKS	0917875
Total			174.75
6/06/2023 CANON SOLUTIONS AMERICA INC			
05/22/23 INVOICE			
600-00-51420-390-000		OFFICE SUPPLIES/EXP	137.27
		COPIER USAGE	6004330356
660-00-51421-390-000		OFFICE SUPPLIES/EXP	137.28
		COPIER USAGE	6004330356
Total			274.55
6/06/2023 CANON SOLUTIONS AMERICA INC			
05/22/23 INVOICE			
600-00-51420-390-000		OFFICE SUPPLIES/EXP	13.89
		COPIER MAINTENANCE	6004331060
660-00-51421-390-000		OFFICE SUPPLIES/EXP	13.88
		COPIER MAINTENANCE	6004331060
Total			27.77
6/06/2023 CHARTER COMMUNICATIONS			
05/25/23 INVOICE			
600-00-54600-221-000		PLANT - TELEPHONE	32.65
		VILLAGE HALL PHONE & INTERNET	0023756052523
660-00-54600-221-000		WWTP - TELEPHONE/INTERNET	32.66
		VILLAGE HALL PHONE & INTERNET	0023756052523
Total			65.31
6/06/2023 CLIFTONLARSONALLEN LLP			
05/30/23 INVOICE			
600-00-51510-210-000		ACCOUNTING/AUDIT	2,778.33
		2022 AUDIT	3747139
660-00-51510-210-000		ACCOUNTING/AUDIT	2,778.34
		2022 AUDIT	3747139
Total			5,556.67
6/06/2023 Computer Service Specialists, Inc.			
05/01/23 INVOICE			

ALL Checks by Payee  
UTILITY CHECKING (COLLINS)

ACCT

Dated From: 6/06/2023 From Account:  
Thru: 6/06/2023 Thru Account:

Voucher Nbr	Check Date	Payee	Amount
600-00-51422-391-000		TECHNOLOGY	100.00
	SERVER MAY 23	202605	
660-00-51422-391-000		TECHNOLOGY	100.00
	SERVER MAY 23	202605	
600-00-51422-390-000		COMPUTERS.SOFTWARE	151.67
	WORKSTATION MAY 23	202605	
660-00-51422-391-000		TECHNOLOGY	151.66
	WORKSTATION MAY 23	202605	
600-00-51422-391-000		TECHNOLOGY	33.33
	NETWORK EQUIP MAY 23	202605	
660-00-51422-391-000		TECHNOLOGY	16.67
	NETWORK EQUIP MAY 23	202605	
<b>Total</b>			<b>553.33</b>

6/06/2023 EXTINGUISHERS AT RANDOM LLC

05/22/23 INVOICE

600-00-54900-390-000		WELL HOUSE-SUPPLIES/EXP	51.40
	EXTINGUISHER INSPECTION	05/22/23	
660-00-54600-390-000		WWTP - S,M,R,E	51.40
	EXTINGUISHER INSPECTION	05/22/23	
<b>Total</b>			<b>102.80</b>

6/06/2023 FRONTIER COMMUNICATIONS

05/21/23 INVOICE

660-00-54600-221-000		WWTP - TELEPHONE/INTERNET	93.46
	TELEPHONE & INTERNET WWTP	05/21/23	
<b>Total</b>			<b>93.46</b>

6/06/2023 HAWKINS INC

05/08/23 INVOICE

660-00-54610-396-000		TEST LAB-CHEMICALS	380.00
	5/8/23 INVOICE	6464558	
<b>Total</b>			<b>380.00</b>

6/06/2023 HAWKINS INC

05/08/23 INVOICE

600-00-54600-999-000		CHEMICALS FOR TREATMENT	1,388.05
	5/8/23 INVOICE	6464564	
<b>Total</b>			<b>1,388.05</b>

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UTILITY CHECKING (COLLINS)

Dated From: 6/06/2023

From Account:

Thru: 6/06/2023

Thru Account:

Voucher Nbr	Check Date	Payee	Amount
	6/06/2023	HAWKINS INC	
05/19/23 INVOICE			
660-00-54610-396-000		TEST LAB-CHEMICALS	685.25
5/19/23 INVOICE		6475965	
		Total	685.25
	6/06/2023	HAWKINS INC	
05/24/23 INVOICE			
660-00-54610-396-000		TEST LAB-CHEMICALS	566.50
5/24/23 INVOICE		6479206	
		Total	566.50
	6/06/2023	OPERATION & MANAGEMENT SERVICE LLC	
05/22/23 INVOICE			
660-00-54610-397-000		TEST LAB-OUTSIDE SERVICES	50.00
FECAL COLIFORM & ECOLI TESTING APRIL 23	5/22/23		
		Total	50.00
	6/06/2023	Sabel Mechanical LLC	
04/28/23 INVOICE			
660-00-54600-390-000		WWTP - S,M,R,E	678.75
JOB 231181		230167	
		Total	678.75
	6/06/2023	Sabel Mechanical LLC	
04/28/23 INVOICE			
660-00-54600-390-000		WWTP - S,M,R,E	3,515.97
JOB 231198		230168	
		Total	3,515.97
	6/06/2023	UNIFIRST CORPORATION	
05/09/23 INVOICE			
600-00-53660-392-000		UNIFORMS	25.57
UNIFORMS		1299265	
660-00-53660-392-000		UNIFORMS	25.57
UNIFORMS		1299265	
		Total	51.14
	6/06/2023	UNIFIRST CORPORATION	
05/16/23 INVOICE			

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ALL Checks by Payee

ACCT

UTILITY CHECKING (COLLINS)

Dated From: 6/06/2023

From Account:

Thru: 6/06/2023

Thru Account:

Voucher Nbr	Check Date	Payee	Amount
600-00-53660-392-000		UNIFORMS	25.57
		UNIFORMS	1300307
660-00-53660-392-000		UNIFORMS	25.57
		UNIFORMS	1300307
<b>Total</b>			<b>51.14</b>
<hr/>			
		6/06/2023 UNIFIRST CORPORATION	
05/23/22 INVOICE			
600-00-53660-392-000		UNIFORMS	25.57
		UNIFORMS	1301385
660-00-53660-392-000		UNIFORMS	25.57
		UNIFORMS	1301385
<b>Total</b>			<b>51.14</b>
<hr/>			
		6/06/2023 UNIFIRST CORPORATION	
05/30/23 INVOICE			
600-00-53660-392-000		UNIFORMS	25.57
		UNIFORMS	1302433
660-00-53660-392-000		UNIFORMS	25.57
		UNIFORMS	1302433
<b>Total</b>			<b>51.14</b>
<hr/>			
		6/06/2023 Village of Random Lake	
05/26/23 INVOICE			
660-00-54600-222-000		WWTP - SEWER/WATER	3,717.53
	000-0020-00		000-0020-00
<b>Total</b>			<b>3,717.53</b>
<hr/>			
		6/06/2023 Village of Random Lake	
05/01/23			
660-00-54600-222-000		WWTP - SEWER/WATER	444.33
	000-0020-00		2022U-2
<b>Total</b>			<b>444.33</b>
<hr/>			
		6/06/2023 WI DNR - ENVIRONMENTAL FEE	
05/21/23 INVOICE			
660-00-54600-390-000		WWTP - S,M,R,E	1,889.53
	2023 ENVIRONMENTAL FEE		460006030-2023-1
<b>Total</b>			<b>1,889.53</b>

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ALL Checks by Payee  
UTILITY CHECKING (COLLINS)

Dated From: 6/06/2023 From Account:  
Thru: 6/06/2023 Thru Account:

Voucher Nbr	Check Date	Payee	Amount
	6/06/2023	WI DNR - Water Use Fee	
	05/15/23	INVOICE	
600-00-53600-345-000		LICENSES/FEES	125.00
	2023	WATER USE FEES	
		WU102956	
		Total	125.00
	6/06/2023	WISCONSIN DEPT OF NATURAL RESOURCES	
	06/02/23	INVOICE	
600-00-54800-331-000		CONTINUING EDUCATION	25.00
		SIEGEL WATERWORKS OPERATOR CERT EXAM	
		Total	25.00
		Grand Total	20,519.11

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ALL Checks by Payee

ACCT

UTILITY CHECKING (COLLINS)

Dated From: 6/06/2023

From Account:

Thru: 6/06/2023

Thru Account:

Amount

---

Total Expenditure from Fund # 600 - WATER FUND

4,938.87

Total Expenditure from Fund # 660 - WASTEWATER FUND

15,580.24

Total Expenditure from all Funds

20,519.11





96 Russell Drive • Random Lake, WI 53075  
www.randomlakewi.com  
P: 920.994.4852  
F: 920.994.2390

## Fireworks Application

Application Fee: \$100.00

Company/Organization: RLA Phone: 920-889-2841  
Address: PO 182 City, State, Zip Random Lake 53075  
Contact Person: Robert Harry On Site Phone: \_\_\_\_\_  
Sponsoring Ind./Organization: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fireworks Contractor: Wolverine Fireworks Display Phone: 989-662-0121  
Location(s) of fireworks display: Lake

Date(s) of fireworks: 7/8/23 Time of fireworks: 9:00pm or dusk

Certificate of Liability Insurance (\$1,000,000 bodily injury to one person; \$2,000,000 for injury to more than one person; and \$1,000,000 for damage to property) naming the Village of Random Lake as additional insured.

**The following information shall then be provided:**

Fireworks Purchase Date: April 5<sup>th</sup> 2023

Type of Fireworks: 3in-bin  
Size of Shells: 40000 # of Shells: 4,000

Village Services requested/ Comments: potential no parking signs

Application must be submitted 7 days prior to the requested date of use. Municipal Code Section 24-7 (d)(8).

**PERMIT TO POSSESS AND DISPLAY FIREWORKS**

Sheboygan County WI State

July 8th 2023

**TO WHOM IT MAY CONCERN- GREETINGS:**

Application having been made in accordance with the laws of the State of Wisconsin,

This permit is issued to Random Lake Az.

Giving them the right to exhibit display fireworks on the 8th day of July, 2023,

At 9:30 o'clock P.M. at Random Lake in said County,

In connection with 4th of July Krier Foods celebration.

Rain Date (In the event of inclement weather): July 9th

WOLVERINE FIREWORKS DISPLAY, INC.  
205 WEST SEIDLERS RD.  
KAWKAWLIN, MI 48631  
WISCONSIN DIVISION:  
262-968-4178  
gina@wolvdisplay.com

SHERIFF OR CHIEF OF FIRE DEPARTMENT

\_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/6/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> The Partners Group Ltd 1111 Lake Washington Blvd N. Suite 400 Renton WA 98056	<b>CONTACT NAME:</b> Janet Nau <b>PHONE (A/C No, Ext):</b> (877) 455-5640 <b>E-MAIL ADDRESS:</b> jnau@tpgrp.com	<b>FAX (A/C, No):</b> (425) 455-6727													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Everest Indemnity Insurance Co</td> <td>10851</td> </tr> <tr> <td>INSURER B: Everest Denali Insurance Company</td> <td>16044</td> </tr> <tr> <td>INSURER C: Arch Specialty Insurance Company</td> <td>21199</td> </tr> <tr> <td>INSURER D: Markel American Insurance Company</td> <td>28932</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Everest Indemnity Insurance Co	10851	INSURER B: Everest Denali Insurance Company	16044	INSURER C: Arch Specialty Insurance Company	21199	INSURER D: Markel American Insurance Company	28932	INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER C: Arch Specialty Insurance Company	21199														
INSURER D: Markel American Insurance Company	28932														
INSURER E:															
INSURER F:															
<b>INSURED</b> Wolverine Fireworks Display, Inc. 205 West Seidlers Road Kawkawlin MI 48631															

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		SI8GL02099231	2/1/2023	2/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			SI8CA00274231	2/1/2023	2/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			UXP104806301	2/1/2023	2/1/2024	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Excess Liab. - Per Occur.</b>			SI8EX01908231	2/1/2023	2/1/2024	Limit/Aggregate \$5,000,000
D	<b>Protection&amp;Indemnity~Liab Only</b>			9CE34950	5/11/2022	5/11/2023	Limit \$1,000,000 Ded \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Random Lake Association, Inc; Village of Random Lake, Complete Piers & Lifts, LLC, Sea & Sea Barge, LLC are included as Additional Insureds on General Liability as their interest may appear as respects operations performed by or on behalf of the Named Insured per form #ECG 20592 0509  
 Additional Insured-Designated Person or Organization attached.  
 Show Date: 7-8-23  
 Show Location: Pontoons on Random Lake, WI

**CERTIFICATE HOLDER****CANCELLATION**

<b>Random Lake Association, Inc.</b> P.O. Box 182 Random Lake, WI 53075-0182	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  AUTHORIZED REPRESENTATIVE  Scott Handler/CCRUE 
--	---



# Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00

Application Date: 06/01/23

Town  Village  City of RANDOM LAKE

County of SHEBOYGAN

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.  
 A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 6/8/23 and ending 6/8/23 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

### 1. Organization (check appropriate box) →

- Bona fide Club  Church  Lodge/Society  
 Veteran's Organization  Fair Association or Agricultural Society  
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name TRUSTEE'S OF THE RANDOM LAKE FIRE DEPT

(b) Address 719 N. SPRING ST RANDOM LAKE WI 53075  
(Street)  Town  Village  City

(c) Date organized 1990

(d) If corporation, give date of incorporation \_\_\_\_\_

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

### (f) Names and addresses of all officers:

President PAT DEPIES

Vice President AARON SCHMIT

Secretary RACHEL KRAHENBUHL

Treasurer AMY SCHMIT

(g) Name and address of manager or person in charge of affair: PAT DEPIES N7045 KAY-K Rd  
BELGIUM WI 53004

### 2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 53 Russett Dr

(b) Lot \_\_\_\_\_ Block \_\_\_\_\_

(c) Do premises occupy all or part of building? \_\_\_\_\_

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: \_\_\_\_\_

### 3. Name of Event

(a) List name of the event MUSIC IN THE PARK

(b) Dates of event 6/8/23

### DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer Pat Depies 5-31-23  
(Signature / Date)

TRUSTEE'S OF THE RANDOM LAKE FIRE DEPT  
(Name of Organization)

Date Filed with Clerk 06/01/23

Date Reported to Council or Board 06/05/23

Date Granted by Council \_\_\_\_\_

License No. \_\_\_\_\_

# Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00

Application Date: 6/1/23

Town  Village  City of RANDOM LAKE

County of SHEBOYGAN

The named organization applies for: (check appropriate box(es).)

A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 7/8/23 and ending 7/8/23 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

### 1. Organization (check appropriate box) →

- Bona fide Club  Church  Lodge/Society  
 Veteran's Organization  Fair Association or Agricultural Society  
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name TRUSTEE'S OF THE RANDOM LAKE FIRE DEPT

(b) Address 718 N. SPRING ST RANDOM LAKE WI 53075  
(Street)  Town  Village  City

(c) Date organized 1990

(d) If corporation, give date of incorporation \_\_\_\_\_

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President PAT DEPIES

Vice President AARON SCHMIT

Secretary RACHEL KRAHENBUHL

Treasurer ANNY SCHMIT

(g) Name and address of manager or person in charge of affair: PAT DEPIES N7045 KAY-K Rd  
BELGIUM WI 53004

### 2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 53 RUSSEL DR

(b) Lot \_\_\_\_\_ Block \_\_\_\_\_

(c) Do premises occupy all or part of building? \_\_\_\_\_

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: \_\_\_\_\_

### 3. Name of Event

(a) List name of the event FIREWORKS DISPLAY

(b) Dates of event 7/8/23

### DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer Pat Depies 5-31-23  
(Signature / Date)

TRUSTEES OF THE RANDOM LAKE FIRE DEPT  
(Name of Organization)

Date Filed with Clerk 06/01/23

Date Reported to Council or Board 06/05/23

Date Granted by Council \_\_\_\_\_

License No. \_\_\_\_\_



Village of Random Lake
96 Russell Drive, P.O. Box 344
Random Lake, WI 53075
(920) 994-4852

Application for:

Peddlers, Canvassers, Solicitors & Transient Merchants

Permit Fee: \$ 25.00, plus \$25.00 per person for those soliciting

Investigation Fee: \$5.00 per person

Date: 6/11/2023

- Dates Requested: (from) 6/10/2023 (to) 10/31/2023 Total Days: 130
Description of Business: ICE cream cart
Source of Supply of Goods Proposed to be sold: SYSL0
A copy of the applicant's or business' Wisconsin Seller's Permit is REQUIRED.

Applicant Information

Name: (Last) Trader (First) Emily (MI) M
Address: 221 S main st Cedar Grove WI 53013
Telephone Number: Cell Number: 262 365 9119
Date of Birth: Social Security Number
Height: 5,4 Weight: 150 Color of Hair: Brun Color of Eyes: BWC
Driver's License Number: T636-2139-2823-67 State Issued: WI
Vehicle Make: Chevy Model: Equinox License Plate #: AGS-8390

Have you been convicted of any crime, misdemeanor, or violation of any municipal ordinance other than traffic violations? If so, please list: NO

Information regarding the Business or Organization

Name of Business/Organization: Koffie Trader
Contact Person: Emily Trader Telephone #: 262 365 9119
Address: 221 S main st Cedar Grove
Type of Business: KOFFIE SHOP

List last 3 Cities, Villages, and/or Towns where applicant conducted similar business or solicitations:
Date: Municipality: NA
Date: Municipality: NA
Date: Municipality: NA

Peddler/Solicitor Information - OVER

Signature of Applicant: Emily Trader

Subject to compliance with Village of Random Lake Municipal Code sec. 12.01, 04

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license.



Village of Random Lake  
96 Russell Drive, P.O. Box 344  
Random Lake, WI 53075  
(920) 994-4852

Peddler/Solicitor Information - \$ 25.00 per person

Name	Date of Birth	Driver's License Number
Emily Tialo	9 / 3 / 1992	T636-2139-2823-07
_____	_ / _ / _	_____
_____	_ / _ / _	_____
_____	_ / _ / _	_____
_____	_ / _ / _	_____

Subject to compliance with Village of Random Lake Municipal Code sec. 12.01, 04

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license.





STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: **6/2/2023**

Report Date: **6/2/2023**

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

Name: **TRADER, EMILY M**

Date of Birth: **9/3/1992**

Alias Names:

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### NOTICE TO EMPLOYERS

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

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

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

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

### NO RECORD FOUND

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

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

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



APPLICATION – OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, 2024, 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 be granted to me.

1. New  Renewal  Date filing: 5-11-23
Prev. Lic. # 2022-73
2. Name: Debra Birth
3. Social Security No.:
4. Home Address: N 886 Krahn Rd Adell WI
5. Phone Number: 920-838-2372 Ethnicity: Native American
6. Sex: M  F  Date of Birth: Age: Place of Birth: Milwaukee WI
7. Are you a citizen of the United States Yes  No 
8. List all your residences for the past Two years to the date of application: N 886 Krahn Rd Adell WI

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)
Federal Laws ANYWHERE? NO
Wisconsin State Laws? YES
Laws of ANY other State? NO
Ordinances of the Village of Random Lake? NO

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet): Disorderly - Sheboygan WI

11. Where will you be serving/selling alcohol beverages?
Business Name: Casey's Random Lake WI

Clerk/Treasurer
Applicant's Signature: Debra Birth

Office Use Only
REASON:
APPROVED / / REJECTED / /
\$ 30.00 - OPERATOR LICENSE
\$ 15.00 - \*PROVISIONAL LICENSE (60 DAYS)
CASH CHECK # LICENSE #
\*TRAINING CERTIFICATE RECEIVED / /



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: **5/11/2023**

Report Date: **5/11/2023**

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

Name: **BERTH, DEBRA**

Date of Birth

Alias Names:

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### NOTICE TO EMPLOYERS

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

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

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

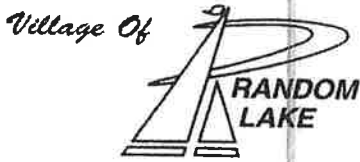
The applicant should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on [The Department of Justice website](#) or by calling (608) 266-7314. A challenge may include a request for comparison of the fingerprints of the person submitting the challenge to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

### NO RECORD FOUND

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

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

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



# APPLICATION - OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, 2024, 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 be granted to me.

- 1. New  Renewal  Date filing: 5/  
Prev. Lic. # 2022-74
- 2. Name: April Elizabeth Schmidt  
First Middle Last
- 3. Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_
- 4. Home Address: N 884 Krahn rd. Adell WI 53001  
City/State Zip Code
- 5. Phone Number: \_\_\_\_\_ Ethnicity: White
- 6. Sex: M  F  Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: Bloomer WI
- 7. Are you a citizen of the United States Yes  No
- 8. List all your residences for the past Two years to the date of application:  
\_\_\_\_\_  
\_\_\_\_\_

- 9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)  
Federal Laws ANYWHERE? \_\_\_\_\_  
Wisconsin State Laws? X  
Laws of ANY other State? \_\_\_\_\_  
Ordinances of the Village of Random Lake? \_\_\_\_\_

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):  
2009 Failure to yield, 2008 driving with suspended license

11. Where will you be serving/selling alcohol beverages?  
Business Name: Casey's

Clerk/Treasurer

April Schmidt  
Applicant's Signature

<input type="checkbox"/> APPROVED ___/___/___	<input type="checkbox"/> REJECTED ___/___/___	<b>Office Use Only</b>	
		REASON: _____	
<input checked="" type="checkbox"/> \$ 30.00 - OPERATOR LICENSE	<input checked="" type="checkbox"/> CASH	<input type="checkbox"/> CHECK # _____	LICENSE #: _____
<input type="checkbox"/> \$ 15.00 - *PROVISIONAL LICENSE (60 DAYS)	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK # _____	LICENSE #: _____
*TRAINING CERTIFICATE RECEIVED ___/___/___			



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

---

Request Date: **5/11/2023**

Report Date: **5/11/2023**

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

Name: **SCHMIDT, APRIL E**

Date of Birth:

Alias Names:

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### NOTICE TO EMPLOYERS

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

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

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

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

### NO RECORD FOUND

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

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

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



APPLICATION - OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, 2024, 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 be granted to me.

