

LOCATION OF MEETING: 96 RUSSELL DRIVE

Meeting Minutes

- 1. Call to Order, Roll Call: President San Felippo called the meeting to order at 6:30 pm. Trustees present included Duane Urbanski, Mike San Felippo, Jeff Schultz, and Keri Wallenkamp. Eric Stowell attended virtually. Village staff present included Clerk/Treasurer Stephanie Waala, DPW Director Peter Lederer. For additional attendees see attached sign-in sheet.
- 2. Pledge of Allegiance.
- 3. Public Comments on non-agenda items (*limit 3 minutes per speaker*)

Bill Goehring informed the board that Sheboygan County is addressing public transportation to rural communities within the county. He gave the board a copy of the survey and requested the board and staff to pass out to residents.

Heather Keller of 673 1st St informed the board of her concerns that the current village ordinance says chickens are restricted. Feels this definition would need to be clarified more. Received 21 signatures of neighbors that were not opposed to chickens.

John Schluechtermann of 115 Wind Sail Ct asks the board as to why they are creating a flag policy. Has a time study been done to determine if it is cost effective for the overtime of staff. Has it been discussed that the board members possibly be participants to raise and lower the flags.

4. New Business:

a. Discussion and Possible Action on the recommendation of the Architectural Review Board for the construction of an addition at 647 1st St

President San Felippo informed the board the recommendation was to approve with the contingency to have the deck included on the survey.

Trustee Urbanski made a motion to approve the recommendation; motion was seconded by Trustee Wallenkamp. Motion carried 5-0.

b. Discussion and Possible Action on the recommendation of the Architectural Review Board for the construction of a new home at 190 E Shore Dr.

President San Felippo informed the board the recommendation was to approve with the contingency that the house be setback 9 inches to meet front yard setbacks.

Trustee Wallenkamp made a motion to approve the recommendation; motion was seconded by Trustee Urbanski. Motion carried 5-0.

c. Update from Bertram Wireless

Representative was out ill so President San Felippo informed the board the first house within the village will be lit up in 2-3 weeks.

g. Discussion and Possible Action on the recommendation of the Finance Committee for the hiring of a Village Engineer

Trustee Urbanski thanked all engineers for applying and after interviews and consideration the Finance Committee recommends Clark Dietz.

Trustee Wallenkamp made a motion to approve the recommendation, Motion was seconded by Trustee Schultz. Motion carried 5-0.

d. Discussion and Possible Action on the hiring of a contractor to create a Community Master Plan & Village Needs Assessment

Brian Doudna of the Sheboygan County Economic Development Commission informed the board that with growth opportunities and development happening. Multiple individuals are wishing to fund a grant for the village. Recommend the RFP be sent out to Vandewall, Graef, and SEH.

Village Engineer Mustafa Emir informs the board the recommendations are great suggestions as all have different qualifications and suggests the RFP be sent out.

Trustee Wallenkamp inquires as to the process and the cost. Mr Doudna informed the board that donors have committed funds to send the RFP and the timeframe will be determined by the engineers. He will send out the RFP and hopes to start interviews with the board within 30 days.

Trustee Wallenkamp requests interviews be done by the Finance Committee and a recommendation be brought to the Village Board.

e. Discussion and Possible Action on the request of the Random Lake Garden Club

No one was present from the Garden Club

f. Discussion and Possible Action on the request of Andrea Knowlton for a water credit.

President San Felippo made this request on behalf of the resident. When the fiber optic went in their yard was destroyed because a pipe was hit. Bertram will be replacing the sod and it needs to be watered for two weeks.

Staci Schluechtermann informed the board that she made a similar request and does not feel it would be good and fair to other residents.

Trustee Wallenkamp suggested the water bill be sent to 5 Star.

Trustee Wallenkamp made a motion to approve a water credit for the difference of June 2022 and June 2023 readings and billed to 5 Star, motion was seconded by Trustee Urbanski. Motion carried 5-0.

g. Moved to earlier in agenda.

h. Discussion and Possible Action on the recommendation of the Public Works Committee for approval of Ordinance 2023-10 related to Brush, Grass, and Weeds.