- 1. New [ ] Renewal [x] Prev. Lic. # 2000-79 Date filing:
2. Name: marie Sherry Pocian-Beaudry
3. Social Security No.: Driver's License No
4. Home Address: N886 Krahn Rd. Adell WI 53001
5. Phone Number: 262-675-4595 Ethnicity:
6. Sex: M [ ] F [x] Date of Birth: Age Place of Birth: St. Luke's Milw.
7. Are you a citizen of the United States Yes [x] No [ ]
8. List all your residences for the past Two years to the date of application:

- 9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)
Federal Laws ANYWHERE? -NA-
Wisconsin State Laws?
Laws of ANY other State?
Ordinances of the Village of Random Lake?

- 10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):
-NA-

- 11. Where will you be serving/selling alcohol beverages?
Business Name: Casey's General Store

Clerk/Treasurer

Applicant's Signature

marie Pocian-Beaudry

Office Use Only
[ ] APPROVED [ ] REJECTED
[x] \$ 30.00 - OPERATOR LICENSE
[ ] \$ 15.00 - \*PROVISIONAL LICENSE (60 DAYS)
REASON:
[ ] CASH [ ] CHECK # LICENSE #:
[ ] CASH [ ] CHECK # LICENSE #:
\*TRAINING CERTIFICATE RECEIVED



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

---

Request Date: **5/11/2023**

Report Date: **5/11/2023**

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

Name: **POCIAN-BEAUDRY, MARIE S**

Date of Birth:

Alias Names:

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### NOTICE TO EMPLOYERS

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

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

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

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### NO RECORD FOUND

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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



# APPLICATION – OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, 2024, 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 be granted to me.

1. New  Renewal  Date filing: 5/11/23  
 Prev. Lic. # 2022-72

2. Name: CHARITY LYNN HALLER  
 Middle

3. Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

4. Home Address: N878 KRAHN RD ADELL, WI 53001  
 Street City/State Zip Code

5. Phone Number: (262) 208-6816 Ethnicity: WHITE

6. Sex: M  F  Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: BLOOMER, WI

7. Are you a citizen of the United States Yes  No

8. List all your residences for the past Two years to the date of application:

---

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)

Federal Laws ANYWHERE?	<u>No</u>
Wisconsin State Laws?	<u>No</u>
Laws of ANY other State?	<u>No</u>
Ordinances of the Village of Random Lake?	<u>No</u>

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):

---

11. Where will you be serving/selling alcohol beverages?  
 Business Name: CASEY'S GENERAL STORE

Clerk/Treasurer

Charity A. Haller  
 Applicant's Signature

<input type="checkbox"/> APPROVED ___/___/___	<input type="checkbox"/> REJECTED ___/___/___	<b>Office Use Only</b>	
<input checked="" type="checkbox"/> \$ 30.00 – OPERATOR LICENSE <input type="checkbox"/> \$ 15.00 – *PROVISIONAL LICENSE (60 DAYS)		REASON: _____ <input checked="" type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____    LICENSE #: _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____    LICENSE #: _____	
*TRAINING CERTIFICATE RECEIVED ___/___/___			





STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

---

Request Date: **5/11/2023**

Report Date: **5/11/2023**

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

Name: **HALLER, CHARITY L**

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

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: 06/16/2022

**DATE OF OFFENSE:** 11/03/1997

**ARREST TRACKING NUMBER:**

## **ARREST DATA**

**SUBJECT NAME:** CHARITY L HALLER

**TYPE:** ADULT ONLY

**DATE:** 11/03/1997

**ARREST AGENCY:** WI0180100 EAU CLAIRE PD

## **CHARGE**

**SEQUENCE NUMBER:** 01

**STATUTE NUMBER:** 943.24(1) - ISSUE OF WORTHLESS CHECKS(<\$500)

**LITERAL:** ISSUE OF WORTHLESS CHECKS(<\$500)

**NCIC CODE:** 2699

**COUNTS:** 1

**CLASSIFICATION:**

**CHARGE SEVERITY:** MISDEMEANOR

## **COURT**

**SUBJECT NAME:** CHARITY L HALLER

**DATE:** 11/03/1997

**COURT:** WI018033J - EAU CLAIRE CO CIRCUIT COURT BRANCH 3

**COMMENTS:**

## **CHARGE**

**SEQUENCE NUMBER:** 01

**LITERAL:** ISSUE OF WORTHLESS CHECK

**NCIC CODE:** 2699

**COUNTS:** 1

**CLASSIFICATION:**

**CHARGE SEVERITY:** NON-CRIMINAL

## **DISPOSITION**

**LITERAL:** CONVICTED

**DISPOSITION DATE:** 11/03/1997

**DISPOSITION:** CONVICTED

## **SENTENCING**

**DATE:** 11/03/1997

**CASE NUMBER:** 97CM1845

**DISPOSITION**

**LITERAL: CONVICTED**

**DISPOSITION DATE: 03/10/1998**

**DISPOSITION: CONVICTED**

**SENTENCING**

**DATE: 03/10/1998**

**CASE NUMBER: 97CM1087**

**COURT: WI009023J - CHIPPEWA CO CIRCUIT COURT BRANCH 2**

**CONVICTED OFFENSE:**

**CHARGE SEQUENCE NUMBER: 01**

**SENTENCE: FINE**

**BEGIN DATE: MARCH 10, 1998**

**COMMENTS:**

**CONTRIBUTING AGENCIES**

**WI0090000-CHIPPEWA COUNTY SHERIFF**

**WI0180000-EAU CLAIRE CO SHERIFF**

**UNKNOWN-UNKNOWN**

**WI0180100-EAU CLAIRE PD**

**WI0090100-CHIPPEWA FALLS POLICE DEPT**

**WI018033J-EAU CLAIRE CO CIRCUIT COURT BRANCH 3**

**WI009023J-CHIPPEWA CO CIRCUIT COURT BRANCH 2**

End of Rapsheet



# APPLICATION – OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, 2024, 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 be granted to me.

1. New  Renewal  2022-30 Date filing: 5/11/23  
 Prev. Lic. # \_\_\_\_\_

2. Name: Julie A JAROCH

3. Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

4. Home Address: 720 Western Ave #2 Random Lake 53075  
 Street City/State Zip Code

5. Phone Number: 262 416 2477 Ethnicity: White

6. Sex: M  F  Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: Fond Du Lac

7. Are you a citizen of the United States Yes  No

8. List all your residences for the past Two years to the date of application:  
720 Western Ave #2 Random Lake 53075

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)  
 Federal Laws ANYWHERE? NO  
 Wisconsin State Laws? YES  
 Laws of ANY other State? NO  
 Ordinances of the Village of Random Lake? NO

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):  
2-96 Disorderly Conduct 5/96 Reckless injury 6/96 Battery, Resisting or Obstructing Justice  
8-96, 11-96 Disorderly Conduct 7-2000 Forgery 4/2007 Battery (These crimes all happened when I was married)

11. Where will you be serving/selling alcohol beverages?  
 Business Name: Casys General Store

\_\_\_\_\_  
 Clerk/Treasurer

Julie Jaroch  
 Applicant's Signature

<input type="checkbox"/> APPROVED / /	<input type="checkbox"/> REJECTED / /	<b>Office Use Only</b>	
		REASON: _____	
<input checked="" type="checkbox"/> \$ 30.00 – OPERATOR LICENSE	<input checked="" type="checkbox"/> CASH	<input type="checkbox"/> CHECK # _____	LICENSE #: _____
<input type="checkbox"/> \$ 15.00 – *PROVISIONAL LICENSE (60 DAYS)	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK # _____	LICENSE #: _____
*TRAINING CERTIFICATE RECEIVED / /			



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: **5/11/2023**

Report Date: **5/11/2023**

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

Name: **JAROCH, JULIE A**

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

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: 04/09/2022

**SUBJECT NAME: JULIE ANN JAROCH**  
**TYPE: ADULT ONLY**  
**DATE: 02/23/1996**  
**ARREST AGENCY: WI0460200 PORT WASHINGTON POLICE DEPT**

## **CHARGE**

**SEQUENCE NUMBER: 01**  
**STATUTE NUMBER: 947.01 - DISORDERLY CONDUCT**  
**LITERAL: DISORDERLY CONDUCT**  
**NCIC CODE: 5311**  
**COUNTS: 1**  
**CLASSIFICATION:**  
**CHARGE SEVERITY: MISDEMEANOR**

## **PROSECUTION**

**CASE NUMBER:**  
**PROSECUTOR: UNKNOWN**

## **CHARGE**

**SEQUENCE NUMBER: 01**  
**STATUTE NUMBER: 947.01 - DISORDERLY CONDUCT**  
**LITERAL: DISORDERLY CONDUCT**  
**NCIC CODE: 5311**  
**COUNTS: 1**  
**CLASSIFICATION:**  
**CHARGE SEVERITY: MISDEMEANOR**

## **DISPOSITION**

**LITERAL: DISMISSED**  
**DISPOSITION DATE: 04/23/1996**  
**DISPOSITION: NO PROSECUTION**

## **CYCLE 02**

**EARLIEST EVENT DATE: 05/13/1996**  
**DATE OF OFFENSE: 05/13/1996**  
**ARREST TRACKING NUMBER:**

## **ARREST DATA**

**SUBJECT NAME: JULIE ANN JAROCH**  
**TYPE: ADULT ONLY**



**CHARGE****SEQUENCE NUMBER: 02****STATUTE NUMBER: 946.41(1) - RESISTING OR OBSTRUCTING AN OFFICER****LITERAL: RESISTING OR OBSTRUCTING AN OFFICER****NCIC CODE: 4802****COUNTS: 1****CLASSIFICATION:****CHARGE SEVERITY: MISDEMEANOR****DISPOSITION****LITERAL: CONVICTED****DISPOSITION DATE: 06/24/1996****DISPOSITION: CONVICTED****SENTENCING****DATE: 06/24/1996****CASE NUMBER: 96CM245****COURT: WI067023J - WASHINGTON CO CIRCUIT COURT BRANCH 2****CONVICTED OFFENSE:****CHARGE SEQUENCE NUMBER: 02****SENTENCE: PROBATION****BEGIN DATE: JUNE 24, 1996****LENGTH: 1 YEAR, 6 MONTHS****COMMENTS:****SENTENCING****DATE: 06/24/1996****CASE NUMBER: 96CM245****COURT: WI067023J - WASHINGTON CO CIRCUIT COURT BRANCH 2****CONVICTED OFFENSE:****CHARGE SEQUENCE NUMBER: 02****SENTENCE: FINE****BEGIN DATE: JUNE 24, 1996****COMMENTS:****SENTENCING****DATE: 06/24/1996****CASE NUMBER: 96CM245****COURT: WI067023J - WASHINGTON CO CIRCUIT COURT BRANCH 2****CONVICTED OFFENSE:**

**CLASSIFICATION:**  
**CHARGE SEVERITY: MISDEMEANOR**

## **DISPOSITION**

**LITERAL: CONVICTED**  
**DISPOSITION DATE: 11/22/1996**  
**DISPOSITION: CONVICTED**

## **SENTENCING**

**DATE: 11/22/1996**  
**CASE NUMBER: 96CM1133**  
**COURT: WI060033J - SHEBOYGAN CO CIRCUIT COURT BRANCH 2**  
**CONVICTED OFFENSE:**  
**CHARGE SEQUENCE NUMBER: 01**  
**SENTENCE: PROBATION**  
**BEGIN DATE: NOVEMBER 22, 1996**  
**LENGTH: 1 YEAR**  
**COMMENTS:**

## **SENTENCING**

**DATE: 11/22/1996**  
**CASE NUMBER: 96CM1133**  
**COURT: WI060033J - SHEBOYGAN CO CIRCUIT COURT BRANCH 2**  
**CONVICTED OFFENSE:**  
**CHARGE SEQUENCE NUMBER: 01**  
**SENTENCE: FINE**  
**BEGIN DATE: NOVEMBER 22, 1996**  
**COMMENTS:**

## **SENTENCING**

**DATE: 11/22/1996**  
**CASE NUMBER: 96CM1133**  
**COURT: WI060033J - SHEBOYGAN CO CIRCUIT COURT BRANCH 2**  
**CONVICTED OFFENSE:**  
**CHARGE SEQUENCE NUMBER: 01**  
**SENTENCE: COMMUNITY SERVICE**  
**BEGIN DATE: NOVEMBER 22, 1996**  
**COMMENTS:**

## **CYCLE 04**

**EARLIEST EVENT DATE: 07/08/2000**

**DATE OF OFFENSE: 07/08/2000**

**SUBJECT NAME: JULIE ANN OLESZAK**  
**DATE: 08/09/2007**  
**COURT: WI046000J - OZAUKEE CO CIRCUIT COURT**  
**COMMENTS: CCAP DISPOSITION**

## **CHARGE**

**LOCAL IDENTIFICATION NUMBER: 46001000127716**  
**SEQUENCE NUMBER: 01**  
**STATUTE NUMBER: 940.19(1) - BATTERY**  
**STATUTE NUMBER: 968.075 - DOMESTIC ABUSE INCIDENT**  
**LITERAL: BATTERY**  
**NCIC CODE:**  
**COUNTS: 1**  
**CLASSIFICATION:**  
**CHARGE SEVERITY: MISDEMEANOR**

## **DISPOSITION**

**LITERAL: CONVICTED**  
**DISPOSITION DATE: 08/09/2007**  
**DISPOSITION: CONVICTED**

## **SENTENCING**

**DATE: 08/09/2007**  
**CASE NUMBER: 452007CM000452**  
**COURT: WI046000J - OZAUKEE CO CIRCUIT COURT**  
**CONVICTED OFFENSE:**  
**CHARGE SEQUENCE NUMBER: 01**  
**SENTENCE: PROBATION**  
**COMMENTS:**

## **SENTENCING**

**DATE: 08/09/2007**  
**CASE NUMBER: 452007CM000452**  
**COURT: WI046000J - OZAUKEE CO CIRCUIT COURT**  
**CONVICTED OFFENSE:**  
**CHARGE SEQUENCE NUMBER: 01**  
**SENTENCE: PROBATION**  
**BEGIN DATE: AUGUST 09, 2007**  
**SENTENCE INDICATOR: PROBATION BY JUDGMENT**  
**LENGTH: 18 MONTHS**  
**COMMENTS:**

# WI046000J-OZAUKEE CO CIRCUIT COURT

End of Rapsheet



# APPLICATION – OPERATOR/BARTENDER LICENSE

License year: July 1, ~~2022~~ to June 30, ~~2023~~

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, ~~2023~~ 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 be granted to me.

1. New  Renewal  Date filing: 5-7-2023  
Prev. Lic. # 2022-44
2. Name: Shelby Morgan Stadelmayer  
Middle
3. Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_
4. Home Address: 729 Western Ave Random Lake WI 53075  
Street City/State Zip Code
5. Phone Number: 262-416-2033 Ethnicity: White
6. Sex: M  F  Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: West Bend, WI
7. Are you a citizen of the United States Yes  No
8. List all your residences for the past Two years to the date of application:  
729 Western Ave Random Lake WI 53075  
1614 W Sunset Ridge Drive West Bend WI 53090
9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)  
Federal Laws ANYWHERE? \_\_\_\_\_  
Wisconsin State Laws? \_\_\_\_\_  
Laws of ANY other State? \_\_\_\_\_  
Ordinances of the Village of Random Lake? \_\_\_\_\_
10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):  
\_\_\_\_\_  
\_\_\_\_\_
11. Where will you be serving/selling alcohol beverages?  
Business Name: Casey's

Clerk/Treasurer \_\_\_\_\_

[Signature]  
Applicant's Signature

<input type="checkbox"/> APPROVED / /	<input type="checkbox"/> REJECTED / /	<b>Office Use Only</b>
<input checked="" type="checkbox"/> \$ 30.00 – OPERATOR LICENSE		REASON: _____
<input type="checkbox"/> \$ 15.00 – *PROVISIONAL LICENSE (60 DAYS)		<input checked="" type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____    LICENSE #: _____
		<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____    LICENSE #: _____
		*TRAINING CERTIFICATE RECEIVED / /



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: 5/11/2023

Report Date: 5/11/2023

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

Name: **STADELMAYER, SHELBY M**

Date of Birth:

Alias Names:

---

### NOTICE TO EMPLOYERS

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

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

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

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

### NO RECORD FOUND

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

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

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

Village Of



# APPLICATION – OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, 2024, 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 be granted to me.

1. New  Renewal  Date filing: 5/11/23  
Prev. Lic. # \_\_\_\_\_

2. Name: Hannah Leah Hoffman  
Middle

3. Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

4. Home Address: 177 Edmond St Fredonia WI 53021  
Street City/State Zip Code

5. Phone Number: 262-343-0300 Ethnicity: white

6. Sex: M  F  Date of Birth: \_\_\_\_\_ Age: 39 Place of Birth: West Bend WI

7. Are you a citizen of the United States Yes  No

8. List all your residences for the past Two years to the date of application:  
\_\_\_\_\_  
\_\_\_\_\_

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)  
Federal Laws ANYWHERE? No  
Wisconsin State Laws? No  
Laws of ANY other State? No  
Ordinances of the Village of Random Lake? No

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):  
None

11. Where will you be serving/selling alcohol beverages?  
Business Name: Caseys

\_\_\_\_\_  
Clerk/Treasurer

Hannah Hoff  
Applicant's Signature

<input type="checkbox"/> APPROVED ___/___/___	<input type="checkbox"/> REJECTED ___/___/___	<b>Office Use Only</b>	
		REASON: _____	
<input checked="" type="checkbox"/> \$ 30.00 – OPERATOR LICENSE	<input checked="" type="checkbox"/> CASH	<input type="checkbox"/> CHECK # _____	LICENSE #: _____
<input checked="" type="checkbox"/> \$ 15.00 – *PROVISIONAL LICENSE (60 DAYS)	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK # _____	LICENSE #: _____
*TRAINING CERTIFICATE RECEIVED / /			



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

---

Request Date: 5/11/2023

Report Date: 5/11/2023

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

Name: **HOFFMAN, HANNAH**

Date of Birth:

Alias Names:

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### NOTICE TO EMPLOYERS

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

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

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

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

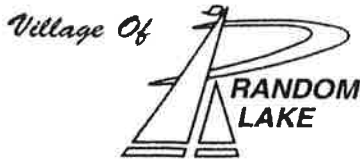
### NO RECORD FOUND

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

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

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





# APPLICATION – OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, 2024, 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 be granted to me.

1. New  Renewal  Date filing: 4/4/23  
 Prev. Lic. # 2022-27

2. Name: MAX ARTHUR WERNER  
First Middle

3. Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

4. Home Address: 215 CARROLL ST RANDOM LAKE WI 53075  
Street City/State Zip Code

5. Phone Number: 920-994-4115 Ethnicity: WHITE

6. Sex: M  F  Date of Birth: \_\_\_\_\_ Age: 64 Place of Birth: PORT WASHINGTON

7. Are you a citizen of the United States Yes  No

8. List all your residences for the past Two years to the date of application:  
N/A

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)

Federal Laws ANYWHERE? \_\_\_\_\_  
 Wisconsin State Laws? X  
 Laws of ANY other State? \_\_\_\_\_  
 Ordinances of the Village of Random Lake? X Bo So PARKING TICKET

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):  
NO SEAT BELT, 1ST & BUTLER 16 YEARS AGO IN FRONT OF MY SHOP WHILE IM WORKING! LIGHTS ON OPEN SIGN PRY OUT.

11. Where will you be serving/selling alcohol beverages?  
 Business Name: BOOZN, RLFD

\_\_\_\_\_  
 Clerk/Treasurer

[Signature]  
 Applicant's Signature

<input type="checkbox"/> APPROVED ___/___/___	<input type="checkbox"/> REJECTED ___/___/___	<b>Office Use Only</b>	
		REASON: _____	
<input type="checkbox"/> \$ 30.00 – OPERATOR LICENSE	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK # _____	LICENSE #: _____
<input type="checkbox"/> \$ 15.00 – *PROVISIONAL LICENSE (60 DAYS)	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK # _____	LICENSE #: _____
*TRAINING CERTIFICATE RECEIVED ___/___/___			



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: **5/10/2023**

Report Date: **5/10/2023**

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

Name: **WERNER, MAX**

Date of Birth:

Alias Names:

---

### NOTICE TO EMPLOYERS

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

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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

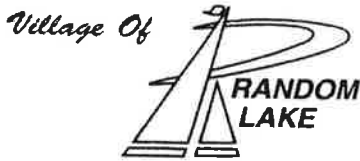
The applicant should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on [The Department of Justice website](#) or by calling (608) 266-7314. A challenge may include a request for comparison of the fingerprints of the person submitting the challenge to 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



# APPLICATION – OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, 2024, 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 be granted to me.

1. New  Renewal  Date filing: 5-15-23  
Prev. Lic. # \_\_\_\_\_

2. Name: Jodi Lynn Juhre  
First Middle Last

3. Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

4. Home Address: 116751 Cedar Valley Rd Fredonia, WI 53021  
Street City/State Zip Code

5. Phone Number: 920-254-1022 Ethnicity: White

6. Sex: M  F  Date of Birth: \_\_\_\_\_ Age: 34 Place of Birth: Sheboygan, WI

7. Are you a citizen of the United States Yes  No

8. List all your residences for the past Two years to the date of application:  
\_\_\_\_\_  
\_\_\_\_\_

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)  
Federal Laws ANYWHERE? NO  
Wisconsin State Laws? NO  
Laws of ANY other State? NO  
Ordinances of the Village of Random Lake? NO

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):  
\_\_\_\_\_  
\_\_\_\_\_

11. Where will you be serving/selling alcohol beverages?  
Business Name: Globe Lanes

\_\_\_\_\_  
Clerk/Treasurer

Jodi Juhre  
Applicant's Signature

<input type="checkbox"/> APPROVED ___/___/___	<input type="checkbox"/> REJECTED ___/___/___	<b>Office Use Only</b>	
		REASON: _____	
<input checked="" type="checkbox"/> \$ 30.00 – OPERATOR LICENSE	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK # <u>10324</u>	LICENSE #: _____
<input type="checkbox"/> \$ 15.00 – *PROVISIONAL LICENSE (60 DAYS)	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK # _____	LICENSE #: _____
*TRAINING CERTIFICATE RECEIVED / /			



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: 5/16/2023

Report Date: 5/16/2023

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

Name: **JUHRE, JODI L**

Date of Birth:

Alias Names:

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### NOTICE TO EMPLOYERS

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

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

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

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

### NO RECORD FOUND

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

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

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# APPLICATION – OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

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1. New  Renewal  Date filing: 5/5/23  
 Prev. Lic. # 2021-32
2. Name: Nicole Ann Hoffender  
First Middle Last
3. Social Security No.: \_\_\_\_\_ Driver's License # \_\_\_\_\_
4. Home Address: 254 Mares Way Random Lake, WI 53075  
Street City/State Zip Code
5. Phone Number: 920 946 2119 Ethnicity: White
6. Sex: M  F  Date of Birth: \_\_\_\_\_ Age: 35 Place of Birth: Port Washington WI
7. Are you a citizen of the United States Yes  No
8. List all your residences for the past Two years to the date of application:
- 
- 

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)
- Federal Laws ANYWHERE? \_\_\_\_\_  
 Wisconsin State Laws? \_\_\_\_\_  
 Laws of ANY other State? \_\_\_\_\_  
 Ordinances of the Village of Random Lake? \_\_\_\_\_

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):

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11. Where will you be serving/selling alcohol beverages?  
 Business Name: Globe Lanes

\_\_\_\_\_  
 Clerk/Treasurer

N Hoffender  
 Applicant's Signature

<input type="checkbox"/> APPROVED ___/___/___ <input type="checkbox"/> REJECTED ___/___/___ <input type="checkbox"/> \$ 30.00 – OPERATOR LICENSE <input type="checkbox"/> \$ 15.00 – *PROVISIONAL LICENSE (60 DAYS)	<b>Office Use Only</b> REASON: _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____    LICENSE #: _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____    LICENSE #: _____ *TRAINING CERTIFICATE RECEIVED ___ / ___ / ___
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STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: **5/16/2023**

Report Date: **5/16/2023**

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

Name: **HOFTENDER, NICOLE A**

Date of Birth:

Alias Names:

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### NOTICE TO EMPLOYERS

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

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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

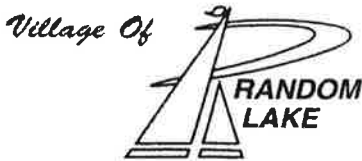
The applicant should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on [The Department of Justice website](#) or by calling (608) 266-7314. A challenge may include a request for comparison of the fingerprints of the person submitting the challenge to 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:

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

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# APPLICATION – OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

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1. New  Renewal  Date filing: 5/5/23  
 Prev. Lic. # 2021-37

2. Name: Chad Robert Hofstender  
Middle

3. Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

4. Home Address: 254 Maries Way Random Lake, WI 53075  
Street City/State Zip Code

5. Phone Number: 414-239-1840 Ethnicity: CAUC

6. Sex:  M  F Date of Birth: \_\_\_\_\_ Age: 38 Place of Birth: Piquette IA

7. Are you a citizen of the United States Yes  No

8. List all your residences for the past Two years to the date of application:  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)

Federal Laws ANYWHERE? \$  
 Wisconsin State Laws? \$  
 Laws of ANY other State? \$  
 Ordinances of the Village of Random Lake? \$

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Where will you be serving/selling alcohol beverages?  
 Business Name: Globe lanes

\_\_\_\_\_  
 Clerk/Treasurer

Chad Robert Hofstender  
 Applicant's Signature

<input type="checkbox"/> APPROVED ___/___/___	<input type="checkbox"/> REJECTED ___/___/___	<b>Office Use Only</b>	
		REASON: _____	
<input type="checkbox"/> \$ 30.00 – OPERATOR LICENSE	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK # _____	LICENSE #: _____
<input type="checkbox"/> \$ 15.00 – *PROVISIONAL LICENSE (60 DAYS)	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK # _____	LICENSE #: _____
*TRAINING CERTIFICATE RECEIVED / /			



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: **5/16/2023**

Report Date: **5/16/2023**

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

Name: **HOFTENDER, CHAD R**

Date of Birth:

Alias Names:

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#### 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.

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RECORD LAST UPDATED: 06/06/2007

**IDENTIFICATION****CHAD R HOFTENDER****Male/White****Born in IOWA; Citizen of USA****07/24/1984 ,****Height: 5'06" Weight: 145lbs;****Eye Color: Hazel; Hair Color: Brown****58 N IOWA ST MINERAL POINT, WI****STATE ID: WI991406****OFFENDER NOTICE:****ALIAS NAMES/FRAUDULENT DATA: Alias Names: CHAD M HOFTENDER,****PHOTO INFORMATION:****08/11/2003 WI0220500 PLATTEVILLE POLICE DEPARTMENT**

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**CRIMINAL HISTORY****CYCLE 01****EARLIEST EVENT DATE: 08/11/2003****DATE OF OFFENSE: 08/11/2003****ARREST TRACKING NUMBER: 22056014****ARREST DATA****SUBJECT NAME: CHAD R HOFTENDER****TYPE: ADULT ONLY****DATE: 08/11/2003****CASE NUMBER: 2003957****ARREST AGENCY: WI0220500 PLATTEVILLE POLICE DEPARTMENT****CHARGE****SEQUENCE NUMBER: 01****STATUTE NUMBER: 125.07(4)(B) - UNDERAGE DRINKING-  
POSSESS/CONSUME****LITERAL: UNDERAGE DRINKING-POSSESS/CONSUME****NCIC CODE: 4199****COUNTS: 1****CLASSIFICATION:****CHARGE SEVERITY: NON-CRIMINAL****PROSECUTION**

**CASE NUMBER:**  
**PROSECUTOR: UNKNOWN**

**CHARGE**

**LOCAL IDENTIFICATION NUMBER: 22056014**  
**SEQUENCE NUMBER: 01**  
**STATUTE NUMBER: 125.07(4)(B) - UNDERAGE DRINKING-POSSESS/CONSUME**  
**LITERAL: UNDERAGE DRINKING-POSSESS/CONSUME**  
**NCIC CODE: 4199**  
**COUNTS: 1**  
**CLASSIFICATION:**  
**CHARGE SEVERITY: NON-CRIMINAL**

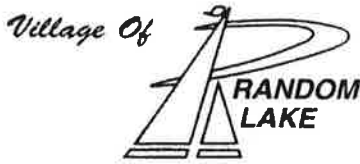
**DISPOSITION**

**LITERAL: DISMISSED**  
**DISPOSITION DATE: 08/11/2003**  
**DISPOSITION: NO PROSECUTION**

**CONTRIBUTING AGENCIES**

**WI0220500-PLATTEVILLE POLICE DEPARTMENT**  
**UNKNOWN-UNKNOWN**

End of Rapsheet



# APPLICATION – OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

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1. New  Renewal  Date filing: 5/16/23  
 Prev. Lic. # 2021-31
2. Name: Donna Arlene Birenbaum  
First Middle
3. Social Security No.: \_\_\_\_\_ Driver's License No. \_\_\_\_\_
4. Home Address: W3703 Jay Rd Fredonia 53021  
Street City/State Zip Code
5. Phone Number: 920-254-4459 Ethnicity: \_\_\_\_\_
6. Sex: M  F  Age: 64 Place of Birth: Oraukee Co.
7. Are you a citizen of the United States Yes  No
8. List all your residences for the past Two years to the date of application:  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)
 

Federal Laws ANYWHERE?	_____
Wisconsin State Laws?	_____
Laws of ANY other State?	_____
Ordinances of the Village of Random Lake?	_____

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Where will you be serving/selling alcohol beverages?  
 Business Name: Globe Lanes

\_\_\_\_\_  
 Clerk/Treasurer

Janice A Birenbaum  
 Applicant's Signature

<input type="checkbox"/> APPROVED ___/___/___ <input type="checkbox"/> REJECTED ___/___/___ <input type="checkbox"/> \$ 30.00 – OPERATOR LICENSE <input type="checkbox"/> \$ 15.00 – *PROVISIONAL LICENSE (60 DAYS)	<p style="text-align: center;"><b>Office Use Only</b></p> REASON: _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____    LICENSE #: _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____    LICENSE #: _____ *TRAINING CERTIFICATE RECEIVED    /    /
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STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: **5/16/2023**

Report Date: **5/16/2023**

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

Name: **BIRENBAUM, DONNA A**

Date of Birth:

Alias Names:

---

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2. The process for submitting a challenge

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### NO RECORD FOUND

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# APPLICATION – OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

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1. New  Renewal  Date filing: 04/04/23  
 Prev. Lic. # ~~2021-07~~ 2022-07

2. Name: Marcus R Demler  
First Middle Last

3. Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

4. Home Address: W5588 Colony Dr Random Lake/WI 53075  
Street City/State Zip Code

5. Phone Number: 920-980-8330 Ethnicity: White

6. Sex: M  F  Date of Birth: \_\_\_\_\_ Age: 43 Place of Birth: Sheboygan

7. Are you a citizen of the United States Yes  No

8. List all your residences for the past Two years to the date of application:  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)

Federal Laws ANYWHERE? No  
 Wisconsin State Laws? Yes  
 Laws of ANY other State? No  
 Ordinances of the Village of Random Lake? No

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):  
DUI - 01/2010 - Sheboygan County  
Buying Alcohol for Minors - 2000ish - Brown County

11. Where will you be serving/selling alcohol beverages?  
 Business Name: Globe Lanes

\_\_\_\_\_  
 Clerk/Treasurer

Marcus Demler  
 Applicant's Signature

<input type="checkbox"/> APPROVED ___/___/___ <input type="checkbox"/> REJECTED ___/___/___		<b>Office Use Only</b>	
		REASON: _____	
<input type="checkbox"/> \$ 30.00 – OPERATOR LICENSE	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK # _____	LICENSE #: _____
<input type="checkbox"/> \$ 15.00 – *PROVISIONAL LICENSE (60 DAYS)	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK # _____	LICENSE #: _____
*TRAINING CERTIFICATE RECEIVED    /    /			



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

---

Request Date: **5/16/2023**

Report Date: **5/16/2023**

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

Name: **DEMLER, MARCUS R**

Date of Birth: \*

Alias Names:

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### 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:

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RECORD LAST UPDATED: 03/22/2020

**IDENTIFICATION****MARCUS RAY DEMLER****Male/White****Born in WISCONSIN; Citizen of USA****07/22/1979 ,****Height: 5'04" Weight: 220lbs;****Eye Color: Brown; Hair Color: Brown****714 WESTERN AVE RANDOM LAKE, WI****STATE ID: WI1353516****OFFENDER NOTICE:****PHOTO INFORMATION:****01/08/2012 WI0600000 SHEBOYGAN COUNTY SHERIFF**

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**CRIMINAL HISTORY****CYCLE 01****EARLIEST EVENT DATE: 01/08/2012****DATE OF OFFENSE: 01/08/2012****ARREST TRACKING NUMBER: 60001201080087****ARREST DATA****LOCAL IDENTIFICATION NUMBER: 43518****SUBJECT NAME: MARCUS RAY DEMLER****TYPE: ADULT ONLY****DATE: 01/08/2012****ARREST AGENCY: WI0600000 SHEBOYGAN COUNTY SHERIFF****CHARGE****SEQUENCE NUMBER: 01****STATUTE NUMBER: 346.63(1)(A) - OPERATING WHILE INTOXICATED****LITERAL: OPERATING WHILE INTOXICATED****NCIC CODE: 5404****COUNTS: 1****CLASSIFICATION:****CHARGE SEVERITY: NON-CRIMINAL****COURT****SUBJECT NAME: MARCUS RAY DEMLER**

**DATE:** 02/15/2012

**COURT:** WI060000J - SHEBOYGAN CO CIRCUIT COURT

**COMMENTS:** CCAP DISPOSITION

## **CHARGE**

**LOCAL IDENTIFICATION NUMBER:** 60001201080087

**SEQUENCE NUMBER:** 01

**STATUTE NUMBER:** 346.63(1)(A) - OPERATING WHILE INTOXICATED

**LITERAL:** OPERATING WHILE INTOXICATED

**NCIC CODE:**

**COUNTS:** 1

**CLASSIFICATION:**

**CHARGE SEVERITY:** NON-CRIMINAL

## **DISPOSITION**

**LITERAL:** CONVICTED

**DISPOSITION DATE:** 02/15/2012

**DISPOSITION:** CONVICTED

## **SENTENCING**

**DATE:** 02/15/2012

**CASE NUMBER:** 592012TR000133

**COURT:** WI060000J - SHEBOYGAN CO CIRCUIT COURT

**CONVICTED OFFENSE:**

**CHARGE SEQUENCE NUMBER:** 01

**SENTENCE:** FINE

**COMMENTS:** PAYMENT PLAN OF \$50.00 PER MONTH COMMENCING ON 7/1/2012

## **SENTENCING**

**DATE:** 02/15/2012

**CASE NUMBER:** 592012TR000133

**COURT:** WI060000J - SHEBOYGAN CO CIRCUIT COURT

**CONVICTED OFFENSE:**

**CHARGE SEQUENCE NUMBER:** 01

**SENTENCE:** LICENSE REVOKED

**BEGIN DATE:** FEBRUARY 15, 2012

**LENGTH:** 8 MONTHS

**COMMENTS:**

## **SENTENCING**

**DATE:** 02/15/2012  
**CASE NUMBER:** 592012TR000133  
**COURT:** WI060000J - SHEBOYGAN CO CIRCUIT COURT  
**CONVICTED OFFENSE:**  
**CHARGE SEQUENCE NUMBER:** 01  
**SENTENCE:** IGNITION INTERLOCK  
**LENGTH:** 12 MONTHS  
**COMMENTS:**

**SENTENCING**

**DATE:** 02/15/2012  
**CASE NUMBER:** 592012TR000133  
**COURT:** WI060000J - SHEBOYGAN CO CIRCUIT COURT  
**CONVICTED OFFENSE:**  
**CHARGE SEQUENCE NUMBER:** 01  
**SENTENCE:** ALCOHOL ASSESSMENT  
**COMMENTS:**

**CONTRIBUTING AGENCIES**

**WI0600000-SHEBOYGAN COUNTY SHERIFF**  
**WI060000J-SHEBOYGAN CO CIRCUIT COURT**

End of Rapsheet



APPLICATION – OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, 2024, 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 be granted to me.

1. New [ ] Renewal [x] Date filing: 04/04/23
Prev. Lic. # 2022-06

2. Name: Amy Marie Demler
First Middle Last

3. Social Security No.: Driver's License No.:

4. Home Address: W5588 Colony Dr Random Lake/WI 53075
Street City/State Zip Code

5. Phone Number: 262-893-9529 Ethnicity: White

6. Sex: M [ ] F [x] Date of Birth: Age: 43 Place of Birth: Port Washington

7. Are you a citizen of the United States Yes [x] No [ ]

8. List all your residences for the past Two years to the date of application:

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)
Federal Laws ANYWHERE? NO
Wisconsin State Laws? NO
Laws of ANY other State? NO
Ordinances of the Village of Random Lake? NO

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):

11. Where will you be serving/selling alcohol beverages?
Business Name: Globe Lanes

Clerk/Treasurer

Amy M Demler
Applicant's Signature

Office Use Only
[ ] APPROVED [ ] REJECTED
REASON:
[ ] \$ 30.00 - OPERATOR LICENSE [ ] CASH [ ] CHECK # [ ] LICENSE #:
[ ] \$ 15.00 - \*PROVISIONAL LICENSE (60 DAYS) [ ] CASH [ ] CHECK # [ ] LICENSE #:
\*TRAINING CERTIFICATE RECEIVED / /



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: **5/16/2023**

Report Date: **5/16/2023**

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

Name: **DEMLER, AMY M**

Date of Birth:

Alias Names:

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### NOTICE TO EMPLOYERS

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

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

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

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

### NO RECORD FOUND

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

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

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



# APPLICATION – OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, 2024, 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 be granted to me.

1. New  Renewal  Prev. Lic. # 2022-34 Date filing: 5/15/23
2. Name: Scott D Caravanaugh  
First Middle
3. Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_
4. Home Address: N 270 Random Lake Rd. Random Lake, WI 53075  
Street City/State Zip Code
5. Phone Number: 920-946-1452 Ethnicity: White
6. Sex: M  F  Date of Birth: \_\_\_\_\_ Age: 38 Place of Birth: Port Washington WI
7. Are you a citizen of the United States Yes  No
8. List all your residences for the past Two years to the date of application:  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)
 

Federal Laws ANYWHERE?	<u>NO</u>
Wisconsin State Laws?	<u>NO</u>
Laws of ANY other State?	<u>NO</u>
Ordinances of the Village of Random Lake?	<u>NO</u>

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Where will you be serving/selling alcohol beverages?  
 Business Name: Globe Lanes

\_\_\_\_\_  
 Clerk/Treasurer Scott Caravanaugh  
Applicant's Signature

<input type="checkbox"/> APPROVED ___/___/___ <input type="checkbox"/> REJECTED ___/___/___ <input type="checkbox"/> \$ 30.00 – OPERATOR LICENSE <input type="checkbox"/> \$ 15.00 – *PROVISIONAL LICENSE (60 DAYS)	<b>Office Use Only</b> REASON: _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____    LICENSE #: _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____    LICENSE #: _____ *TRAINING CERTIFICATE RECEIVED    /    /
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STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

---

Request Date: **5/16/2023**

Report Date: **5/16/2023**

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

Name: **CAVANAUGH, SCOTT D**

Date of Birth:

Alias Names:

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### NOTICE TO EMPLOYERS

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

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2. The process for submitting a challenge

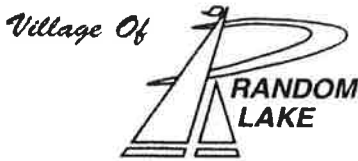
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### NO RECORD FOUND

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

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



# APPLICATION – OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

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1. New  Renewal  Date filing: 5/16/23  
 Prev. Lic. # X

2. Name: Bobbie JO M Plouf  
First Middle Last

3. Social Security No.:                      Operator's License No.:                     

4. Home Address: 138 E Shore Dr Random Lake WI 53075  
Street City/State Zip Code

5. Phone Number: (262) 689-9572 Ethnicity:                     

6. Sex: M  F  Date of Birth:                      Age: 36 Place of Birth: Port Washington

7. Are you a citizen of the United States Yes  No

8. List all your residences for the past Two years to the date of application:  
                      
                    

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)

Federal Laws ANYWHERE?                       
 Wisconsin State Laws?                       
 Laws of ANY other State?                       
 Ordinances of the Village of Random Lake?                     

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):  
                      
                    

11. Where will you be serving/selling alcohol beverages?  
 Business Name: Globe Lanes

\_\_\_\_\_  
 Clerk/Treasurer

Bobbie Plouf  
 Applicant's Signature

<input type="checkbox"/> APPROVED ___/___/___	<input type="checkbox"/> REJECTED ___/___/___	<b>Office Use Only</b>	
		REASON: _____	
<input type="checkbox"/> \$ 30.00 – OPERATOR LICENSE	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK # _____	LICENSE #: _____
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*TRAINING CERTIFICATE RECEIVED / /			



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

---

Request Date: **5/16/2023**

Report Date: **5/16/2023**

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

Name: **PLOOF, BOBBIE JO M**

Date of Birth:

Alias Names:

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### NOTICE TO EMPLOYERS

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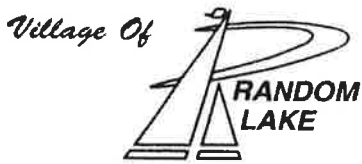
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# APPLICATION – OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

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1. New  Renewal  Date filing: 5-15-23  
 Prev. Lic. # \_\_\_\_\_

2. Name: Kelly I Morgan  
First Middle Last

3. Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

4. Home Address: 59 Butler St Random Lake 53075  
Street City/State Zip Code

5. Phone Number: 20447-9506 Ethnicity: \_\_\_\_\_

6. Sex: M  F  Date of Birth: \_\_\_\_\_ Age: 56 Place of Birth: Shep Co

7. Are you a citizen of the United States Yes  No

8. List all your residences for the past Two years to the date of application:  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)  
 Federal Laws ANYWHERE? \_\_\_\_\_  
 Wisconsin State Laws? \_\_\_\_\_  
 Laws of ANY other State? \_\_\_\_\_  
 Ordinances of the Village of Random Lake? \_\_\_\_\_

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Where will you be serving/selling alcohol beverages?  
 Business Name: 6/10th laws

\_\_\_\_\_  
 Clerk/Treasurer

Kelly Morgan  
 Applicant's Signature

<input type="checkbox"/> APPROVED ___/___/___ <input type="checkbox"/> REJECTED ___/___/___ <input type="checkbox"/> \$ 30.00 – OPERATOR LICENSE <input type="checkbox"/> \$ 15.00 – *PROVISIONAL LICENSE (60 DAYS)	<b>Office Use Only</b> REASON: _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____    LICENSE #: _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____    LICENSE #: _____ *TRAINING CERTIFICATE RECEIVED    /    /
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STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

---

Request Date: **5/16/2023**

Report Date: **5/16/2023**

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

Name: **MORGAN, KELLY I**

Date of Birth:

Alias Names:

---

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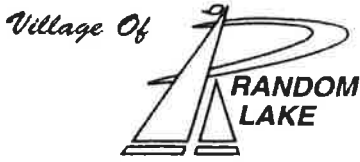
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APPLICATION – OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, 2024, 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 be granted to me.