Clerk Waala informed the board that from direction of Chairman Ruege the ordinance would be changed to be in line with the fee process approved for the Snow Ordinance.

Trustee Wallenkamp made a motion to approve as submitted, motion was seconded by Trustee Urbanski. Motion carried 5-0.

i. Discussion and Possible Action on the recommendation of the Public Works Committee for approval of the Fee Schedule.

Trustee Urbanski made a motion to approve as submitted, motion was seconded by Trustee Stowell. Motion carried 5-0.

j. Discussion and Possible Action on the approval of the WWTP Design Final bill.

President San Felippo informed the board he met and verified with Aaron Groh the submitted bill. Requests approval of the bill and how it will be paid.

Trustee Wallenkamp inquired as to why we are just now getting the bill. President San Felippo informed the board that he held the invoice to ensure it was the last bill.

Trustee Wallenkamp inquired as to if these were actual billable hours. President San Felippo informed the board that Aaron verified this amount was what was still allowable in regard to their contract.

President San Felippo informed the board he would like to take out a loan to make the payment, but interest rates are high right now and would agree taking it out of savings.

Trustee Urbanski made a motion to approve the bill as submitted and take the money out of the sewer depreciation account, motion was seconded by Trustee Wallenkamp. Motion carried 5-0.

k. Discussion and Possible Action on the approval of Resolution 2023-01 related to filing of the annual CMAR.

Clerk Waala informed the board that Bruce Neerhoff submitted the report for approval but is not here to explain it.

President San Felippo read the Resolution of 4 points that were below normal average grade. This brought the total grade to a C- which is average.

Trustee Wallenkamp made a motion to approve as submitted, motion was seconded by Trustee Urbanski. Motion carried 5-0.

1. Discussion and Possible Action on the change of July 3, 2023, meeting date

President San Felippo informed the board the meeting could be cancelled a special meeting for an alternative date. Vote was taken and all would be able to attend in person or virtually on July 3rd.

5. Old Business:

a. Discussion and Possible Action on the recommendation of the Public Works Committee for approval of the Flag Policy

President San Felippo read the policy presented. This topic is up for discussion because of the orders coming in over the weekends when personnel we not on staff.

Director Lederer informed the board that there are 11 flags throughout the village. It is unknown how long it takes to lower them all, but when personnel are called in there is a 2 hour minimum of pay.

Trustee Schultz inquired if anyone had checked with volunteer organizations. President San Felippo replied there is no way to guarantee they would do it each time.

John Schluechtermann inquired as to if the flag poles were locked. Director Lederer replied yes, they are locked and they would need a crank.

Trustee Wallenkamp made a motion to have DPW actively check the website in the morning when doing rounds on the weekend, motion was seconded by Urbanski. Motion carried 5-0.

b. Discussion and Possible Action on the sewer rate changes.

President San Felippo informed the board that the increase would cover treatment plant costs plus \$350,000 to put into savings for future upgrade. This is a one time increase for this year and the potential of an increase next year. This does not address minimum charges for Air Bnb and snowbirds which will be brought up at the next meeting.

Trustee Wallenkamp inquired as to if the closest area around is Kewaskum at \$14. President San Felippo informed the board they also have service charges. He keeps getting pushback after trying to raise the rate for the past year. Sewer is not covering their own expenses and taking all the general savings to cover the bills.

Engineer Emir informed the board he can talk to Jon Cameron to work with giving a series of numbers instead of just one. Projections of what we can afford and when.

Treasurer Waala inquired as to why on Table 6 it shows Krier Foods units of consumption were 0 when the billing reports show they consumed \$67 million gallons last year. President San Felippo informed the board this is something he will talk to Jon about.

- 6. Consent Agenda items within the consent agenda can be considered individually if the Village Board chooses to do so:
 - a. Approval of Payroll Vouchers issued 05/18/2023.
 - b. Approval of Payroll Vouchers issued 06/01/2023.

Trustee Wallenkamp made a motion to approve items a & b as submitted, motion was seconded by Trustee Urbanski. Motion carried 5-0.

c. Approval of 05/26/2023 Ambulance Checking: \$224.24

Trustee Wallenkamp made a motion to approve as submitted, motion was seconded by Trustee Urbanski. Motion carried 5-0.

d. Approval of 05/25/2023 Pooled Checking: General Fund: \$390.14; Water Fund: \$160.16; Sewer Fund: \$271.60

Trustee Wallenkamp made a motion to approve as submitted, motion was seconded by Trustee Urbanski. Motion carried 5-0.

e. Approval of 06/06/2023 Pooled Checking: General Fund: \$19,928.61; TID 4: \$400.00

Treasurer Waala requests the invoice for the Trustee of the Random Lake Fire Department be removed.

Trustee Wallenkamp made a motion to approve the payments minus the Fire Dept check, motion was seconded by Trustee Urbanski. Motion carried 5-0.

f. Approval of 06/06/2023 Utility Checking: Water Fund: \$4,938.87; Sewer Fund: \$15,580.24

Trustee Wallenkamp made a motion to approve as submitted, motion was seconded by Trustee Urbanski. Motion carried 5-0.

g. Approval of the Random Lake Association Fireworks Application

Trustee Wallenkamp made a motion to approve as submitted, motion was seconded by Trustee Urbanski. Motion carried 5-0.

h. Approval of the Trustees of the Random Lake Fire Dept Temporary Class "B" Retailer Licenses for 06/08/2023 & 07/08/2023

Trustee Urbanski made a motion to approve as submitted, motion was seconded by Trustee Wallenkamp. Motion carried 5-0.

i. Approval of a Peddlers license for Koffie Trader

Trustee Wallenkamp made a motion to approve as submitted, motion was seconded by Trustee Stowell. Motion carried 5-0.

j. Discussion and Possible Action to approve July 2023 – June 2024 Operator Licenses for:

Debra D Berth April Elizabeth Schmidt Marie Sherry Pocian-Beaudry Charity Lynn Haller Julie A Jaroch Shelby Morgan Stadelmayer Hannah Leah Hoffman Max Arthur Werner Jodi Lynn Juhre Donna Arlene Birenbaum Nicole Ann Hoftender Chad Robert Hoftender Scott D Cavanaugh Marcus R Demler Amy Marie Demler Bobbie Jo Ploof Kelly I Morgan John Francis Burmesch Nicole Ann Paulus Aaron Robert Schmit Matthew George Brockmeier Lynn M Marver Dayton Michael Palmer Alana Marie Loman Christopher S Schmidt Jeffrey Herbert Kreutzinger Jan Evelyn Glander Bonnie J Horn Amber Ashlee Glander Patrick N Depies Jennifer Marie Olszewski John Joseph Pungarcher Jr Michelle Ann Lunde Jessica Amber Veldre Justyn Jerome Krueger Haley Faye Miller Cassie L Arndt April Joy Koski

Trustee Wallenkamp made a motion to approve as submitted, motion was seconded by Trustee Urbanski. Motion carried 5-0.

- k. Discussion and Possible Action to approve July 2023 June 2024 Class "A" Beer & "Class A" Liquor Licenses for:
 - BAJ Real Estate, LLC D/B/A Random Lake Mini Mart; 790 Wolf Rd; Basudev Adhikari, Agent
 - Burmesch Variety Store, LLC D/B/A Burmesch Variety Store; 234 Carroll St.; Paul Andrew Burmesch, Agent
 - Casey' Marketing Company D/B/A Casey's General Store # 3794; 580 Orth Dr; Anthony Wayne Hawks, Agent

Trustee Wallenkamp made a motion to approve as submitted, motion was seconded by Trustee Stowell. Motion carried 5-0.

- 1. Discussion and Possible Action to approve July 2023 June 2024 Class "B" Beer License for
 - Random Lake Athletic Association D/B/A Random Lake Athletic Association; 600 Grand Ave.;
 Rachel M Uelmen, Agent

Trustee Wallenkamp made a motion to approve as submitted, motion was seconded by Trustee Urbanski. Motion carried 5-0.