- 1. New [ ] Renewal [X] Date filing: May 9, 2023
Prev. Lic. # 2022-04
2. Name: JOHN FRANCIS BURMESCH
3. Social Security No.: Driver's License No.:
4. Home Address: 309 5TH ST. RANDOM LAKE, WI 53075
5. Phone Number: 920-994-9010 Ethnicity: WHITE
6. Sex: M [X] F [ ] Date of Birth: Age: 65 Place of Birth: SHEBOYGAN, WI
7. Are you a citizen of the United States Yes [X] No [ ]
8. List all your residences for the past Two years to the date of application: 309 5T ST RANDOM LAKE

- 9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)
Federal Laws ANYWHERE? NO
Wisconsin State Laws? NO
Laws of ANY other State? NO
Ordinances of the Village of Random Lake? NO

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):

11. Where will you be serving/selling alcohol beverages?
Business Name: BURMESCHA VARIETY STORE

Clerk/Treasurer

John F Burmesch
Applicant's Signature

Office Use Only
REASON:
[ ] APPROVED [ ] REJECTED
[X] \$ 30.00 - OPERATOR LICENSE
[ ] \$ 15.00 - \*PROVISIONAL LICENSE (60 DAYS)
[ ] CASH [X] CHECK # 12346 LICENSE #:
[ ] CASH [ ] CHECK # LICENSE #:
\*TRAINING CERTIFICATE RECEIVED / /



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: **5/8/2023**

Report Date: **5/8/2023**

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

Name: **BURMESCH, JOHN F**

Date of Birth:

Alias Names:

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### NOTICE TO EMPLOYERS

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

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

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

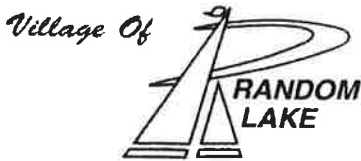
The applicant should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on [The Department of Justice website](#) or by calling (608) 266-7314. A challenge may include a request for comparison of the fingerprints of the person submitting the challenge to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

### NO RECORD FOUND

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

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

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



# APPLICATION – OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, 2024, 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 be granted to me.

1. New  Renewal  Date filing: 4/3/23  
Prev. Lic. # 202276
2. Name: Aaron Robert Schmit  
First Middle Last
3. Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_
4. Home Address: 614 N Spring St Random Lake WI 53075  
Street City/State Zip Code
5. Phone Number: (920) 254-6047 Ethnicity: Caucasian
6. Sex: M  F  Date of Birth: \_\_\_\_\_ Age: 39 Place of Birth: Port Washington
7. Are you a citizen of the United States Yes  No
8. List all your residences for the past Two years to the date of application:  
\_\_\_\_\_  
\_\_\_\_\_

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)

Federal Laws ANYWHERE? NO  
Wisconsin State Laws? NO YES  
Laws of ANY other State? YES  
Ordinances of the Village of Random Lake? NO

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):  
Speeding tickets, failure to stop at a stop sign, failure to stop at a red light

11. Where will you be serving/selling alcohol beverages?

Business Name: Trustees of the Random Lake Fire Dept

\_\_\_\_\_  
Clerk/Treasurer

[Signature]  
Applicant's Signature

<input type="checkbox"/> APPROVED ___/___/___ <input type="checkbox"/> REJECTED ___/___/___ <input checked="" type="checkbox"/> \$ 30.00 – OPERATOR LICENSE <input type="checkbox"/> \$ 15.00 – *PROVISIONAL LICENSE (60 DAYS)	<b>Office Use Only</b> REASON: _____ <input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK # <u>8105</u> LICENSE #: _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____    LICENSE #: _____ *TRAINING CERTIFICATE RECEIVED    /    /
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STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: **5/5/2023**

Report Date: **5/5/2023**

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

Name: **SCHMIT, AARON R**

Date of Birth:

Alias Names:

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### NOTICE TO EMPLOYERS

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

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

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

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

### NO RECORD FOUND

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

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

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



APPLICATION – OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

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1. New [ ] Renewal [X] Prev. Lic. # 0P19-76 or 0P22-54 Date filing: 4/10/23
2. Name: Nicole Ann Paulus
3. Social Security No.: Driver's License No.:
4. Home Address: 2500 Hickory Grove Rd Belgium WI 53004
5. Phone Number: 262-689-1791 Ethnicity: White
6. Sex: M [ ] F [X] Date of Birth: Age: 28 Place of Birth: Sheboygan, WI
7. Are you a citizen of the United States Yes [X] No [ ]
8. List all your residences for the past Two years to the date of application: 3920 W 78th Way Westminster, CO 80030 (student)

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)
Federal Laws ANYWHERE? No
Wisconsin State Laws? No
Laws of ANY other State? No
Ordinances of the Village of Random Lake? No

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):

11. Where will you be serving/selling alcohol beverages?
Business Name: Keggers

Clerk/Treasurer Applicant's Signature Nicole Paulus

Office Use Only
[ ] APPROVED [ ] REJECTED
[ ] \$ 30.00 - OPERATOR LICENSE [X] CASH [ ] CHECK # LICENSE #:
[ ] \$ 15.00 - \*PROVISIONAL LICENSE (60 DAYS) [ ] CASH [ ] CHECK # LICENSE #:
\*TRAINING CERTIFICATE RECEIVED / /



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

Request Date: **5/5/2023**

Report Date: **5/5/2023**

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

Name: **PAULUS, NICOLE A**

Date of Birth: .

Alias Names:

### NOTICE TO EMPLOYERS

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

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

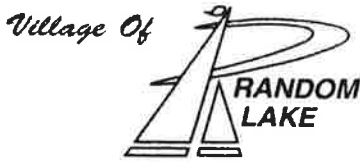
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### NO RECORD FOUND

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

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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.

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# APPLICATION – OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

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1. New  Renewal  Date filing: APRIL 4, 2023  
 Prev. Lic. # 2022-3

2. Name: MATTHEW GEORGE BROCKMEIER  
 First Middle

3. Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

4. Home Address: 75 STATE HIGHWAY 144/PO Box 23 RANDOM LAKE WI 53075  
 Street City/State Zip Code

5. Phone Number: 920-254-0408 Ethnicity: EUROPEAN AMERICAN

6. Sex: M  F  Date of Birth: \_\_\_\_\_ Age: 68 Place of Birth: CHICAGO, ILLINOIS

7. Are you a citizen of the United States Yes  No

8. List all your residences for the past Two years to the date of application:  
75 STATE HIGHWAY 144, RANDOM LAKE WI 53075

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)  
 Federal Laws ANYWHERE? NO  
 Wisconsin State Laws? YES  
 Laws of ANY other State? YES  
 Ordinances of the Village of Random Lake? NO

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):  
TRAFFIC VIOLATION, DRUG TRAF 75 YEAR AGO.

11. Where will you be serving/selling alcohol beverages?  
 Business Name: N/A

Clerk/Treasurer

Applicant's Signature

<input type="checkbox"/> APPROVED ___/___/___ <input type="checkbox"/> REJECTED ___/___/___ <input checked="" type="checkbox"/> \$ 30.00 – OPERATOR LICENSE <input type="checkbox"/> \$ 15.00 – *PROVISIONAL LICENSE (60 DAYS)	<b>Office Use Only</b> REASON: _____ <input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK # <u>3816</u> LICENSE #: _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ LICENSE #: _____ *TRAINING CERTIFICATE RECEIVED / /
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STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: **5/5/2023**

Report Date: **5/5/2023**

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

Name: **BROCKMEIER, MATTHEW G**

Date of Birth: **2/14/1955**

Alias Names:

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### NOTICE TO EMPLOYERS

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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

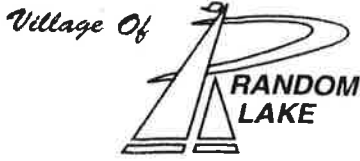
The applicant should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on [The Department of Justice website](#) or by calling [\(608\) 266-7314](#). A challenge may include a request for comparison of the fingerprints of the person submitting the challenge 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



APPLICATION - OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

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1. New  Renewal  Date filing: 4/4/23

2. Name: Alana Marie Loman

3. Social Security No.: Driver's License No.

4. Home Address: 11404 Lower Smies Rd. Oostburg, WI 53070

5. Phone Number: 720-254-3217 Ethnicity: Caucasian

6. Sex: M  F  Date of Birth: Age: 30 Place of Birth: Milwaukee

7. Are you a citizen of the United States Yes  No

8. List all your residences for the past Two years to the date of application: 11404 Lower Smies Rd. Oostburg, WI 53070

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)

Federal Laws ANYWHERE? No
Wisconsin State Laws? No
Laws of ANY other State? No
Ordinances of the Village of Random Lake? No

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet): None

11. Where will you be serving/selling alcohol beverages? Business Name: Keggers Bar & Grill

Clerk/Treasurer

Applicant's Signature

Office Use Only
REASON:
APPROVED / / / REJECTED / / /
\$ 30.00 - OPERATOR LICENSE
\$ 15.00 - \*PROVISIONAL LICENSE (60 DAYS)
CASH CHECK # LICENSE #
\*TRAINING CERTIFICATE RECEIVED / /



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: **5/5/2023**

Report Date: **5/5/2023**

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

Name: **LOMAN, ALANA M**

Date of Birth: **4/11/1992**

Alias Names:

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#### 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: 04/19/2023

**IDENTIFICATION****ALANA MARIE LOMAN****Female/White****Born in WISCONSIN; Citizen of USA****04/11/1992 ,****Height: 5'03" Weight: 175lbs;****Eye Color: Green; Hair Color: Blonde Or  
Strawberry****17 CENTER AVE CEDAR GROVE, WI****STATE ID: WI1207012****OFFENDER NOTICE:****ALIAS NAMES/FRAUDULENT DATA: Alias Names: ALANA MARIE LOMAN,  
ALANE MARIE LOMAN,****PHOTO INFORMATION:****01/01/2013 WI0460000 OZAUKEE COUNTY SHERIFF****11/16/2011 WI0410300 CUDAHY PD**

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**CRIMINAL HISTORY****CYCLE 01****EARLIEST EVENT DATE: 11/16/2011****DATE OF OFFENSE: 11/16/2011****ARREST TRACKING NUMBER: 41032000022966****ARREST DATA****SUBJECT NAME: ALANA MARIE LOMAN****TYPE: ADULT ONLY****DATE: 11/16/2011****CASE NUMBER: 11.15766****ARREST AGENCY: WI0410305 CUDAHY PD****CHARGE****SEQUENCE NUMBER: 01****STATUTE NUMBER: SFP2.16(2)(A) - POSSESS MARIJUANA****LITERAL: POSSESS MARIJUANA****NCIC CODE: 3562****COUNTS: 1****CLASSIFICATION:****CHARGE SEVERITY: NON-CRIMINAL**

**CHARGE****SEQUENCE NUMBER:** 02**STATUTE NUMBER:** 961.573(1) - Possess Drug Paraphernalia**LITERAL:** Possess Drug Paraphernalia**NCIC CODE:** 3550**COUNTS:** 1**CLASSIFICATION:****CHARGE SEVERITY:** NON-CRIMINAL**COURT****SUBJECT NAME:** ALANA MARIE LOMAN**DATE:** 01/12/2012**COURT:** WI041031J - CUDAHY MUNICIPAL COURT**COMMENTS:****CHARGE****LOCAL IDENTIFICATION NUMBER:** 41032000022966**SEQUENCE NUMBER:** 01**STATUTE NUMBER:** SFP2.16(2)(A) - POSSESS MARIJUANA**LITERAL:** POSSESS MARIJUANA**NCIC CODE:** 3562**COUNTS:** 1**CLASSIFICATION:****CHARGE SEVERITY:** NON-CRIMINAL**DISPOSITION****LITERAL:** CONVICTED**DISPOSITION DATE:** 01/12/2012**DISPOSITION:** CONVICTED**CHARGE****LOCAL IDENTIFICATION NUMBER:** 41032000022966**SEQUENCE NUMBER:** 02**STATUTE NUMBER:** 961.573(1) - Possess Drug Paraphernalia**LITERAL:** Possess Drug Paraphernalia**NCIC CODE:** 3550**COUNTS:** 1**CLASSIFICATION:****CHARGE SEVERITY:** NON-CRIMINAL**DISPOSITION**

**LITERAL: CONVICTED**  
**DISPOSITION DATE: 01/12/2012**  
**DISPOSITION: CONVICTED**

## **SENTENCING**

**DATE: 01/12/2012**  
**CASE NUMBER: 338021288**  
**COURT: WI041031J - CUDAHY MUNICIPAL COURT**  
**CONVICTED OFFENSE:**  
**CHARGE SEQUENCE NUMBER: 01**  
**SENTENCE: FINE**  
**COMMENTS:**

## **SENTENCING**

**DATE: 01/12/2012**  
**CASE NUMBER: 338021289**  
**COURT: WI041031J - CUDAHY MUNICIPAL COURT**  
**CONVICTED OFFENSE:**  
**CHARGE SEQUENCE NUMBER: 02**  
**SENTENCE: FINE**  
**COMMENTS:**

## **CYCLE 02**

**EARLIEST EVENT DATE: 01/01/2013**  
**DATE OF OFFENSE: 01/01/2013**  
**ARREST TRACKING NUMBER: 46001000281315**

## **ARREST DATA**

**LOCAL IDENTIFICATION NUMBER: 164116**  
**SUBJECT NAME: ALANA MARIE LOMAN**  
**TYPE: ADULT ONLY**  
**DATE: 01/01/2013**  
**ARREST AGENCY: WI0460200 PORT WASHINGTON POLICE DEPT**

## **CHARGE**

**SEQUENCE NUMBER: 01**  
**STATUTE NUMBER: 947.01(1) - DISORDERLY CONDUCT**  
**STATUTE NUMBER: 968.075 - DOMESTIC ABUSE INCIDENT**  
**LITERAL: DISORDERLY CONDUCT**  
**NCIC CODE: 5311**  
**COUNTS: 1**

**CLASSIFICATION:**  
**CHARGE SEVERITY: MISDEMEANOR**

## **PROSECUTION**

**CASE NUMBER:**  
**PROSECUTOR: WI046013A**

## **CHARGE**

**LOCAL IDENTIFICATION NUMBER: 46001000281315**  
**SEQUENCE NUMBER: 01**  
**STATUTE NUMBER: 947.01(1) - DISORDERLY CONDUCT**  
**STATUTE NUMBER: 939.05 - PARTY TO**  
**LITERAL: DISORDERLY CONDUCT**  
**NCIC CODE:**  
**COUNTS: 1**  
**CLASSIFICATION:**  
**CHARGE SEVERITY: MISDEMEANOR**

## **DISPOSITION**

**LITERAL: OTHER**  
**DISPOSITION DATE: 01/04/2013**  
**DISPOSITION: CHARGE ISSUED**

## **COURT**

**SUBJECT NAME: ALANA MARIE LOMAN**  
**DATE: 11/20/2013**  
**COURT: WI046000J - OZAUKEE CO CIRCUIT COURT**  
**COMMENTS: CCAP DISPOSITION - Court case has been expunged from official court record.**

## **CHARGE**

**LOCAL IDENTIFICATION NUMBER: 46001000281315**  
**SEQUENCE NUMBER: 01**  
**STATUTE NUMBER: 947.01(1) - DISORDERLY CONDUCT**  
**STATUTE NUMBER: 939.05 - PARTY TO**  
**LITERAL: DISORDERLY CONDUCT**  
**NCIC CODE:**  
**COUNTS: 1**  
**CLASSIFICATION:**  
**CHARGE SEVERITY: MISDEMEANOR**

**DISPOSITION****LITERAL: CONVICTED****DISPOSITION DATE: 11/20/2013****DISPOSITION: CONVICTED****SENTENCING****DATE: 11/20/2013****CASE NUMBER: 452013CM000122****COURT: WI046000J - OZAUKEE CO CIRCUIT COURT****CONVICTED OFFENSE:****CHARGE SEQUENCE NUMBER: 01****SENTENCE: PROBATION****COMMENTS:****SENTENCING****DATE: 11/20/2013****CASE NUMBER: 452013CM000122****COURT: WI046000J - OZAUKEE CO CIRCUIT COURT****CONVICTED OFFENSE:****CHARGE SEQUENCE NUMBER: 01****SENTENCE: PROBATION****BEGIN DATE: NOVEMBER 20, 2013****SENTENCE INDICATOR: PROBATION BY JUDGMENT****LENGTH: 12 MONTHS****COMMENTS:****SENTENCING****DATE: 11/20/2013****CASE NUMBER: 452013CM000122****COURT: WI046000J - OZAUKEE CO CIRCUIT COURT****CONVICTED OFFENSE:****CHARGE SEQUENCE NUMBER: 01****SENTENCE: COSTS****COMMENTS: \$150 BAIL APPLIED & BALANCE DUE DURING TERM OF SUPERVISION. IF PROBATION IS REVOKED OR DISCHARGED WITH OUTSTANDING FINANCIAL OBLIGATIONS, IN ADDITION TO ALL OTHER ENFORCEMENT SANCTIONS AVAILABLE TO THE COURT, A CIVIL JUDGMENT ENFORCEABLE BY ALL CREDITORS' REMEDIES SHALL BE ENTERED AGAINST THE DEFEN****SENTENCING**

**DATE:** 11/20/2013  
**CASE NUMBER:** 452013CM000122  
**COURT:** WI046000J - OZAUKEE CO CIRCUIT COURT  
**CONVICTED OFFENSE:**  
**CHARGE SEQUENCE NUMBER:** 01  
**SENTENCE:** COURT ORDERED CONDITION  
**COMMENTS:** UPON SUCCESSFUL COMPLETION OF PROBATION AND NO NEW VIOLATIONS RISING TO THE LEVEL OF PROBABLE CAUSE.

## **SENTENCING**

**DATE:** 11/20/2013  
**CASE NUMBER:** 452013CM000122  
**COURT:** WI046000J - OZAUKEE CO CIRCUIT COURT  
**CONVICTED OFFENSE:**  
**CHARGE SEQUENCE NUMBER:** 01  
**SENTENCE:** UNKNOWN SENTENCE CODE  
**COMMENTS:** ANY COUNSELING/TREATMENT DEEMED APPROPRIATE. PAY SUPERVISION FEES.

## **CYCLE 03**

**EARLIEST EVENT DATE:** 03/25/2023  
**DATE OF OFFENSE:** 03/25/2023  
**ARREST TRACKING NUMBER:** 60992303250018

## **ARREST DATA**

**LOCAL IDENTIFICATION NUMBER:** 53419  
**SUBJECT NAME:** ALANA MARIE LOMAN  
**TYPE:** ADULT ONLY  
**DATE:** 03/25/2023  
**CASE NUMBER:** S23-04149  
**ARREST AGENCY:** WI0600000 SHEBOYGAN COUNTY SHERIFF

## **CHARGE**

**SEQUENCE NUMBER:** 01  
**STATUTE NUMBER:** 346.63(1)(A) - Operating While under the Influence  
**LITERAL:** Operating While under the Influence  
**NCIC CODE:** 5499  
**COUNTS:** 1  
**CLASSIFICATION:**  
**CHARGE SEVERITY:** MISDEMEANOR

**CHARGE****SEQUENCE NUMBER: 02****STATUTE NUMBER: 961.573(1) - Possess Drug Paraphernalia****LITERAL: Possess Drug Paraphernalia****NCIC CODE: 3550****COUNTS: 1****CLASSIFICATION:****CHARGE SEVERITY: MISDEMEANOR****CHARGE****SEQUENCE NUMBER: 03****STATUTE NUMBER: 961.41(3G)(E) - Possession of THC****LITERAL: Possession of THC****NCIC CODE: 3562****COUNTS: 1****CLASSIFICATION:****CHARGE SEVERITY: MISDEMEANOR****CHARGE****SEQUENCE NUMBER: 04****STATUTE NUMBER: 961.41(3G)(AM) - Possession of Narcotic Drugs****LITERAL: Possession of Narcotic Drugs****NCIC CODE: 3542****COUNTS: 2****CLASSIFICATION:****CHARGE SEVERITY: FELONY****CHARGE****SEQUENCE NUMBER: 05****STATUTE NUMBER: 941.295(1M) - POSSESSION OF ELECTRIC WEAPON****LITERAL: POSSESSION OF ELECTRIC WEAPON****NCIC CODE: 5203****COUNTS: 1****CLASSIFICATION:****CHARGE SEVERITY: FELONY****PROSECUTION****CASE NUMBER:****PROSECUTOR: WI060013A****CHARGE**



**LOCAL IDENTIFICATION NUMBER:** 60992303250018  
**SEQUENCE NUMBER:** 02  
**STATUTE NUMBER:** 961.573(1) - Possess Drug Paraphernalia  
**LITERAL:** Possess Drug Paraphernalia  
**NCIC CODE:**  
**COUNTS:** 1  
**CLASSIFICATION:**  
**CHARGE SEVERITY:** MISDEMEANOR

## **DISPOSITION**

**LITERAL:** OTHER  
**DISPOSITION DATE:** 03/27/2023  
**DISPOSITION:** CHARGE ISSUED

## **CHARGE**

**LOCAL IDENTIFICATION NUMBER:** 60992303250018  
**SEQUENCE NUMBER:** 03  
**STATUTE NUMBER:** 961.41(3G)(D) - Possess Amphetamine/LSD/Psilocin  
**LITERAL:** Possess Amphetamine/LSD/Psilocin  
**NCIC CODE:**  
**COUNTS:** 1  
**CLASSIFICATION:**  
**CHARGE SEVERITY:** MISDEMEANOR

## **DISPOSITION**

**LITERAL:** OTHER  
**DISPOSITION DATE:** 03/27/2023  
**DISPOSITION:** CHARGE ISSUED

## **CHARGE**

**LOCAL IDENTIFICATION NUMBER:** 60992303250018  
**SEQUENCE NUMBER:** 04  
**STATUTE NUMBER:** 961.41(3G)(B) - Possession of Controlled Substance  
**LITERAL:** Possession of Controlled Substance  
**NCIC CODE:**  
**COUNTS:** 1  
**CLASSIFICATION:**  
**CHARGE SEVERITY:** MISDEMEANOR

## **DISPOSITION**

**LITERAL:** OTHER

**DISPOSITION DATE: 03/27/2023**  
**DISPOSITION: CHARGE ISSUED**

**CHARGE**

**LOCAL IDENTIFICATION NUMBER: 60992303250018**  
**SEQUENCE NUMBER: 05**  
**STATUTE NUMBER: 941.295(1M) - POSSESSION OF ELECTRIC WEAPON**  
**LITERAL: POSSESSION OF ELECTRIC WEAPON**  
**NCIC CODE:**  
**COUNTS: 1**  
**CLASSIFICATION:**  
**CHARGE SEVERITY: FELONY**

**DISPOSITION**

**LITERAL: OTHER**  
**DISPOSITION DATE: 03/27/2023**  
**DISPOSITION: CHARGE ISSUED**

**CHARGE**

**LOCAL IDENTIFICATION NUMBER: 60992303250018**  
**SEQUENCE NUMBER: 06**  
**STATUTE NUMBER: 961.41(3G)(E) - Possession of THC**  
**LITERAL: Possession of THC**  
**NCIC CODE:**  
**COUNTS: 1**  
**CLASSIFICATION:**  
**CHARGE SEVERITY: MISDEMEANOR**

**DISPOSITION**

**LITERAL: OTHER**  
**DISPOSITION DATE: 03/27/2023**  
**DISPOSITION: CHARGE ISSUED**

**CONTRIBUTING AGENCIES**

- WI0460000-OZAUKEE COUNTY SHERIFF**
- WI0410300-CUDAHY PD**
- WI0410305-CUDAHY PD**
- WI0460200-PORT WASHINGTON POLICE DEPT**
- WI046013A-OZAUKEE CO DISTRICT ATTORNEY**
- WI0600000-SHEBOYGAN COUNTY SHERIFF**
- WI060013A-SHEBOYGAN CO DISTRICT ATTORNEY**
- WI041031J-CUDAHY MUNICIPAL COURT**

**WI046000J-OZAUKEE CO CIRCUIT COURT**

End of Rapsheet



APPLICATION - OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, 2024, 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 be granted to me.

1. New [ ] Renewal [X] Prev. Lic. # 2021-25 Date filing: 4-14-2023
2. Name: Lynn M Marver
3. Social Security No.: Driver's License No
4. Home Address: 2831 S. 21st Street Sheboygan / WI 53081
5. Phone Number: 920-377-0072 Ethnicity: caucasian
6. Sex: M [ ] F [X] Date of Birth: 5 Age: 57 Place of Birth: Sheboygan
7. Are you a citizen of the United States Yes [X] No [ ]
8. List all your residences for the past Two years to the date of application: current

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)
Federal Laws ANYWHERE? no
Wisconsin State Laws? no
Laws of ANY other State? no
Ordinances of the Village of Random Lake? no

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):

11. Where will you be serving/selling alcohol beverages?
Business Name: Boozin

Clerk/Treasurer Lynn M Marver Applicant's Signature

Office Use Only
REASON:
[ ] APPROVED [ ] REJECTED
[ ] \$ 30.00 - OPERATOR LICENSE
[ ] \$ 15.00 - \*PROVISIONAL LICENSE (60 DAYS)
[X] CASH [ ] CHECK # LICENSE #:
[ ] CASH [ ] CHECK # LICENSE #:
\*TRAINING CERTIFICATE RECEIVED / /



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: **5/5/2023**

Report Date: **5/5/2023**

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

Name: **MARVER, LYNN M**

Date of Birth: **10/28/1965**

Alias Names:

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### NOTICE TO EMPLOYERS

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

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

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

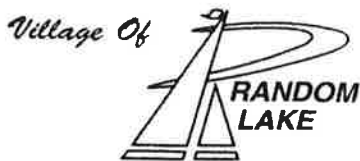
The applicant should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on [The Department of Justice website](#) or by calling (608) 266-7314. A challenge may include a request for comparison of the fingerprints of the person submitting the challenge to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

### NO RECORD FOUND

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

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

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



APPLICATION - OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, 2024, 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 be granted to me.

- 1. New [ ] Renewal [X] Prev. Lic. # 2021-53 Date filing: 04/16/23
2. Name: Dayton Michael Palmer
3. Social Security No.: Driver's License No.:
4. Home Address: 107 Meadow Lakes Dr Random Lake, WI 53075
5. Phone Number: 920-946-7749 Ethnicity: White
6. Sex: M [X] F [ ] Date of Birth: Age: 21 Place of Birth: Sheboygan, WI
7. Are you a citizen of the United States Yes [X] No [ ]
8. List all your residences for the past Two years to the date of application:
958 Jessie Ln, Random Lake, WI 53075
107 Meadow Lakes Dr, Random Lake, WI 53075
9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)
Federal Laws ANYWHERE?
Wisconsin State Laws? [X]
Laws of ANY other State?
Ordinances of the Village of Random Lake?
10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):
Speeding Ticket (Sheboygan County) (-2 years ago)
Resisting/obstructing an officer (Sheboygan County) (-2 months ago)
11. Where will you be serving/selling alcohol beverages?
Business Name: Booz In Sports Bar

Clerk/Treasurer

Applicant's Signature

Office Use Only
[ ] APPROVED [ ] REJECTED
REASON:
[X] CASH [ ] CHECK # LICENSE #:
[ ] CASH [ ] CHECK # LICENSE #:
\*TRAINING CERTIFICATE RECEIVED / /



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: **5/5/2023**

Report Date: **5/5/2023**

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

Name: **PALMER, DAYTON M**

Date of Birth: **5/13/2001**

Alias Names:

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### 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.

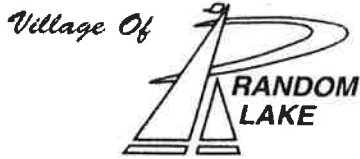
The applicant should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on the Department of Justice website at <http://www.doj.state.wi.us/dles/cib/background-check-criminal-history-information> or by calling (608) 266-7314. A challenge may include a request 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: 04/26/2023

**IDENTIFICATION****DAYTON MICHAEL PALMER****Male/White****Born in WISCONSIN; Citizen of USA****05/13/2001 ,****Height: 5'07" Weight: 120lbs;****Eye Color: Brown; Hair Color: Brown****107 MEADOW LAKES DR RANDOM****LAKE, WI****STATE ID: WI1724059****OFFENDER NOTICE:****PHOTO INFORMATION:**

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**CRIMINAL HISTORY****CYCLE 01****EARLIEST EVENT DATE: 04/22/2023****DATE OF OFFENSE: 04/22/2023****ARREST TRACKING NUMBER: 41502303750117****ARREST DATA****LOCAL IDENTIFICATION NUMBER: 000000575127****SUBJECT NAME: DAYTON MICHAEL PALMER****TYPE: ADULT ONLY****DATE: 04/22/2023****ARREST AGENCY: WI0415000 MILWAUKEE POLICE DEPARTMENT****CHARGE****SEQUENCE NUMBER: 01****STATUTE NUMBER: 947.01(1) - DISORDERLY CONDUCT****LITERAL: DISORDERLY CONDUCT****NCIC CODE: 5311****COUNTS: 1****CLASSIFICATION:****CHARGE SEVERITY: MISDEMEANOR****CONTRIBUTING AGENCIES****WI0415000-MILWAUKEE POLICE DEPARTMENT**



APPLICATION - OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, 2024, 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 be granted to me.

1. New [ ] Renewal [X] Date filing: \_\_\_\_\_

Prev. Lic. # 202255

2. Name: Christopher S. Schmidt

3. Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

4. Home Address: 665 Main St Belgium WI 53007

5. Phone Number: 262 689-2220 Ethnicity: White

6. Sex: M [X] F [ ] Date of Birth: \_\_\_\_\_ Age: 47 Place of Birth: Port Washington

7. Are you a citizen of the United States Yes [X] No [ ]

8. List all your residences for the past Two years to the date of application: 665 Main St Belgium WI 53007

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)

Federal Laws ANYWHERE? NO
Wisconsin State Laws? Yes
Laws of ANY other State? No
Ordinances of the Village of Random Lake? NO

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet): 2017 Milwaukee County Inactive Driving

11. Where will you be serving/selling alcohol beverages? Business Name: BOBE IN

Applicant's Signature

Clerk/Treasurer

Office Use Only
[ ] APPROVED [ ] REJECTED
\$ 30.00 - OPERATOR LICENSE
\$ 15.00 - \*PROVISIONAL LICENSE (60 DAYS)
REASON:
[ ] CASH [ ] CHECK # LICENSE #
\*TRAINING CERTIFICATE RECEIVED



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: **5/10/2023**

Report Date: **5/10/2023**

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

Name: **SCHMIDT, CHRISTOPHER**

Date of Birth

Alias Names:

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### NOTICE TO EMPLOYERS

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

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

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

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

### NO RECORD FOUND

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

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

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



# APPLICATION – OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, 2024, 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 be granted to me.

1. New  Renewal  Date filing: 5-19-23  
 Prev. Lic. # 2022-016
2. Name: JEFFREY HERBERT KREUTZINGER  
First Middle Last
3. Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_
4. Home Address: W5566 COUNTY ROAD 55 RANDOM LAKE WI 53075  
Street City/State Zip Code
5. Phone Number: 920-447-9255 Ethnicity: WHITE
6. Sex: M  F  Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: SHEBOYGAN COUNTY
7. Are you a citizen of the United States Yes  No
8. List all your residences for the past Two years to the date of application:  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)
- |   |            |
|---|------------|
| Federal Laws ANYWHERE?                    | <u>NO</u>  |
| Wisconsin State Laws?                     | <u>YES</u> |
| Laws of ANY other State?                  | <u>NO</u>  |
| Ordinances of the Village of Random Lake? | <u>NO</u>  |

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):
- |            |                  |             |
|------------|------------------|-------------|
| <u>BAC</u> | <u>SHEBOYGAN</u> | <u>2013</u> |
| <u>DUI</u> | <u>SHEBOYGAN</u> | <u>2019</u> |

11. Where will you be serving/selling alcohol beverages?  
 Business Name: KEGGERS

\_\_\_\_\_  
 Clerk/Treasurer

[Signature]  
 Applicant's Signature

<input type="checkbox"/> APPROVED ___/___/___ <input type="checkbox"/> REJECTED ___/___/___ <input type="checkbox"/> \$ 30.00 – OPERATOR LICENSE <input type="checkbox"/> \$ 15.00 – *PROVISIONAL LICENSE (60 DAYS)	<b>Office Use Only</b> <b>REASON:</b> _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____    LICENSE #: _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____    LICENSE #: _____ *TRAINING CERTIFICATE RECEIVED    /    /
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STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: 5/19/2023

Report Date: 5/19/2023

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

Name: **KREUTZINGER, JEFFREY**

Date of Birth:

Alias Names:

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### 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:

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RECORD LAST UPDATED: 03/22/2020



**IDENTIFICATION****JEFFREY HERBERT  
KREUTZINGER**

Male/White

Born in WISCONSIN; Citizen of USA

10/11/1970 ,

Height: 6'04" Weight: 198lbs;

Eye Color: Blue; Hair Color: Blonde Or  
Strawberry

W5566 COUNTY ROAD SS RANDOM  
LAKE, WI

STATE ID: WI414790

**OFFENDER NOTICE:**

**PHOTO INFORMATION:**

06/04/2018 WI0600000 SHEBOYGAN COUNTY SHERIFF

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**CRIMINAL HISTORY**

**CYCLE 01**

**EARLIEST EVENT DATE:** 06/04/2018

**DATE OF OFFENSE:** 06/04/2018

**ARREST TRACKING NUMBER:** 60991806040025

**ARREST DATA**

**LOCAL IDENTIFICATION NUMBER:** 49455

**SUBJECT NAME:** JEFFREY HERBERT KREUTZINGER

**TYPE:** ADULT ONLY

**DATE:** 06/04/2018

**CASE NUMBER:** S18-10136

**ARREST AGENCY:** WI0600000 SHEBOYGAN COUNTY SHERIFF

**CHARGE**

**SEQUENCE NUMBER:** 01

**STATUTE NUMBER:** 346.63(1)(A) - Operating While under the Influence

**LITERAL:** Operating While under the Influence

**NCIC CODE:** 5404

**COUNTS:** 1

**CLASSIFICATION:**

**CHARGE SEVERITY:** MISDEMEANOR

**PROSECUTION****CASE NUMBER:****PROSECUTOR:** WI060013A**CHARGE****LOCAL IDENTIFICATION NUMBER:** 60991806040025**SEQUENCE NUMBER:** 01**STATUTE NUMBER:** 346.63(1)(A) - Operating While under the Influence**LITERAL:** Operating While under the Influence**NCIC CODE:****COUNTS:** 1**CLASSIFICATION:****CHARGE SEVERITY:** MISDEMEANOR**DISPOSITION****LITERAL:** OTHER**DISPOSITION DATE:** 06/07/2018**DISPOSITION:** CHARGE ISSUED**CHARGE****LOCAL IDENTIFICATION NUMBER:** 60991806040025**SEQUENCE NUMBER:** 02**STATUTE NUMBER:** 346.63(1)(B) - Operating with PAC**LITERAL:** Operating with PAC**NCIC CODE:****COUNTS:** 1**CLASSIFICATION:****CHARGE SEVERITY:** MISDEMEANOR**DISPOSITION****LITERAL:** OTHER**DISPOSITION DATE:** 06/07/2018**DISPOSITION:** CHARGE ISSUED**COURT****SUBJECT NAME:** JEFFREY HERBERT KREUTZINGER**DATE:** 10/23/2018**COURT:** WI060000J - SHEBOYGAN CO CIRCUIT COURT**COMMENTS:** CCAP DISPOSITION

**CHARGE****LOCAL IDENTIFICATION NUMBER:** 60991806040025**SEQUENCE NUMBER:** 01**STATUTE NUMBER:** 346.63(1)(A) - Operating While under the Influence**LITERAL:** Operating While under the Influence**NCIC CODE:****COUNTS:** 1**CLASSIFICATION:****CHARGE SEVERITY:** MISDEMEANOR**DISPOSITION****LITERAL:** CONVICTED**DISPOSITION DATE:** 10/23/2018**DISPOSITION:** CONVICTED**CHARGE****LOCAL IDENTIFICATION NUMBER:** 60991806040025**SEQUENCE NUMBER:** 02**STATUTE NUMBER:** 346.63(1)(B) - Operating with PAC**LITERAL:** Operating with PAC**NCIC CODE:****COUNTS:** 1**CLASSIFICATION:****CHARGE SEVERITY:** MISDEMEANOR**DISPOSITION****LITERAL:** DISMISSED**DISPOSITION DATE:** 10/23/2018**DISPOSITION:** DISMISSED**SENTENCING****DATE:** 10/23/2018**CASE NUMBER:** 592018CT000233**COURT:** WI060000J - SHEBOYGAN CO CIRCUIT COURT**CONVICTED OFFENSE:****CHARGE SEQUENCE NUMBER:** 01**SENTENCE:** FINE**COMMENTS:** \$100/MONTH STARTING 1-1-2019**SENTENCING****DATE:** 10/23/2018

**CASE NUMBER: 592018CT000233**  
**COURT: WI060000J - SHEBOYGAN CO CIRCUIT COURT**  
**CONVICTED OFFENSE:**  
**CHARGE SEQUENCE NUMBER: 01**  
**SENTENCE: COSTS**  
**COMMENTS:**

## **SENTENCING**

**DATE: 10/23/2018**  
**CASE NUMBER: 592018CT000233**  
**COURT: WI060000J - SHEBOYGAN CO CIRCUIT COURT**  
**CONVICTED OFFENSE:**  
**CHARGE SEQUENCE NUMBER: 01**  
**SENTENCE: JAIL**  
**BEGIN DATE: NOVEMBER 06, 2018**  
**LENGTH: 15 DAYS**  
**COMMENTS: W/HUBER FOR WORK AND COUNSELING/TREATMENT RELEASE**

## **SENTENCING**

**DATE: 10/23/2018**  
**CASE NUMBER: 592018CT000233**  
**COURT: WI060000J - SHEBOYGAN CO CIRCUIT COURT**  
**CONVICTED OFFENSE:**  
**CHARGE SEQUENCE NUMBER: 01**  
**SENTENCE: LICENSE REVOKED**  
**LENGTH: 13 MONTHS**  
**COMMENTS:**

## **SENTENCING**

**DATE: 10/23/2018**  
**CASE NUMBER: 592018CT000233**  
**COURT: WI060000J - SHEBOYGAN CO CIRCUIT COURT**  
**CONVICTED OFFENSE:**  
**CHARGE SEQUENCE NUMBER: 01**  
**SENTENCE: IGNITION INTERLOCK**  
**LENGTH: 13 MONTHS**  
**COMMENTS:**

## **SENTENCING**

**DATE: 10/23/2018**  
**CASE NUMBER: 592018CT000233**

**COURT: WI060000J - SHEBOYGAN CO CIRCUIT COURT**

**CONVICTED OFFENSE:**

**CHARGE SEQUENCE NUMBER: 01**

**SENTENCE: ALCOHOL ASSESSMENT**

**COMMENTS:**

**CONTRIBUTING AGENCIES**

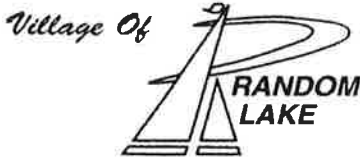
WI0600000-SHEBOYGAN COUNTY SHERIFF

~~WI041015Y-WI CRIME LAB - MILWAUKEE~~

WI060013A-SHEBOYGAN CO DISTRICT ATTORNEY

WI060000J-SHEBOYGAN CO CIRCUIT COURT

End of Rapsheet



APPLICATION - OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, 2024, 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 be granted to me.

1. New [ ] Renewal [X] 2022-11 Date filing: 5-15-23
2. Name: Jan Evelyn GLANDER
3. Social Security No.: 393 60 5756 Driver's License No.: G453 4255 5503-02
4. Home Address: N208 Random Lake Road Random Lake WI
5. Phone Number: 920 254-1849 City/State: Zip Code: 53075
6. Sex: M [ ] F [X] Date of Birth: 1-3-1955 Age: 68 Place of Birth: Port Washington
7. Are you a citizen of the United States Yes [X] No [ ]
8. List all your residences for the past Two years to the date of application: Same as above

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)
Federal Laws ANYWHERE? - No
Wisconsin State Laws? - No
Laws of ANY other State? - NO
Ordinances of the Village of Random Lake? - NO

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet): None

11. Where will you be serving/selling alcohol beverages?
Business Name: Keggers, Globe Lanes, 1/2 Booze Inn

Please put a copy of my license at each establishment

Clerk/Treasurer Applicant's Signature

Office Use Only
REASON:
[ ] APPROVED [ ] REJECTED
[ ] \$ 30.00 - OPERATOR LICENSE [ ] CASH [ ] CHECK # LICENSE #
[ ] \$ 15.00 - \*PROVISIONAL LICENSE (60 DAYS) [ ] CASH [ ] CHECK # LICENSE #
\*TRAINING CERTIFICATE RECEIVED



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: 5/18/2023

Report Date: 5/18/2023

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

Name: GLANDER, JAN

Date of Birth: 1/3/1955

Alias Names:

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#### NOTICE TO EMPLOYERS

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#### NO RECORD FOUND

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

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Village Of



# APPLICATION – OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

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- New  Renewal   
Prev. Lic. # \_\_\_\_\_ Date filing: May 1 2023
- Name: Bonnie J Horn  
First Middle
- Social Security No.: \_\_\_\_\_ Driver's License No. \_\_\_\_\_
- Home Address: WG714 State Highway 144 Random Lake 53075  
Street City/State Zip Code
- Phone Number: 920 980-7335 Ethnicity: White
- Sex: M  F  Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: Sheboygan Co.
- Are you a citizen of the United States Yes  No
- List all your residences for the past Two years to the date of application:  
WG714 State Hwy 144 Random Lake WI
- Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)  
Federal Laws ANYWHERE? NO  
Wisconsin State Laws? OWI  
Laws of ANY other State? NO  
Ordinances of the Village of Random Lake? Parting
- Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):  
OWI Sheboygan Co. 2012
- Where will you be serving/selling alcohol beverages?  
Business Name: Kegger's Bar & Grill

Clerk/Treasurer

Bonnie J. Horn  
Applicant's Signature

<input type="checkbox"/> APPROVED ___/___/___	<input type="checkbox"/> REJECTED ___/___/___	<b>Office Use Only</b>	
		REASON: _____	
<input type="checkbox"/> \$ 30.00 – OPERATOR LICENSE	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK # _____	LICENSE #: _____
<input type="checkbox"/> \$ 15.00 – *PROVISIONAL LICENSE (60 DAYS)	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK # _____	LICENSE #: _____
*TRAINING CERTIFICATE RECEIVED / /			





STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: 5/18/2023

Report Date: 5/18/2023

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

Name: **HORN, BONNIE**

Date of Birth

Alias Names:

---

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APPLICATION - OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

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1. New [ ] Renewal [ ] Date filing: May 21, 2023

2. Name: Amber Ashlee Glander

3. Social Security No. Driver's License No.

4. Home Address: 90 N 208 Random Lake Road R. L. WI 53075

5. Phone Number: 908 723-5732 Ethnicity:

6. Sex: M [ ] F [x] Date of Birth: Age: Place of Birth: Sheboygan WI

7. Are you a citizen of the United States Yes [x] No [ ]

8. List all your residences for the past Two years to the date of application: N 208 Random Lake Road Random Lake, WI 53075

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.) Federal Laws ANYWHERE? No/No/No Wisconsin State Laws? No/No/No Laws of ANY other State? No/No/No Ordinances of the Village of Random Lake? No

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet): None

11. Where will you be serving/selling alcohol beverages? Business Name: Keggers & Boozie Inn

Please put copy of license at each location

Clerk/Treasurer

Applicant's Signature

Office Use Only REASON: [ ] APPROVED [ ] REJECTED [ ] \$ 30.00 - OPERATOR LICENSE [ ] \$ 15.00 - \*PROVISIONAL LICENSE (60 DAYS) [ ] CASH [ ] CHECK # LICENSE # \*TRAINING CERTIFICATE RECEIVED



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

---

Request Date: 5/22/2023

Report Date: 5/22/2023

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

Name: GLANDER, AMBER

Date of Birth: 9/8/1982

Alias Names:

---

#### NOTICE TO EMPLOYERS

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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

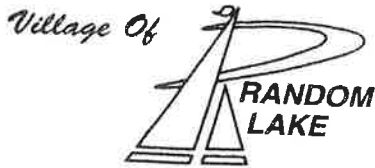
The applicant should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on [The Department of Justice website](#) or by calling (608) 266-7314. A challenge may include a request for comparison of the fingerprints of the person submitting the challenge to 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.