- m. Discussion and Possible Action to approve July 2023 June 2024 Class "B" Beer & "Class B" Liquor Licenses for:
 - Globe Lanes, LLC D/B/A Globe Lanes; 119 Bentert St.; Daniel Timothy Cavanaugh, Agent
 - Random Lake Pizzeria, LLC D/B/A Random Lake Pizzeria; 435 2nd St.; Thomas Edwin Mole, Agent
 - Trustees of the Random Lake Fire Department D/B/A Trustees of Random Lake Fire Department; 718 N Spring St; Amy Elizabeth Schmit, Agent

Trustee Wallenkamp made a motion to approve as submitted, motion was seconded by Trustee Stowell. Motion carried 5-0.

- n. Discussion and Possible Action to approve July 2023 June 2024 Cigarette and Tobacco Products Licenses for:
 - BAJ Real Estate, LLC D/B/A Random Lake Mini Mart; 790 Wolf Rd
 - Burmesch Variety Store, LLC D/B/A Burmesch Variety Store; 234 Carroll St.
 - Casey' Marketing Company D/B/A Casey's General Store # 3794; 580 Orth Dr

Trustee Wallenkamp made a motion to approve as submitted, motion was seconded by Trustee Stowell. Motion carried 5-0.

o. Approval of Village Board Meeting Minutes from 05/01/2023 & 05/15/2023

Trustee Wallenkamp made a motion to approve as submitted, motion was seconded by Trustee Urbanski. Motion carried 5-0.

7. Staff and committee reports:

- a. Clerk/Treasurer: Carissa completed her Microsoft Excel course through Moraine Park. This year's park attendants will be participating in a CPR training tomorrow with AEMT Williamson. Currently working on the June newsletter and requesting the board members send ideas of topics they would like to see.
- b. Public Works: Asphalt patching and crack sealing was done by the county. The summer help position was filled, and they start next week. Buoys are in the lake.
- c. Committees
- d. President: Music in the Park went well for opening night. Refers chicken ordinance to the Public Safety Committee.
- 8. Adjourned at 7:52 pm.

governmental bodies but does not require a governmental body to allow members of the public to speak or actively participate in the body's meeting. A governmental body is free to determine for itself whether and to what extent it will allow citizen participation at its meetings.



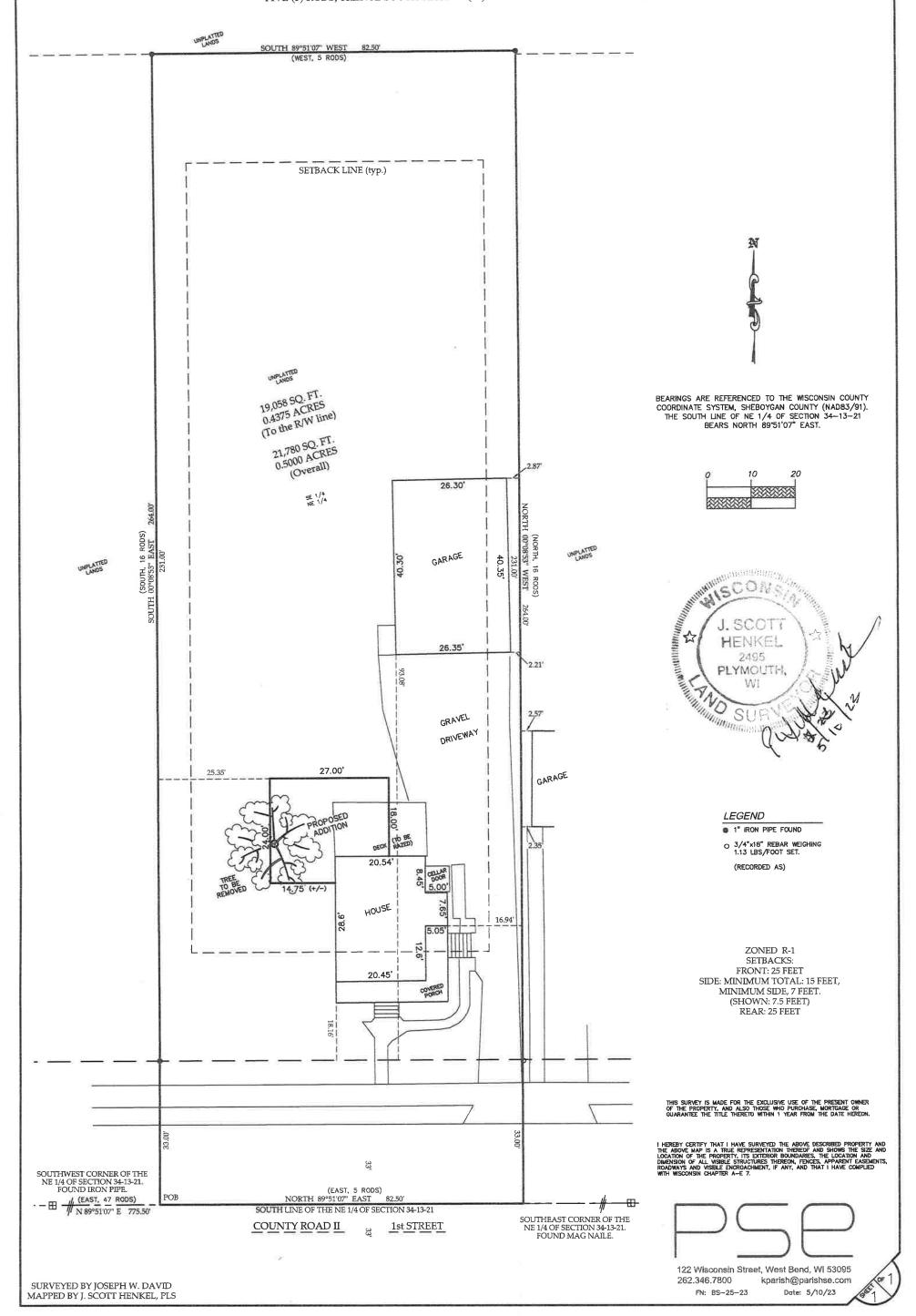
P.O. Box 344 • 96 Russell Drive • Random Lake, WI 53075 Phone: (920) 994-4852 • Fax: (920) 994-2390