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



APPLICATION - OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, \_\_\_\_, 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 be granted to me.

1. New  Renewal  Date filing: 5/20/23

2. Name: PATRICK N DEPIES

3. Social Security No.: \_\_\_\_\_ Driver's License No. \_\_\_\_\_

4. Home Address: 17045 KAY-K ROAD BELGIUM WI 53004

5. Phone Number: 920-946-1848

6. Sex: M  F  Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: SHEBOYGAN

7. Are you a citizen of the United States Yes  No

8. List all your residences for the past Two years to the date of application: N/A

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)

- Federal Laws ANYWHERE? \_\_\_\_\_
Wisconsin State Laws? \_\_\_\_\_
Laws of ANY other State? \_\_\_\_\_
Ordinances of the Village of Random Lake? \_\_\_\_\_

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):

11. Where will you be serving/selling alcohol beverages? Business Name: TRUSTEES OF THE RANDOM LAKE FIRE DEPT

Clerk/Treasurer

Patrick N Depies
Applicant's Signature

Form with checkboxes for APPROVED/REJECTED, Office Use Only, REASON, CASH, CHECK #, LICENSE #, and TRAINING CERTIFICATE RECEIVED.



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: 5/26/2023

Report Date: 5/26/2023

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

Name: DEPIES, PATRICK N

Date of Birth:

Alias Names:

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#### NOTICE TO EMPLOYERS

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

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

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

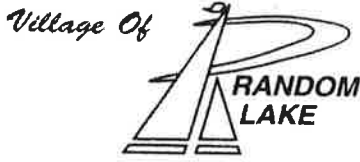
The applicant should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on [The Department of Justice website](#) or by calling (608) 266-7314. A challenge may include a request for comparison of the fingerprints of the person submitting the challenge to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

#### NO RECORD FOUND

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

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

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



# APPLICATION - OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, 2024, 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 be granted to me.

1. New  Renewal  Date filing: 5/29/2023  
 Prev. Lic. # 2022-75
2. Name: Jennifer Marie Olszewski  
First Middle Last
3. Social Security No.: 390-92-8993 Driver's License No.: \_\_\_\_\_
4. Home Address: 718 Random Lake Rd #4, Random Lake, WI 53075  
Street City/State Zip Code
5. Phone Number: 920-207-3342 Ethnicity: White
6. Sex: M  F  Date of Birth: 09/23/1977 Age: 45 Place of Birth: Milwaukee, WI
7. Are you a citizen of the United States Yes  No
8. List all your residences for the past Two years to the date of application:  
same as above
9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)  
 Federal Laws ANYWHERE? no  
 Wisconsin State Laws? no  
 Laws of ANY other State? no  
 Ordinances of the Village of Random Lake? no
10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):  
none
11. Where will you be serving/selling alcohol beverages?  
 Business Name: Random Lake mini mart / BAs Real Estate, LLC

Clerk/Treasurer \_\_\_\_\_

Jennifer Olszewski  
 Applicant's Signature

<input type="checkbox"/> APPROVED ___/___/___	<input type="checkbox"/> REJECTED ___/___/___	<b>Office Use Only</b>	
		REASON: _____	
<input type="checkbox"/> \$ 30.00 - OPERATOR LICENSE	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK # _____	LICENSE #: _____
<input type="checkbox"/> \$ 15.00 - *PROVISIONAL LICENSE (60 DAYS)	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK # _____	LICENSE #: _____
*TRAINING CERTIFICATE RECEIVED / /			



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: 5/26/2023

Report Date: 5/26/2023

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

Name: OLSZEWSKI, JENNIFER M

Date of Birth: 9/23/1977

Alias Names:

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### NOTICE TO EMPLOYERS

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

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

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

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

### NO RECORD FOUND

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

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

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



APPLICATION - OPERATOR/BARTENDER LICENSE

License year: July 1, 23 to June 30, 24

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, 2024 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 be granted to me.

1. New [ ] Renewal [X] Date filing: 5/26/23
Prev. Lic. # N-#2022-58

2. Name: John Joseph Pungarcher Jr
First Middle

3. Social Security No.: Driver's License No.:

4. Home Address: 725 N Spring St Apt 201 Random Lake WI 53075
Street City/State Zip Code

5. Phone Number: 262 365 8932 Ethnicity: C

6. Sex: M [X] F [ ] Date of Birth: Age: Place of Birth: sheboygan WI

7. Are you a citizen of the United States Yes [X] No [ ]

8. List all your residences for the past Two years to the date of application:
725 N Spring St Apt 201 Random Lake WI 53075

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)
Federal Laws ANYWHERE? NO
Wisconsin State Laws? YES
Laws of ANY other State? NO
Ordinances of the Village of Random Lake? NO

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):
92 disorderly conduct / paraphernalia

11. Where will you be serving/selling alcohol beverages?
Business Name: Mobil

Clerk/Treasurer

Applicant's Signature

Office Use Only
REASON:
[X] APPROVED [ ] REJECTED
[X] \$ 30.00 - OPERATOR LICENSE [ ] CASH [ ] CHECK # LICENSE #:
[ ] \$ 15.00 - \*PROVISIONAL LICENSE (60 DAYS) [ ] CASH [ ] CHECK # LICENSE #:
\*TRAINING CERTIFICATE RECEIVED





STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: **5/26/2023**

Report Date: **5/26/2023**

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

Name: **PUNGARCHER, JOHN J**

Date of Birth:

Alias Names:

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#### 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****JOHN JOSEPH  
PUNGARCHER JR****Male/White****Born in WISCONSIN; Citizen of USA****10/30/1967 ,****Height: 6'00" Weight: 183lbs;****Eye Color: Green; Hair Color: Brown****STATE ID: WI541120****OFFENDER NOTICE:****ALIAS NAMES/FRAUDULENT DATA: Alias Names: JOHN J PUNGARCHER JR,****PHOTO INFORMATION:****01/03/1992 WI0600200 SHEBOYGAN POLICE DEPARTMENT**

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**CRIMINAL HISTORY****CYCLE 01****EARLIEST EVENT DATE: 04/23/1991****DATE OF OFFENSE: 04/23/1991****ARREST TRACKING NUMBER:****ARREST DATA****SUBJECT NAME: JOHN JOSEPH PUNGARCHER JR****TYPE: ADULT ONLY****DATE: 04/23/1991****ARREST AGENCY: WI0600200 SHEBOYGAN POLICE DEPARTMENT****CHARGE****SEQUENCE NUMBER: 01****STATUTE NUMBER: 943.50 - RETAIL THEFT****LITERAL: RETAIL THEFT****NCIC CODE: 2303****COUNTS: 1****CLASSIFICATION:****CHARGE SEVERITY: MISDEMEANOR****COURT****SUBJECT NAME: JOHN JOSEPH PUNGARCHER JR**

**DATE:** 05/16/1991

**COURT:** WI060043J - SHEBOYGAN CO CIRCUIT COURT BRANCH 4

**COMMENTS:**

## **CHARGE**

**SEQUENCE NUMBER:** 01

**STATUTE NUMBER:** 947.01 - DISORDERLY CONDUCT

**LITERAL:** DISORDERLY CONDUCT

**NCIC CODE:** 5311

**COUNTS:** 1

**CLASSIFICATION:**

**CHARGE SEVERITY:** MISDEMEANOR

## **DISPOSITION**

**LITERAL:** CONVICTED

**DISPOSITION DATE:** 05/16/1991

**DISPOSITION:** CONVICTED

## **SENTENCING**

**DATE:** 05/16/1991

**CASE NUMBER:** 91CM285

**COURT:** WI060043J - SHEBOYGAN CO CIRCUIT COURT BRANCH 4

**CONVICTED OFFENSE:**

**CHARGE SEQUENCE NUMBER:** 01

**SENTENCE:** PROBATION

**BEGIN DATE:** MAY 16, 1991

**LENGTH:** 1 YEAR

**COMMENTS:**

## **CYCLE 02**

**EARLIEST EVENT DATE:** 01/03/1992

**DATE OF OFFENSE:** 01/03/1992

**ARREST TRACKING NUMBER:**

## **ARREST DATA**

**SUBJECT NAME:** JOHN J PUNGARCHER JR

**TYPE:** ADULT ONLY

**DATE:** 01/03/1992

**ARREST AGENCY:** WI0600200 SHEBOYGAN POLICE DEPARTMENT

## **CHARGE**

**SEQUENCE NUMBER: 01**

**STATUTE NUMBER: 161.573 - POSSESS DRUG PARAPHERNALIA**

**LITERAL: POSSESS DRUG PARAPHERNALIA**

**NCIC CODE: 3550**

**COUNTS: 1**

**CLASSIFICATION:**

**CHARGE SEVERITY: MISDEMEANOR**

**CONTRIBUTING AGENCIES**

**WI0600200-SHEBOYGAN POLICE DEPARTMENT**

**UNKNOWN-UNKNOWN**

**WI060043J-SHEBOYGAN CO CIRCUIT COURT BRANCH 4**

End of Rapsheet



APPLICATION - OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, 2024, 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 be granted to me.

1. New  Renewal  Date filing: May 18 '23
Prev. Lic. # 2020-36

2. Name: Michelle Ann Kunde
First Middle

3. Social Security No.: Driver's License No.:

4. Home Address: 113 Meadow Lakes Dr. Random Lake WI 53075
Street City/State Zip Code

5. Phone Number: 920-946-4504 Ethnicity: White

6. Sex: M  F  Date of Birth: Age: Place of Birth: Sheboygan

7. Are you a citizen of the United States Yes  No

8. List all your residences for the past Two years to the date of application:

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)

Federal Laws ANYWHERE?
Wisconsin State Laws?
Laws of ANY other State?
Ordinances of the Village of Random Lake?

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):

11. Where will you be serving/selling alcohol beverages?
Business Name: Keggers

Clerk/Treasurer
Applicant's Signature: Michelle A Kunde

Office Use Only
REASON:
APPROVED / / REJECTED / /
\$ 30.00 - OPERATOR LICENSE
\$ 15.00 - \*PROVISIONAL LICENSE (60 DAYS)
CASH CHECK # 4178 LICENSE #:
CASH CHECK # LICENSE #:
\*TRAINING CERTIFICATE RECEIVED / /



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: 5/31/2023

Report Date: 5/31/2023

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

Name: LUNDE, MICHELLE

Date of Birth: 8/16/1967

Alias Names:

---

#### NOTICE TO EMPLOYERS

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

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

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

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

#### NO RECORD FOUND

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

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

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





# APPLICATION - OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024  
 TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS  
 \$ 30.00 Operator License  
 \$ 15.00 Provisional License (60 days)  
 FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, 2024, 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.

1. New  Renewal  Date filing: 5-25-23  
 Prev. Lic. # \_\_\_\_\_

2. Name: Justyn Jerome Krueger  
First Middle

3. Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

4. Home Address: 606 Random Lake Rd Random Lake WI 53075  
Street City/State Zip Code

5. Phone Number: 262 365 1784 Ethnicity: Caucasian

6. Sex: M  F  Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: Milwaukee

7. Are you a citizen of the United States Yes  No

8. List all your residences for the past Two years to the date of application:  
520 Random Lake Rd Apt 305 Random Lake WI 53075

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)

Federal Laws ANYWHERE?	<u>NO</u>
Wisconsin State Laws?	<u>Yes</u>
Laws of ANY other State?	<u>NO</u>
Ordinances of the Village of Random Lake?	<u>NO</u>

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):  
Speeding Milwaukee County 2009? Speeding Jefferson County 2008  
Speeding Ozaukee County 2007

11. Where will you be serving/selling alcohol beverages?  
 Business Name: Keygers

\_\_\_\_\_  
 Clerk/Treasurer

[Signature]  
 Applicant's Signature

<input type="checkbox"/> APPROVED ___/___/___	<input type="checkbox"/> REJECTED ___/___/___	<b>Office Use Only</b>	REASON: _____
<input checked="" type="checkbox"/> \$ 30.00 - OPERATOR LICENSE	<input type="checkbox"/> \$ 15.00 - *PROVISIONAL LICENSE (60 DAYS)	<input type="checkbox"/> CASH	<input checked="" type="checkbox"/> CHECK # <u>4178</u> LICENSE #: _____
		<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK # _____ LICENSE #: _____
*TRAINING CERTIFICATE RECEIVED / /			



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

---

Request Date: 5/31/2023

Report Date: 5/31/2023

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

Name: KRUEGER, JUSTYN

Date of Birth: 12/27/1990

Alias Names:

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### NOTICE TO EMPLOYERS

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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

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### NO RECORD FOUND

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

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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



APPLICATION – OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, 2024, 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.

1. New  Renewal  Date filing: 5/25/2023

Prev. Lic. # \_\_\_\_\_

2. Name: Jessica Amber Veldre

First Middle

3. Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

4. Home Address: 11635 Bates Rd Adell WI 53001

Street City/State Zip Code

5. Phone Number: 920 698 0244 Ethnicity: white

6. Sex: M  F  Date of Birth: \_\_\_\_\_ Age: 35 Place of Birth: Milwaukee

7. Are you a citizen of the United States Yes  No

8. List all your residences for the past Two years to the date of application: 11635 Bates Rd Adell WI 53001

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)

Federal Laws ANYWHERE? no
Wisconsin State Laws? no
Laws of ANY other State? no
Ordinances of the Village of Random Lake? no

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):

11. Where will you be serving/selling alcohol beverages? Business Name: Keggers Pub & Grill

Clerk/Treasurer

Jessica Veldre
Applicant's Signature

Office Use Only
REASON:
APPROVED / / REJECTED / /
\$ 30.00 - OPERATOR LICENSE
\$ 15.00 - \*PROVISIONAL LICENSE (60 DAYS)
CASH CHECK # 4178 LICENSE #:
CASH CHECK # LICENSE #:
\*TRAINING CERTIFICATE RECEIVED / /



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: 5/31/2023

Report Date: 5/31/2023

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

Name: **VELDRE, JESSICA**

Date of Birth: 3/16/1988

Alias Names:

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### NOTICE TO EMPLOYERS

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APPLICATION - OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

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- 1. New [ ] Renewal [x] Date filing: 5-19-23
2. Name: Haley Faye Miller
3. Social Security No.: Driver's License No.:
4. Home Address: N853 Hwy I Random Lake WI 53075
5. Phone Number: 920-254-5311 Ethnicity: White
6. Sex: M [ ] F [x] Date of Birth: Age: Place of Birth:
7. Are you a citizen of the United States Yes [x] No [ ]
8. List all your residences for the past Two years to the date of application:

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)

Federal Laws ANYWHERE? NA
Wisconsin State Laws? NA
Laws of ANY other State? NA
Ordinances of the Village of Random Lake? NA

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):

11. Where will you be serving/selling alcohol beverages?

Business Name: Heggers Pub & Grill

Clerk/Treasurer

Haley Applicant's Signature

[ ] APPROVED [ ] REJECTED

[x] \$ 30.00 - OPERATOR LICENSE
[ ] \$ 15.00 - \*PROVISIONAL LICENSE (60 DAYS)

Office Use Only

REASON:

[ ] CASH [x] CHECK # 4178 LICENSE #:
[ ] CASH [ ] CHECK # LICENSE #:

\*TRAINING CERTIFICATE RECEIVED / /

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075

Telephone: (920) 994-4852

Facsimile: (920) 994-2390

Website: www.randomlakewi.com



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: 5/31/2023

Report Date: 5/31/2023

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

Name: MILLER, HALEY

Date of Birth: 11/4/1997

Alias Names:

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### NOTICE TO EMPLOYERS

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APPLICATION - OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

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1. New [ ] Renewal [X] Date filing: 5/31/23
2. Name: Cassie L Arndt
3. Social Security No.: Driver's License No.:
4. Home Address: 235 Allen St. Random Lake, WI 53015
5. Phone Number: (920) 980-0493 Ethnicity: caucasian
6. Sex: M [ ] F [X] Date of Birth: Age: 39 Place of Birth: Sheboygan
7. Are you a citizen of the United States Yes [X] No [ ]
8. List all your residences for the past Two years to the date of application:

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)
Federal Laws ANYWHERE? NO
Wisconsin State Laws? NO
Laws of ANY other State? NO
Ordinances of the Village of Random Lake? NO

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):

11. Where will you be serving/selling alcohol beverages?
Business Name: Kegger's Pub & Grill

Clerk/Treasurer Applicant's Signature

Office Use Only
REASON:
[ ] APPROVED [ ] REJECTED
[X] \$ 30.00 - OPERATOR LICENSE
[ ] \$ 15.00 - \*PROVISIONAL LICENSE (60 DAYS)
[ ] CASH [X] CHECK # 4178 LICENSE #:
[ ] CASH [ ] CHECK # LICENSE #:
\*TRAINING CERTIFICATE RECEIVED / /



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: 5/31/2023

Report Date: 5/31/2023

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

Name: ARNDT, CASSIE

Date of Birth: 10/2/1983

Alias Names:

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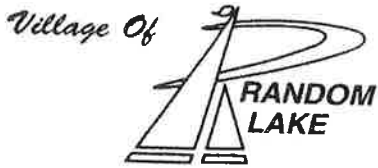
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APPLICATION - OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

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\$ 15.00 Provisional License (60 days)

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- 1. New [ ] Renewal [x] Date filing: 5/30/23
2. Name: April Joy Koski
3. Social Security No.: Driver's License No.:
4. Home Address: 2277 County Rd A Belgium WI 53004
5. Phone Number: N/A Ethnicity: White
6. Sex: M [ ] F [x] Date of Birth: ge: Place of Birth: Port Washington WI
7. Are you a citizen of the United States Yes [x] No [ ]
8. List all your residences for the past Two years to the date of application: N/A

- 9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)
Federal Laws ANYWHERE? N/A
Wisconsin State Laws? traffic
Laws of ANY other State? N/A
Ordinances of the Village of Random Lake? parking
10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):
seatbelt (1) 10 yrs winter parking 4 (2) yrs
failure to yield 2018

11. Where will you be serving/selling alcohol beverages?
Business Name: BOOZ IN

Clerk/Treasurer

April Koski
Applicant's Signature

Office Use Only
REASON:
[ ] APPROVED [ ] REJECTED
[x] \$ 30.00 - OPERATOR LICENSE
[ ] \$ 15.00 - \*PROVISIONAL LICENSE (60 DAYS)
[ ] CASH [ ] CHECK # LICENSE #
[ ] CASH [ ] CHECK # LICENSE #
\*TRAINING CERTIFICATE RECEIVED



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

---

Request Date: 5/31/2023

Report Date: 5/31/2023

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

Name: **KOSKI, APRIL**

Date of Birth: 4/22/1980

Alias Names:

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# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } Random Lake  
 Village of }  
 City of }

County of Sheboygan Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

Complete A or B. All must complete C.

**A. Individual or Partnership:**

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**B. LLC or Corporation (and Agent):**

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>BAT Real Estate LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Adhikari</u>	(First) <u>Basudev</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>916 Mulberry Ln, Kohler WI 53044</u>
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**All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:**

President / Member Last Name <u>Adhikari</u>	(First) <u>Basudev</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>916 Mulberry Ln, Kohler, WI 53044</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**C. Business Information**

1. Trade Name Random Lake Mini Mart Business Phone Number \_\_\_\_\_  
 2. Address of Premises 790 Wolf Rd Post Office & Zip Code Random lake 53075

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) C. Store

Inside Building  
On the floor  
In the cooler

Applicant's Wisconsin Seller's Permit Number <u>456-1030842319-04</u>	
FEIN Number <u>87-3015350</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$ 100
<input checked="" type="checkbox"/> Class A liquor	\$ 300
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$ 350
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15
<b>TOTAL FEE</b>	<b>\$ 365.00</b>

5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** .....  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** .....  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** .....  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** .....  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? .....  Yes  No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? .....  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? .....  Yes  No
12. Does the applicant owe municipal property taxes, assessments, or other fees? .....  Yes  No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Adhikari Basudev</i>	Title / Member	Date <i>5-11-2023</i>
Signature <i>[Signature]</i>	Phone Number <i>920 2261786</i>	Email Address <i>Missimbda@gmail.com</i>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <i>05-15-2023</i>	Date reported to council / board <i>06-05-2023</i>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
ADHIKARI		BASUDEV			
Home Address (street/route)		Post Office	City	State	Zip Code
916 Mulberry Ln			Kohler	WI	53044
Home Phone Number		Age	Date of Birth	Place of Birth	
920-226-1786				Nepal	

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

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

Basudev Adhikari of BAT Real Estate LLC  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

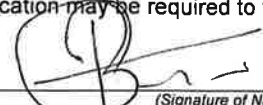
which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 15 yrs
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. Jai Marketing  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. Jai Marketing, Aj marketing  
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Jai Marketing	1710 Indiana Ave	2013	Current
Everest Marketing	1710 Indiana Ave	2008	2013

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
 (Signature of Named Individual)

basudev adhikari <missionbda@gmail.com>

Hello dai- Its done. I will send you details as soon as i get it.

[Quoted text hidden]

Regards,

**Bikram KC, CPA MSA**  
**KC & Associates, P.A.**  
**Phone: 646-725-3695, 929-341-8022**  
**Fax: 917-398-1766**

IRS CIRCULAR 230 DISCLOSURE: Any U.S. tax advice contained in the body of this e-mail was not intended or written to be used, and cannot be used, by the recipient for the purpose of avoiding penalties that may be imposed under the Internal Revenue Code or applicable state or local tax law provisions.