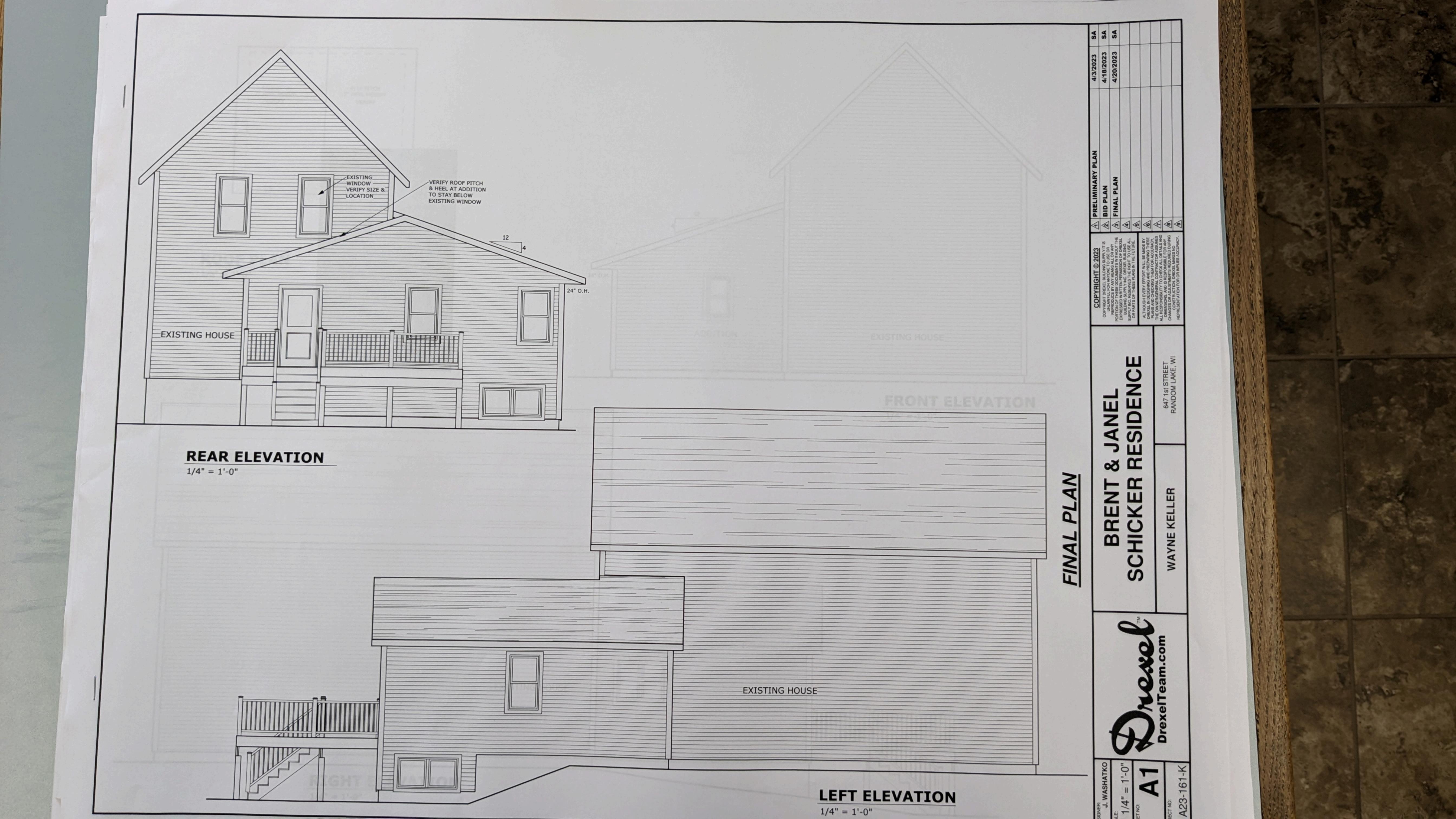
Building Permit Application

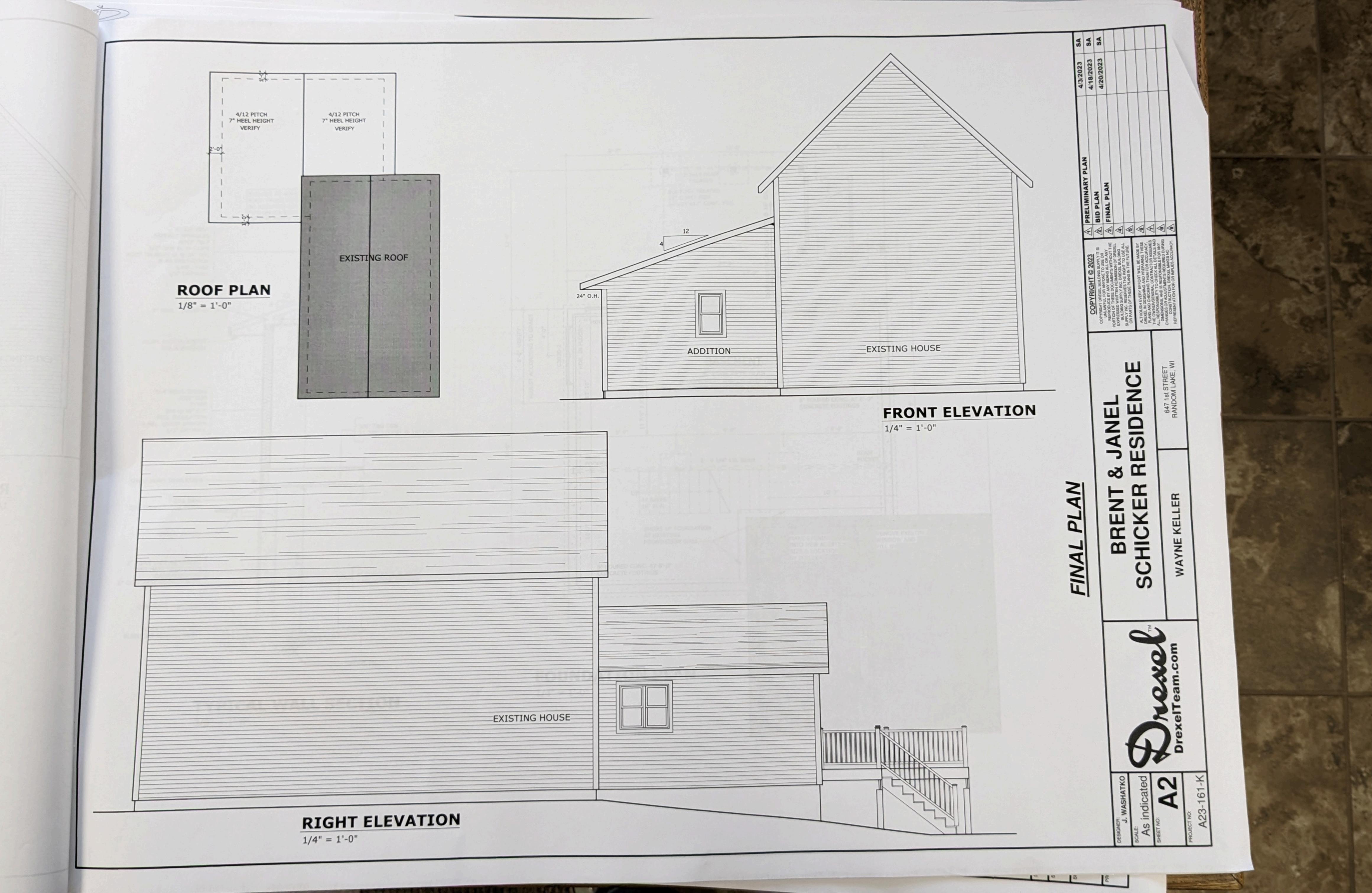
Job Location (identify exact address) 647 First St. Rawlon Lake			Permit#				
Owner's Name Schicker Phone Number 262 (89 188)			Contact's Name (When Relevan	t)		Phone No	ımber
Owners Address (if different from above)			City State			Zip Code	
Contractor's Name MCCONSTRUCTION and design DC-0703,00044		Contractor's Contact Name Wayne Kelle	·~		Phone Nu	imber 889 – 8760	
Contractor's Address	III III	0103800 10	City		State	Zip Cod	e
W5791 Pravie	sibility of the permit he	older to arrange for	appointment times when entrif the work is not visible, a re-	y is availab	le for the r	53075 equired inspections If the	
Use of Building	Type of Work	ess the work site or	If the work is not visible, a re-		tee will be ze/Qty.	e charged.	Amount
Residential	□ New	Residence (One &			-c. Q.J.	.30/sq. ft.	rimount
☐ Multi-Family	Addition	Residential Additi				.30/sq. ft.	
,	☐ Alteration/Repair	Attached/Detached	d Garage			.25/sq. ft.	
	l	Plan Review: Hou				.12/sq. ft.	
		State Permit Seal	(\$33.00 (State fee) + \$10.00)			\$43.00	
		Occupancy Permit	t (House & Garage)			.05/sq. ft.	
2:		Remodeling (Inclu	udes Plan Review)			.20/sq. ft.	
		Erosion Control				150.00.	
		Decks & Porches				.20/sq. ft.	
		Storage Sheds	,			30.00	
		Re-Roof				50.00	
		Re-Siding				50.00	
			(above ground/in ground/spas)				
		Fence				80.00 30.00	
					- 7		
Required for exterior design location (fences, accessory b pools, etc.)	, appearance and uildings, decks, porches,	Plan Commission/ Fee	/Architectural Review Board			280.00	
		Expedited Meeting	g Fee (Nonrefundable)			100.00	
		Re-inspection Fee			-	75.00	
NOTES: Salle bro		trim herring	ione , asphalt shi	ngles -	match	existing	shingles
If any work is commenced be			fees shall be doubled	<u> </u>	1		
All calculations for square for			1003 SHELL DO GORDIOU				
	and State of Wisconsin co	odes applicable to the	posed work to be performed on it, I a occupancy and work stated above. I adom I ake ordinances			SUB TOTAL:	
	F P14231100		BASE FEE (add to	o subto	tal):		\$40.00
Applicants Signature:	ich.	Applicants Nat Brent	me:		Permit Total:		
OFFICE USE ONLY Permit Paid By:		~			Date		