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**basudev adhikari** <missionbda@gmail.com>  
To: **KC and Associates Bikram** <kcassociatesmd@gmail.com>

Wed, Feb 16, 2022 at 11:22 AM

Bikram ji  
Good morning  
I mixed up with documents  
Can you please email me a copy of sellers permit or just number for Baj real estate llc  
[Quoted text hidden]

---

**KC and Associates Bikram** <kcassociatesmd@gmail.com>  
To: basudev adhikari <missionbda@gmail.com>

Wed, Feb 16, 2022 at 11:30 AM

**\*\*THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY TO THIS EMAIL\*\***

We have processed your Business Tax Registration (BTR) application that you recently submitted electronically.

We have issued the following tax accounts and tax account identification numbers:

**BAJ REAL ESTATE LLC**

Business Tax Registration	600-1030842319-03
Sales & Use Tax	456-1030842319-04
Withholding Tax	036-1030842319-02

**BASUDEV ADHIKARI**

You should receive additional information about your account(s), including your registration certificate and applicable permits, within 5-7 days. If you do not receive this information, please contact us at 1-800-393-7889.

# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  Village of Random Lake County of Sheboygan  
 City

The undersigned duly authorized officer/member/manager of BAT REAL ESTATE LLC  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Random Martini Mart

located at 790 Wolf Rd Random Lake WI 53075  
(Trade Name)

appoints BASUDEV ADHIKARI  
(Name of Appointed Agent)

916 Mulberry Ln, Kohler WI 53044  
(Home Address of Appointed Agent)

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

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies)  
Jai Marketing LLC - 1710 Indiana Ave. Sheboygan WI 53081

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 15 yrs

Place of residence last year 916 Mulberry Ln, Kohler WI 53044

For: BAT REAL  
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature]  
(Signature of Officer / Member / Manager)

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

### ACCEPTANCE BY AGENT

I, BASUDEV ADHIKARI, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

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

[Signature] 5-11-2023 Agent's age \_\_\_\_\_  
(Signature of Agent) (Date)

916 Mulberry Ln, Kohler, WI 53044 Date of birth \_\_\_\_\_  
(Home Address of Agent)

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

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

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



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: **5/16/2023**

Report Date: **5/16/2023**

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

Name: **ADHIKARI, BASUDEV**

Date of Birth:

Alias Names:

---

### NOTICE TO EMPLOYERS

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

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

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

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

### NO RECORD FOUND

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

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

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



# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } Random Lake  
 Village of }  
 City of }

County of Sheboygan Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456-1027453492-04</u>	
FEIN Number <u>45-24252-52</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$ 100
<input checked="" type="checkbox"/> Class A liquor	\$ 300
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$ 350
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15
<b>TOTAL FEE</b>	<b>\$ 415.00</b>

**A. Individual or Partnership:**

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**B. LLC or Corporation (and Agent):**

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>BURMESCH VARIETY STORE, LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>BURMESCH</u>	(First) <u>PAUL</u>	(Middle Name) <u>ANDREW</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W 4790 VORPAHL RD., RANDOM LAKE, 53075</u>
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**All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:**

President / Member Last Name <u>BURMESCH</u>	(First) <u>PAUL</u>	(Middle Name) <u>ANDREW</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W 4790 VORPAHL RD., RANDOM LAKE, 53075</u>
Vice President / Member Last Name <u>BURMESCH</u>	(First) <u>DEBORAH</u>	(Middle Name) <u>LYNN</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W 4790 VORPAHL RD., RANDOM LAKE, 53075</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**C. Business Information**

- Trade Name BURMESCH VARIETY STORE, LLC Business Phone Number 920-994-9031
- Address of Premises 234 CARROLL ST. Post Office & Zip Code RANDOM LAKE, 53075
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes  No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
MAIN LEVEL, BACK ROOM + BASEMENT

5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** . . . . .  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** . . . . .  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** . . . . .  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** . . . . .  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? . . . . .  Yes  No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? . . . . .  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? . . . . .  Yes  No
12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . .  Yes  No  
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <b>BURMESCH, PAUL, A.</b>	Title / Member <b>MEMBER</b>	Date <b>May 8, 2023</b>
Signature <i>Paul A. Burmesch</i>	Phone Number <b>920-980-3143</b>	Email Address

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <b>05/08/2023</b>	Date reported to council / board <b>06/05/2023</b>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk



WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph: 608-266-2776 fax: 608-264-6884  
 email: DORBusinessTax@wisconsin.gov  
 website: revenue.wi.gov

Letter ID L0032464608

BURMESCH VARIETY STORE LLC  
 PO BOX 373  
 RANDOM LAKE WI 53075-0373

**Wisconsin Department of Revenue Seller's Permit**

**Legal/real name:** BURMESCH VARIETY STORE LLC  
**Business name:** BURMESCH VARIETY STORE  
 234 CARROLL ST  
 RANDOM LAKE WI 53075-1795

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

**Tax Type**

**Account Type**

**Account Number**

Sales & Use Tax

Seller's Permit

456-1027453492-04

# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  Village of RANDOM LAKE County of SHEBOYGAN  
 City

The undersigned duly authorized officer/member/manager of BURMESCH VARIETY STORE, LLC  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as BURMESCH VARIETY STORE, LLC  
(Trade Name)

located at 234 CARROLL ST., RANDOM LAKE, WI 53075

appoints PAUL BURMESCH  
(Name of Appointed Agent)  
W4790 VORPAHL RD., RANDOM LAKE, WI 53075  
(Home Address of Appointed Agent)

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

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 68 yrs.

Place of residence last year W4790 VORPAHL RD., RANDOM LAKE, WI

For: BURMESCH VARIETY STORE, LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: Paul Burmesch  
(Signature of Officer / Member / Manager)

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

## ACCEPTANCE BY AGENT

I, PAUL BURMESCH  
(Print / Type Agent's Name), hereby accept this appointment as agent for the

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

Paul Burmesch May 13, 2022 Agent's age \_\_\_\_\_  
(Signature of Agent) (Date)  
W4790 Vorpaahl Rd. R.L. 53075 Date of birth \_\_\_\_\_  
(Home Address of Agent)

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

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

Approved on 6-20-22 by [Signature] Title [Signature]  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
BURMESCH		PAUL		ANDREW	
Home Address (street/route)		Post Office	City	State	Zip Code
W4790 VORPAHL RD.		RANDOM LAKE	RANDOM LAKE	WI	53075
Home Phone Number		Age	Date of Birth	Place of Birth	
920-980-3143				SHEBOYGAN	

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

Applying for an alcohol beverage license as an **individual**.

A member of a **partnership** which is making application for an alcohol beverage license.

**MEMBER** of **BURMESCH VARIETY STORE LLC**  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

1. How long have you continuously resided in Wisconsin prior to this date? 68 YRS.
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name <b>U.S. POSTAL SERVICE</b>	Employer's Address <b>ALLEN ST.</b>	Employed From <b>1983</b>	To <b>2020</b>
Employer's Name <b>BURMESCH VARIETY STORE LLC</b>	Employer's Address <b>234 CARRIL ST.</b>	Employed From <b>1972</b>	To <b>PRESENT</b>

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
(Signature of Named Individual)



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: **5/8/2023**

Report Date: **5/8/2023**

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

Name: **BURMESCH, PAUL A**

Date of Birth

Alias Names:

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### **NOTICE TO EMPLOYERS**

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

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

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

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

### **NO RECORD FOUND**

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

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

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

# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2023 ending: 06/30/2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } RANDOM LAKE  
 Village of }  
 City of }

County of SHEBOYGAN Aldermanic Dist. No. \_\_\_\_\_  
 (If required by ordinance)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number 456-0000602957-03	
FEIN Number 42-1435913	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>100</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>300</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>15</u>
<b>TOTAL FEE</b>	\$ <u>415</u>

**A. Individual or Partnership:**

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**B. LLC or Corporation (and Agent):**

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>CASEY'S MARKETING COMPANY</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>ONE SE CONVENIENCE BLVD, ANKENY, IA 50021</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>HAWKS</u>	(First) <u>ANTHONY</u>	(Middle Name) <u>WAYNE</u>	Home Address (Street, City or Post Office, & Zip Code) <u>538 BIESE STREET, COMBINED LOCKS, WI 54113</u>
---------------------------------	---------------------------	-------------------------------	---

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

President / Member Last Name <u>PLEASE SEE ATTACHED OFFICER LIST</u>	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**C. Business Information**

1. Trade Name CASEY'S GENERAL STORE #3794 Business Phone Number 920-245-5253  
 2. Address of Premises 580 ORTH DRIVE Post Office & Zip Code RANDOM LAKE, WI 53075

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

1 STORY PRESTRUCTURED STEEL BUIDLNING-ENTIRE BUILDING

5. Legal description (omit if street address is given on previous page): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** .....  Yes  No

b. Are **charges** for any offenses presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** .....  Yes  No

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** .....  Yes  No

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? .....  Yes  No  
 [phone (608) 266-2776]

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

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? .....  Yes  No

12. Does the applicant owe municipal property taxes, assessments, or other fees? .....  Yes  No  
 (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <b>BEECH, DOUGLAS M</b>	Title / Member <b>ASSISTANT SECRETARY</b>	Date <b>4/7/23</b>
Signature <i>Douglas M. Beech</i>	Phone Number <b>515-381-5109</b>	Email Address <b>LICENSINGTEAM@CASEYS.COM</b>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <b>4/15/23</b>	Date reported to council / board <b>4/15/23</b>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk



**CASEY'S MARKETING COMPANY**

Federal Tax I.D. 42-1435913

Date of Incorporation: March 15, 1995

Effective 10/8/2021

**OFFICERS**

Samuel J. James, President & Chairman  
One SE Convenience Blvd.  
Ankeny, IA 50021

Brian J. Johnson, Vice President  
One SE Convenience Blvd.  
Ankeny, IA 50021

Scott A. Faber, Secretary  
One SE Convenience Blvd.  
Ankeny, IA 50021

Eric Larsen, Treasurer  
One SE Convenience Blvd.  
Ankeny, IA 50021

Douglas M. Beech, Assistant Secretary  
One SE. Convenience Blvd.  
Ankeny, IA 50021

**BOARD OF DIRECTORS**

Samuel J. James, Chairman  
One SE Convenience Blvd.  
Ankeny, IA 50021

Brian J. Johnson  
One SE Convenience Blvd.  
Ankeny, IA 50021

Scott Faber  
One SE Convenience Blvd.  
Ankeny, IA 50021

This information is intended for the use of the individual or entity to which it is addressed and may contain information that is confidential and privileged and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
HAWKS		ANTHONY		WAYNE	
Home Address (street/route)		Post Office	City	State	Zip Code
538 BIESE ST			COMBINED LOCKS	WI	54113
Home Phone Number		Age	Date of Birth	Place of Birth	
920-540-2529				NORTON, KS	

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

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- AGENT** of **CASEY'S MARKETING COMPANY**  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

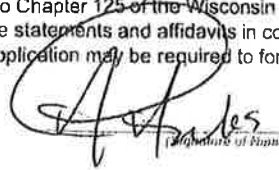
which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 34 YEARS
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. SEE ATTACHED  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify.  
(Name of Wholesale License or Permit) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name <b>DOLLAR GENERAL</b>	Employer's Address	Employed From <b>2017</b>	To <b>2020</b>
Employer's Name <b>HARBOR FREIGHT TOOLS</b>	Employer's Address	Employed From <b>2009</b>	To <b>2017</b>

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

 2/23/2023  
(Signature of Financier Individual)

## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
BEECH		DOUGLAS		MARSHALL	
Home Address (street/route)		Post Office	City	State	Zip Code
729 NE BROOKHAVEN DRIVE			ANKENY	IA	50021
Home Phone Number		Age	Date of Birth	Place of Birth	
515-446-6284				FAIRMONT, MN	

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

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- OFFICER** of **CASEY'S MARKETING COMPANY**  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)


which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? IOWA RESIDENT
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. SEE ATTACHED  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
CASEY'S	1 SE CONVENIENCE BLVD, ANKENY IA	1993	CURRENT
Employer's Name	Employer's Address	Employed From	To

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
(Signature of Named Individual)

DOUGLAS BEECH FOR CASEY'S MARKETING COMPANY

## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	
JAMES		SAMUEL	J	
Home Address (street/route)	Post Office	City	State	Zip Code
2501 SE 19TH COURT		ANKENY	IA	50021
Home Phone Number	Age	Date of Birth	Place of Birth	
515-446-6506			WATERLOO, IOWA	

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

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- OFFICER** of **CASEY'S MARKETING COMPANY**  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? IOWA RESIDENT
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. SEE ATTACHED  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
CASEY'S	1 SE CONVENIENCE BLVD, ANKENY IA	2012	CURRENT
Employer's Name	Employer's Address	Employed From	To

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
(Signature of Named individual)

SAMUEL JAMES FOR CASEY'S MARKETING COMPANY  
 Wisconsin Department of Revenue

## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	
JOHNSON		BRIAN	JOSEPH	
Home Address (street/route)	Post Office	City	State	Zip Code
9129 NW 73RD CIRCLE		JOHNSTON	IA	50131
Home Phone Number	Age	Date of Birth	Place of Birth	
515-446-6587			DES MOINES, IOWA	

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

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- OFFICER** of **CASEY'S MARKETING COMPANY**  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

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

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

Employer's Name	Employer's Address	Employed From	To
CASEY'S	1 SE CONVENIENCE BLVD, ANKENY IA	2010	CURRENT

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
(Signature of Named Individual)

BRIAN JOHNSON FOR CASEY'S MARKETING COMPANY

## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <b>LARSEN</b>		(first name) <b>ERIC</b>	(middle name) <b>MATTHEW</b>	
Home Address (street/route) <b>4407 NW 5TH ST</b>		Post Office	City <b>ANKENY</b>	State <b>IA</b> Zip Code <b>50021</b>
Home Phone Number <b>515-446-6803</b>		Age	Date of Birth	Place of Birth <b>CEDAR FALLS, IOWA</b>

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

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- OFFICER** of **CASEY'S MARKETING COMPANY**  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

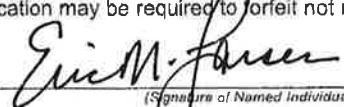
which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? IOWA RESIDENT
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)  
Public Intoxication citation and arrest (simple misdemeanor) closed August 3, 2019
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. SEE ATTACHED  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify.  
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name <b>CASEY'S</b>	Employer's Address <b>1 SE CONVENIENCE BLVD, ANKENY IA</b>	Employed From <b>2015</b>	To <b>CURRENT</b>
Employer's Name	Employer's Address	Employed From	To

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
(Signature of Named Individual)

ERIC LARSEN FOR CASEY'S MARKETING COMPANY

Wisconsin Department of Revenue

## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	
LARSEN		ERIC	MATTHEW	
Home Address (street/route)		Post Office	City	State
4407 NW 5TH ST			ANKENY	IA
				Zip Code
				50021
Home Phone Number		Age	Date of Birth	Place of Birth
515-446-6803				CEDAR FALLS, IOWA

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

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- OFFICER** of **CASEY'S MARKETING COMPANY**
- (Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

1. How long have you continuously resided in Wisconsin prior to this date? IOWA RESIDENT
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)  
Public Intoxication citation and arrest (simple misdemeanor) closed August 3, 2019
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
If yes, identify. SEE ATTACHED  
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
If yes, identify.  
(Name of Wholesale Licensee or Permittee) (Address By City and County)
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
CASEY'S	1 SE CONVENIENCE BLVD, ANKENY IA	2015	CURRENT
Employer's Name	Employer's Address	Employed From	To

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
(Signature of Named Individual)

ERIC LARSEN FOR CASEY'S MARKETING COMPANY

Wisconsin Department of Revenue

## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	
FABER		SCOTT	ALLEN	
Home Address (street/route)		Post Office	City	State
6749 CARDIFF CT			JOHNSTON	IA
				Zip Code
				50131
Home Phone Number		Age	Date of Birth	Place of Birth
515-963-3802				SPENCER, IOWA

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

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- OFFICER** of **CASEY'S MARKETING COMPANY**
- (Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

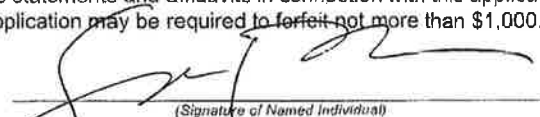
which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? IOWA RESIDENT
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
If yes, identify. SEE ATTACHED  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
CASEY'S	1 SE CONVENIENCE BLVD, ANKENY IA	2013	CURRENT

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
 \_\_\_\_\_  
(Signature of Named Individual)  
**SCOTT FABER FOR CASEY'S MARKETING COMPANY**



Casey's WI Locations

ALTOONA
BARABOO
BEAVER DAM
BELLEVILLE
BELOIT
BLUE MOUNDS
BOSCOBEL
BURLINGTON
CALEDONIA
DARLINGTON
DE FOREST
DODGEVILLE
EAU CLAIRE
EDGERTON
EVANSVILLE
FENNIMORE
FORT ATKINSON
FREDONIA
HARTFORD
HUSTISFORD
JEFFERSON
KIELER
LISBON
MADISON
MENASHA
MILTON
MINERAL POINT
MONTICELLO
NEW GLARUS
OSHKOSH
PRAIRIE DU CHIEN
RANDOM LAKE
REEDSBURG
SAUKVILLE
SPARTA
TOMAH
VERONA
WATERFORD
WAUTOMA
WEST BEND
WHITEWATER



WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**Contact information:**

2135 RIMROCK RD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph: 608-266-2776 fax: 608-264-6884  
 email: DORBusinessTax@wisconsin.gov  
 website: revenue.wi.gov

Letter ID L0285102224

CASEY'S MARKETING COMPANY  
 1 SE CONVENIENCE BLVD  
 ANKENY IA 50021-9672

**Wisconsin Department of Revenue Seller's Permit**

**Legal/real name:** CASEY'S MARKETING COMPANY  
**Business name:** CASEY'S GENERAL STORE #3794  
 580 ORTH DR  
 RANDOM LAKE WI 53075-1687

PLEASE POST ON  
 PERMIT BOARD

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

**Tax Type**

Sales & Use Tax

**Account Type**

Seller's Permit

**Account Number**

456-0000602957-03

# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  
 Village of RANDOM LAKE County of SHEBOYGAN  
 City

The undersigned duly authorized officer/member/manager of CASEY'S MARKETING COMPANY  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as CASEY'S GENERAL STORE #3794  
(Trade Name)

located at 580 ORTH DRIVE, RANDOM LAKE, WI 53075

appoints ANTHONY HAWKS  
(Name of Appointed Agent)  
538 BIESE STREET, COMBINED LOCKS, WI 53114  
(Home Address of Appointed Agent)

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

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).  
CASEY'S MARKETING COMPANY

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 32 YEARS

Place of residence last year 538 BIESE STREET, COMBINED LOCKS, WI 53114

For: CASEY'S MARKETING COMPANY  
(Name of Corporation / Organization / Limited Liability Company)

By:   
(Signature of Officer / Member / Manager)

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

## ACCEPTANCE BY AGENT

I, ANTHONY HAWKS, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

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

Anthony Hawks Digitally signed by Anthony Hawks  
Date: 2021.03.25 09:36:05 -05'00'  
(Signature of Agent) (Date)

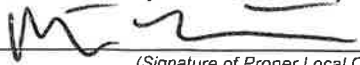
Agent's age           

538 BIESE STREET, COMBINED LOCKS, WI 53114  
(Home Address of Agent)

Date of birth           

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

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

Approved on 5/3/21 by  Title Village President  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: **5/16/2023**

Report Date: **5/16/2023**

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

Name: **HAWKS, ANTHONY**

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: 10/27/2021

**IDENTIFICATION****ANTHONY WAYNE HAWKS****Male/White****Born in KANSAS; Citizen of USA****03/13/1984 ,****Height: 5'11" Weight: 220lbs;****Eye Color: Blue; Hair Color: Brown****538 BIESE ST COMBINED LAKES, WI****STATE ID: WI1685236****OFFENDER NOTICE:****PHOTO INFORMATION:**

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**CRIMINAL HISTORY****CYCLE 01****EARLIEST EVENT DATE: 07/01/2021****DATE OF OFFENSE: 07/01/2021****ARREST TRACKING NUMBER: 22051407195****ARREST DATA****SUBJECT NAME: ANTHONY WAYNE HAWKS****TYPE: ADULT ONLY****DATE: 07/01/2021****ARREST AGENCY: WI0220500 PLATTEVILLE POLICE DEPARTMENT****CHARGE****SEQUENCE NUMBER: 01****STATUTE NUMBER: 346.63(1)(A) - Operating While under the Influence****LITERAL: Operating While under the Influence****NCIC CODE: 5499****COUNTS: 1****CLASSIFICATION:****CHARGE SEVERITY: NON-CRIMINAL****CHARGE****SEQUENCE NUMBER: 02****STATUTE NUMBER: 346.63(1)(B) - Operating with PAC****LITERAL: Operating with PAC**

**NCIC CODE: 5404**

**COUNTS: 1**

**CLASSIFICATION:**

**CHARGE SEVERITY: NON-CRIMINAL**

**CHARGE**

**SEQUENCE NUMBER: 03**

**LITERAL: PUBLIC URINATION**

**NCIC CODE: 5404**

**COUNTS: 1**

**CLASSIFICATION:**

**CHARGE SEVERITY: NON-CRIMINAL**

**CONTRIBUTING AGENCIES**

**WI0220500-PLATTEVILLE POLICE DEPARTMENT**

End of Rapsheet



# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } Random Lake  
 Village of }  
 City of }

County of Sheboygan Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

Complete A or B. All must complete C.

**A. Individual or Partnership:**

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**B. LLC or Corporation (and Agent):**

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Random Lake Athletic Association</u>	<u>600 Grand Ave Random Lake WI 53075</u>

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Krahenbuhl</u>	<u>Rachel</u>	<u>M</u>	<u>74 Stark Rd Random Lake WI 53075</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Dimmer</u>	<u>Cory</u>		<u>W4310 City Rd K Random Lake WI 53075</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Keller</u>	<u>Jodi</u>		<u>Pioneer Dr Freedom WI 53084</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Krahenbuhl</u>	<u>Rachel</u>		<u>74 Stark Rd Random Lake WI 53075</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**C. Business Information**

1. Trade Name Random Lake Athletic Association Business Phone Number 262-689-4253  
 2. Address of Premises 600 Grand Av Random Lake WI 53075 Post Office & Zip Code Random Lake 53075

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Concession Stand

Applicant's Wisconsin Seller's Permit Number <u>456-1030742882-002</u>	
FEIN Number <u>23-7448546</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$ 100
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$ 300
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$ 350
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15
<b>TOTAL FEE</b>	<b>\$ 115</b>

5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** .....  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** .....  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** .....  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** .....  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? .....  Yes  No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? .....  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? .....  Yes  No
12. Does the applicant owe municipal property taxes, assessments, or other fees? .....  Yes  No  
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Krahenbuhl Rachel M	Title / Member Secretary	Date 4-1-2023
Signature Rachel M Krahenbuhl	Phone Number 262-483-1358	Email Address rkd25@gmail.com

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk 4/12/23	Date reported to council / board 4/5/23	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>Eder</u>		(first name) <u>Brian</u>		(middle name) <u>Lee</u>	
Home Address (street/route) <u>N826 Allen Rd</u>		Post Office <u>Random Lake</u>	City <u>Random Lake</u>	State <u>WI</u>	Zip Code <u>53075</u>
Home Phone Number <u>920-980-2851</u>		Age	Date of Birth, <u>1</u>	Place of Birth <u>Ozaukee County</u>	

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

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

Brian Eder of Random Lake Athletic Assoc.  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 38 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. J.W. Creekside, 11439 State Rd 28 Adell WI 53001, Bartender  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify.  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name <u>J.W. Creekside</u>	Employer's Address <u>11439 State Rd 28 Adell WI 53001</u>	Employed From <u>2015</u>	To <u>Present</u>
Employer's Name <u>Affordable Fire Protection</u>	Employer's Address <u>1425 Camp Awana Rd Random Lake WI, 53075</u>	Employed From <u>2012</u>	To <u>2015</u>

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Brian Eder  
(Signature of Named Individual)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <b>Krahenbuhl</b>		(first name) <b>Rachel</b>		(middle name) <b>M</b>	
Home Address (street/route) <b>74 Stark Rd</b>		Post Office <b>Random Lake</b>	City <b>Random Lake</b>	State <b>WI</b>	Zip Code <b>53075</b>
Home Phone Number <b>262-483-1358</b>		Age	Date of Birth	Place of Birth <b>West Bend</b>	

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

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Secretary** of **Random Lake Athletic Association**  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

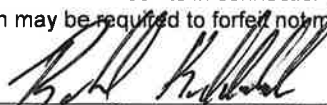
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 41
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name <b>School District of Random Lake</b>	Employer's Address <b>605 Random Lake Rd</b>	Employed From <b>07/20</b>	To <b>Present</b>
Employer's Name <b>Go Rikway</b>	Employer's Address <b>Cederburg WI</b>	Employed From <b>8/18</b>	To <b>7/20</b>

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
 \_\_\_\_\_  
(Signature of Named Individual)

WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8902  
MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
MADISON, WI 53708-8902  
ph: 608-266-2776 fax: 608-224-5761  
email: DORBusinessTax@wisconsin.gov  
website: revenue.wi.gov

Letter ID L1378386256

JODI KELLER  
RANDOM LAKE ASSOCIATION  
W5585 COUNTRY MANOR RD  
RANDOM LAKE WI 53075-1664

## Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** RANDOM LAKE ASSOCIATION  
**Business name:** GRAND AVE  
RANDOM LAKE WI 53075-0000

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

**Tax Type**

**Account Type**

**Account Number**

Sales & Use Tax

Seller's Permit

456-1030742882-02

# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  Village  City of Randon Lake County of Sheboygan

The undersigned duly authorized officer/member/manager of Randon Lake Athletic Association  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Randon Lake Athletic Association - Kiicher Park  
(Trade Name)

located at 600 Grand Ave Randon Lake WI 53075

appoints Rachel Krahenbuhl  
(Name of Appointed Agent)

74 Stark Rd Randon Lake WI 53075  
(Home Address of Appointed Agent)

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

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 41

Place of residence last year 74 Stark Rd Randon Lake 53075

For: Randon Lake Athletic Association  
(Name of Corporation / Organization / Limited Liability Company)

By: Rachel Krahenbuhl  
(Signature of Officer / Member / Manager)

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

### ACCEPTANCE BY AGENT

I, Rachel Krahenbuhl, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

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

Rachel Krahenbuhl 4-1-2023 Agent's age \_\_\_\_\_  
(Signature of Agent) (Date)

74 Stark Rd Randon Lake WI 53075 Date of birth \_\_\_\_\_  
(Home Address of Agent)

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

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

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



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: **5/16/2023**

Report Date: **5/16/2023**

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

Name: **KRAHENBUHL, RACHEL M**

Date of Birth

Alias Names:

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### NOTICE TO EMPLOYERS

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

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

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

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

### NO RECORD FOUND

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

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

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

# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } Random Lake  
 Village of }  
 City of }

County of Sheboygan Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456000017319703</u>	
FEIN Number <u>20-9873015</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$ 100
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$ 300
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 350
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15
<b>TOTAL FEE</b>	<b>\$ <u>465</u></b>

**A. Individual or Partnership:**

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**B. LLC or Corporation (and Agent):**

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Globe Lanes LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>119 Bentert St RL WI</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Cavanaugh</u>	(First) <u>Daniel</u>	(Middle Name) <u>Timothy</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W5588 Colony Dr RL WI 53075</u>
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**All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:**

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**C. Business Information:**

1. Trade Name Globe Lanes Business Phone Number 920 994 4822  
 2. Address of Premises 119 Bentert St Post Office & Zip Code RL PO Box 365-53075

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

119 Bentert St Behind Bar - Cooler  
Back area



5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** .....  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3**. ....  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** .....  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** .....  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? .....  Yes  No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? .....  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? .....  Yes  No
12. Does the applicant owe municipal property taxes, assessments, or other fees? .....  Yes  No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Cavanaugh Danyl T</i>	Title / Member <i>OWNER</i>	Date <i>5-13-23</i>
Signature <i>[Signature]</i>	Phone Number <i>9202542782</i>	Email Address <i>globelanes99@gmail.com</i>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <i>5/15/2023</i>	Date reported to council / board <i>6/5/2023</i>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <b>Cavanaugh</b>		(first name) <b>Daniel</b>		(middle name) <b>Timothy</b>	
Home Address (street/route) <b>5588 Colony Dr</b>		Post Office <b>Random Lake</b>	City <b>Random Lake</b>	State <b>WI</b>	Zip Code <b>53075</b>
Home Phone Number <b>920 254 2782</b>		Age	Date of Birth	Place of Birth <b>Milwaukee</b>	

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

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

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

- How long have you continuously resided in Wisconsin prior to this date? 59 yr
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name <b>Kohlerco</b>	Employer's Address <b>Kohler WI</b>	Employed From <b>8-83</b>	To <b>5-92</b>
Employer's Name <b>FMC Belens</b>	Employer's Address <b>Port Washington WI</b>	Employed From <b>8-78</b>	To <b>3-80</b>

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
 \_\_\_\_\_  
(Signature of Named Individual)



WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph: 608-266-2776 fax: 608-327-0235  
 email: DORBusinessTax@wisconsin.gov  
 website: revenue.wi.gov



DANIEL T CAVANAUGH  
 119 BENTERT ST  
 RANDOM LAKE WI 53075

Letter ID L1656306512



## Wisconsin Business Tax Registration Certificate

**Expiration date:** February 29, 2024  
**Legal/real name:** DANIEL T CAVANAUGH

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-0000173197-03

# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  Village of Random Lake County of Sheboygan  
 City

The undersigned duly authorized officer/member/manager of Globe Lanes LLC  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Globe Lanes  
(Trade Name)

located at 119 Bentler St Random Lake WI 53075

appoints Dan Cavanaugh  
(Name of Appointed Agent)

W5588 Colony Dr Random Lake WI 53075  
(Home Address of Appointed Agent)

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

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 59 yr

Place of residence last year W5588 Colony Dr. RLWI 53075

For: Dan Cavanaugh  
(Name of Corporation / Organization / Limited Liability Company)

By: Dan Cavanaugh  
(Signature of Officer / Member / Manager)

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

### ACCEPTANCE BY AGENT

I, Dan Cavanaugh, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

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

Dan Cavanaugh 5/13/23 Agent's age  
(Signature of Agent) (Date)

W5588 Colony Dr RL WI 53075 Date of birth  
(Home Address of Agent)

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

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

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



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: **5/16/2023**

Report Date: **5/16/2023**

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

Name: **CAVANAUGH, DANIEL**

Date of Birth:

Alias Names:

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### NOTICE TO EMPLOYERS

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

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

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

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

### NO RECORD FOUND

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

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

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

# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } Random Lake  
 Village of }  
 City of }

County of Sheboygan Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456-102815387502</u>	
FEIN Number <u>46-4625879</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$ 100
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$ 300
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 350
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15
<b>TOTAL FEE</b>	<b>\$ 465</b>

**A. Individual or Partnership:**

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**B. LLC or Corporation (and Agent):**

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Random Lake Pizzeria LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>435 2nd Street, Random Lake, WI 53075</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Mole</u>	(First) <u>Thomas</u>	(Middle Name) <u>Edwin</u>	Home Address (Street, City or Post Office, & Zip Code) <u>933 Jessie Lane, R.L., WI 53075</u>
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**All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:**

President / Member Last Name <u>Mole</u>	(First) <u>Thomas</u>	(Middle Name) <u>Edwin</u>	Home Address (Street, City or Post Office, & Zip Code) <u>933 Jessie Lane, Random Lake, WI 53075</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**C. Business Information**

1. Trade Name Random Lake Pizzeria Business Phone Number 920-999-9414  
 2. Address of Premises 435 2nd Street Post Office & Zip Code 53075

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Served inside and outside on deck. Consumed inside and out  
located in basement

5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** . . . . .  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** . . . . .  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** . . . . .  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** . . . . .  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? . . . . .  Yes  No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? . . . . .  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? . . . . .  Yes  No
12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . .  Yes  No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Thomas Mble</i>	Title / Member <i>owner</i>	Date <i>4/1/23</i>
Signature <i>[Signature]</i>	Phone Number <i>920-912-7725</i>	Email Address <i>tom.mble@cityofwaukesha.com</i>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <i>04/06/23</i>	Date reported to council / board <i>06/05/23</i>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>Mole</u>		(first name) <u>Thomas</u>		(middle name) <u>Edwin</u>	
Home Address (street/route) <u>933 Jessie Lane</u>		Post Office	City <u>Randolph Lake</u>	State <u>WI</u>	Zip Code <u>53075</u>
Home Phone Number <u>920-912-7725</u>		Age <u>53</u>	Date of Birth <u>4-16-69</u>	Place of Birth <u>Saratoga Springs, N.Y.</u>	

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

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

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

which is making application for an alcohol beverage license.

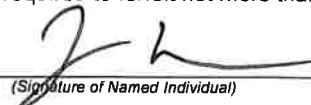
The above named individual provides the following information to the licensing authority:

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

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

Employer's Name	Employer's Address	Employed From	To
Employer's Name	Employer's Address	Employed From	To

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
(Signature of Named Individual)



# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  Village  City of Random Lake County of Sheboygan

The undersigned duly authorized officer/member/manager of Random Lake Pizzeria LLC  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Random Lake Pizzeria  
(Trade Name)

located at 435 2nd Street

appoints Thomas Edwin Mohr  
(Name of Appointed Agent)

933 Jessie Lane, Random Lake WI 53075  
(Home Address of Appointed Agent)

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

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No 27

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 27

Place of residence last year Random Lake

For: Random Lake Pizzeria LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature]  
(Signature of Officer / Member / Manager)

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

### ACCEPTANCE BY AGENT

I, Thomas Mohr, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

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

[Signature] 7/6/23  
(Signature of Agent) (Date)

Agent's age 53

933 Jessie Lane  
(Home Address of Agent)

Date of birth 7-16-69

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

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

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

*clerk random lake, wis*

==



State of Wisconsin • DEPARTMENT OF REVENUE

Personal Wallet Copy

Seller's Permit: 456-1028153875-02  
Legal/Real Name: RANDOM LAKE PIZZERIA LLC

Signature \_\_\_\_\_

*Handwritten notes:*  
10/1/14  
10/1/14  
10/1/14



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: 5/5/2023

Report Date: 5/5/2023

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

Name: **MOLE, THOMAS E**

Date of Birth: **4/16/1969**

Alias Names:

---

### NOTICE TO EMPLOYERS

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

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

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

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

### NO RECORD FOUND

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

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

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

# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } Random Lake  
 Village of }  
 City of }

County of Sheboygan Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456-1030782264-02</u>	
FEIN Number <u>87-6358495</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$ 100
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$ 300
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 350
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15
<b>TOTAL FEE</b>	<b>\$ 465.00</b>

## A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

## B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Trustees of the Random Lake Fire Department</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>718 N. Spring St Random Lake WI 53075</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>SCHMIT</u>	(First) <u>Amy</u>	(Middle Name) <u>E.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>614 N. Spring St Random Lake WI 53075</u>
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## All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>DEPIES</u>	(First) <u>Patrick</u>	(Middle Name) <u>N</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N7045 Kay-K Rd Belgium WI 53075</u>
Vice President / Member Last Name <u>SCHMIT</u>	(First) <u>Aaron</u>	(Middle Name) <u>R</u>	Home Address (Street, City or Post Office, & Zip Code) <u>614 N. Spring St Random Lake WI 53075</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name <u>SCHMIT</u>	(First) <u>Amy</u>	(Middle Name) <u>E</u>	Home Address (Street, City or Post Office, & Zip Code) <u>614 N. Spring St. Random Lake WI 53075</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

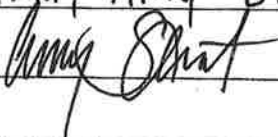
## C. Business Information

- Trade Name Trustees of Random Lake Fire Dept Business Phone Number 920-946-1848
- Address of Premises 718 N. Spring St Post Office & Zip Code Random Lake WI 53075
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes  No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Firehouse meeting room Bingo tent on property  
Firehouse apparatus bay Dirt track on property  
Beer tents on property

5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** . . . . .  Yes  No
- b. Are **charges for any offenses presently pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** . . . . .  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** . . . . .  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** . . . . .  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? . . . . .  Yes  No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? . . . . .  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? . . . . .  Yes  No
12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . .  Yes  No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <b>SCHMIT, Amy E.</b>	Title / Member <b>treasurer</b>	Date <b>4/30/23</b>
Signature 	Phone Number <b>920-207-5195</b>	Email Address <b>r1fd-treasurer@gmail.com</b>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <b>5/1/2023</b>	Date reported to council / board <b>5/5/2023</b>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk



WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph: 608-266-2776 fax: 608-224-5761  
 email: DORBusinessTax@wisconsin.gov  
 website: revenue.wi.gov

Letter ID L0024230224

TRUSTEES OF THE RANDOM LAKE FIRE DEPARTMENT  
 PO BOX 477  
 RANDOM LAKE WI 53075-0477

**Wisconsin Department of Revenue Seller's Permit**

**Legal/real name:** TRUSTEES OF THE RANDOM LAKE FIRE DEPARTMENT  
**Business name:** 718 N SPRING STREET  
 RANDOM LAKE WI 53075-0000

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

**Tax Type**

Sales & Use Tax

**Account Type**

Seller's Permit

**Account Number**

456-1030782264-02

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
SCHMIT		Amy		E	
Home Address (street/route)		Post Office	City	State	Zip Code
614 N. Spring St		Random Lake	Random Lake	WI	53075
Home Phone Number		Age	Date of Birth	Place of Birth	
920-207-5195		42	2/15/1981	Sheboygan WI	

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

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Officer of Trustees of the Random Lake Fire Dept  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

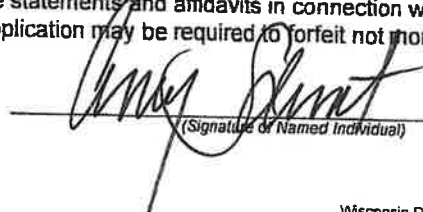
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 42 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
WI - DOC	4160 N. Port Washington Rd Friendale WI 53212	7/24/2006	present
Employer's Name	Employer's Address	Employed From	To
US Dept of Homeland Security	2701 International Way Madison WI	06/2004	07/24/06

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
 (Signature of Named Individual)



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: 5/5/2023

Report Date: 5/5/2023

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

Name: SCHMIT, AMY E

Date of Birth: '

Alias Names:

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### NOTICE TO EMPLOYERS

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

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

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

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

### NO RECORD FOUND

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

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

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



# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <b>SCHMIT</b>		(first name) <b>Aaron</b>		(middle name) <b>R</b>	
Home Address (street/route) <b>614 N. Spring St</b>		Post Office <b>Random Lake</b>	City <b>Random Lake</b>	State <b>WI</b>	Zip Code <b>53075</b>
Home Phone Number <b>920-254-6047</b>		Age <b>39</b>	Date of Birth <b>12/16/1983</b>	Place of Birth <b>Port Washington WI</b>	

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

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- officer** of **Trustees of The Random Lake Fire Department**  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 39 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name <b>Schwartz Septic Inc</b>	Employer's Address <b>N 2300 Pelushek Rd <sup>Adell</sup> WI</b>	Employed From <b>3/2008</b>	To <b>present</b>
Employer's Name <b>Bay Area Industries</b>	Employer's Address <b>205 S. Spring St Random Lake WI</b>	Employed From <b>10/2001</b>	To <b>10/2007</b>

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

*an schmit*  
(Signature of Named Individual)



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: 5/5/2023

Report Date: 5/5/2023

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

Name: **SCHMIT, AARON R**

Date of Birth:

Alias Names:

---

### NOTICE TO EMPLOYERS

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

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

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

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### NO RECORD FOUND

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

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

# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  Village of Random Lake County of Sheboygan  
 City

The undersigned duly authorized officer/member/manager of Trustees of the Random Lake Fire Dept  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Trustees of the Random Lake Fire Dept  
(Trade Name)

located at 718 N. Spring St

appoints Amy Schmit  
(Name of Appointed Agent)  
614 N. Spring St Random Lake WI, 53075  
(Home Address of Appointed Agent)

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

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No  
 How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 42 years

Place of residence last year 614 N. Spring St Random Lake WI 53075

For: Trustees of the Random Lake Fire Dept  
(Name of Corporation / Organization / Limited Liability Company)  
 By: Amy Schmit  
(Signature of Officer / Member / Manager)

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

### ACCEPTANCE BY AGENT

I, Amy Schmit, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

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

Amy Schmit 4/30/23 Agent's age 42  
(Signature of Agent) (Date)  
614 N. Spring St Random Lake WI 53075 Date of birth 2/15/1981  
(Home Address of Agent)

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

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

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

# Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number  
**456-1030842319-04**

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>BAT REL ESTATE LLC</b>			Federal Employer Identification No. (FEIN) <b>87-3015350</b>		
Trade or Business Name (if different than Legal Name) <b>Random Lake Mini Mart</b>			Telephone Number <b>920) 2261786</b>		
Business Address (License Location) <b>790 Wolf Rd</b>		Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ( )	
Municipality <b>Random Lake</b>	State <b>WI</b>	Zip Code <b>53075</b>	of: <b>Random Lake</b>	County <b>Sheboygan</b>	
Mailing Address (if different than Business Address) <b>916 Mulberry Ln</b>			Municipality <b>Kohler</b>	State <b>WI</b>	Zip Code <b>53044</b>

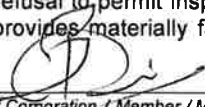
Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_  
 Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     Yes     No  
 Other (describe)    LLC

- Yes     No    1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes     No    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/dor/forms/ctp-129.pdf](http://revenue.wi.gov/dor/forms/ctp-129.pdf).)
- Yes     No    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes     No    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes     No    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes     No    6. Does the applicant understand that they may not sell single cigarettes?
- Yes     No    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes     No    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

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

### Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number  
**456-1027453492-04**

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>BURMESCH VARIETY STORE LLC</b>		Federal Employer Identification No. (FEIN) <b>45-24252-52</b>	
Trade or Business Name (if different than Legal Name)		Telephone Number <b>(920) 994-9031</b>	
Business Address (License Location) <b>234 CARROLL ST.</b>		Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town <b>of: RANDOM LAKE</b>	
Municipality <b>RANDOM LAKE</b>	State <b>WI</b>	Zip Code <b>53075</b>	Business Telephone <b>(920) 994-9031</b>
Mailing Address (if different than Business Address) <b>P.O. BOX 373</b>		County <b>SHEBOYGAN</b>	County <b>SHEBOYGAN</b>
Municipality <b>RANDOM LAKE</b>		State <b>WI</b>	Zip Code <b>53075</b>

Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_  
 Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     Yes     No  
 Other (describe)      **LLC**

- Yes     No    1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?  
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*Paul Burmesch*  
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

### Applicable Laws and Rules

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# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-0000602957-03

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) CASEY'S MARKETING COMPANY			Federal Employer Identification No. (FEIN) 42-1435913	
Trade or Business Name (if different than Legal Name) CASEY'S GENERAL STORE #3794			Telephone Number (920 ) 245-5253	
Business Address (License Location) 580 ORTH DRIVE		Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (515 ) 381-5109
Municipality RANDOM LAKE	State WI	Zip Code 53536	of: RANDOM LAKE	
Mailing Address (if different than Business Address) ATTN: LICENSING, ONE SE CONVENIENCE BLVD		Municipality ANKENY	State IA	Zip Code 50021

Organization (check one)

- Sole Proprietor
- Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_
- Partnership
- Out-of-State Corporation – Are you registered to do business in Wisconsin?  Yes  No
- Other (describe) \_\_\_\_\_

- Yes  No 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
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*Douglas M. Beech*  
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)  
 DOUGLAS BEECH, ASSISTANT SECRETARY FOR CASEY'S MARKETING COMPANY