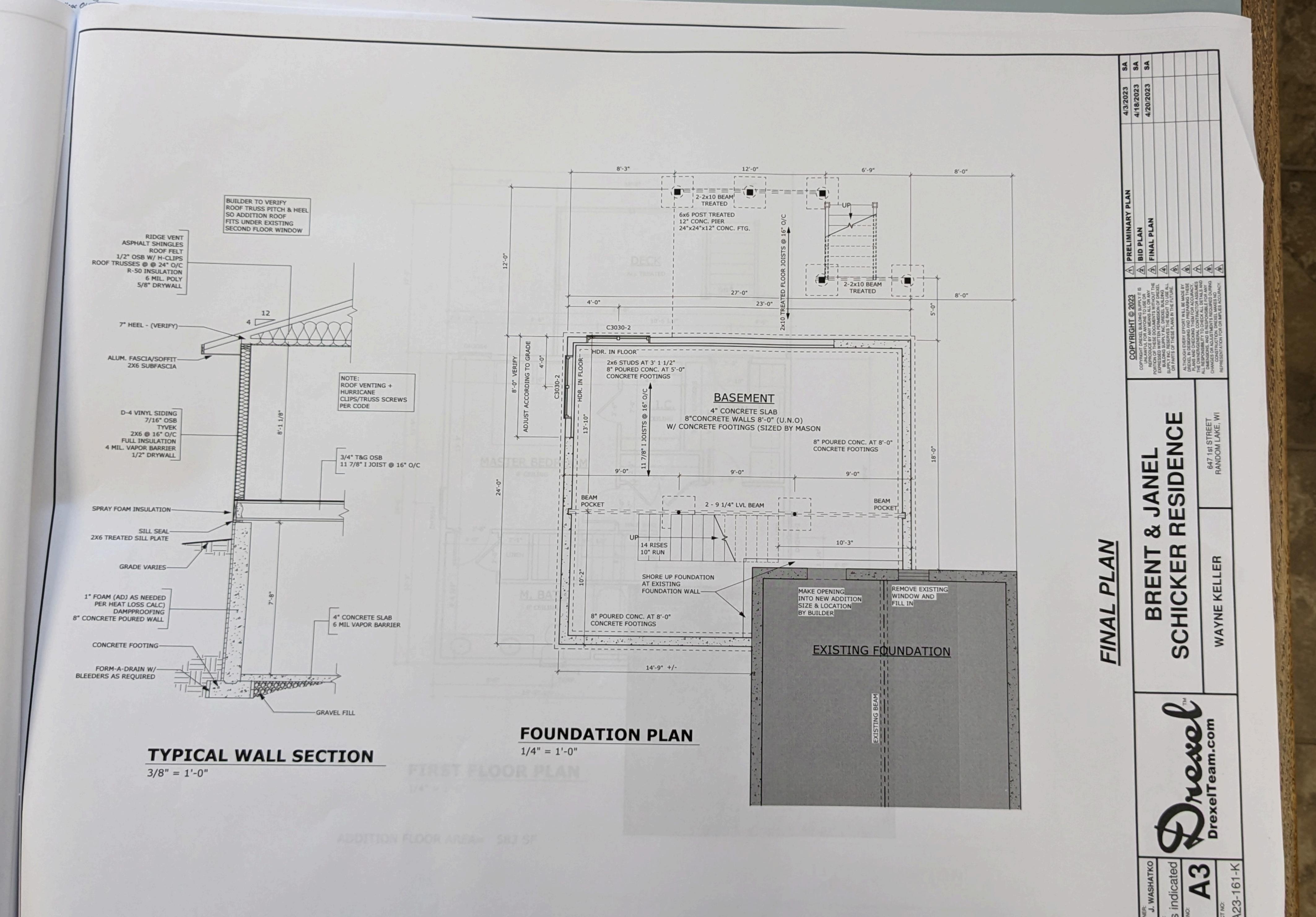
PLAT OF SURVEY

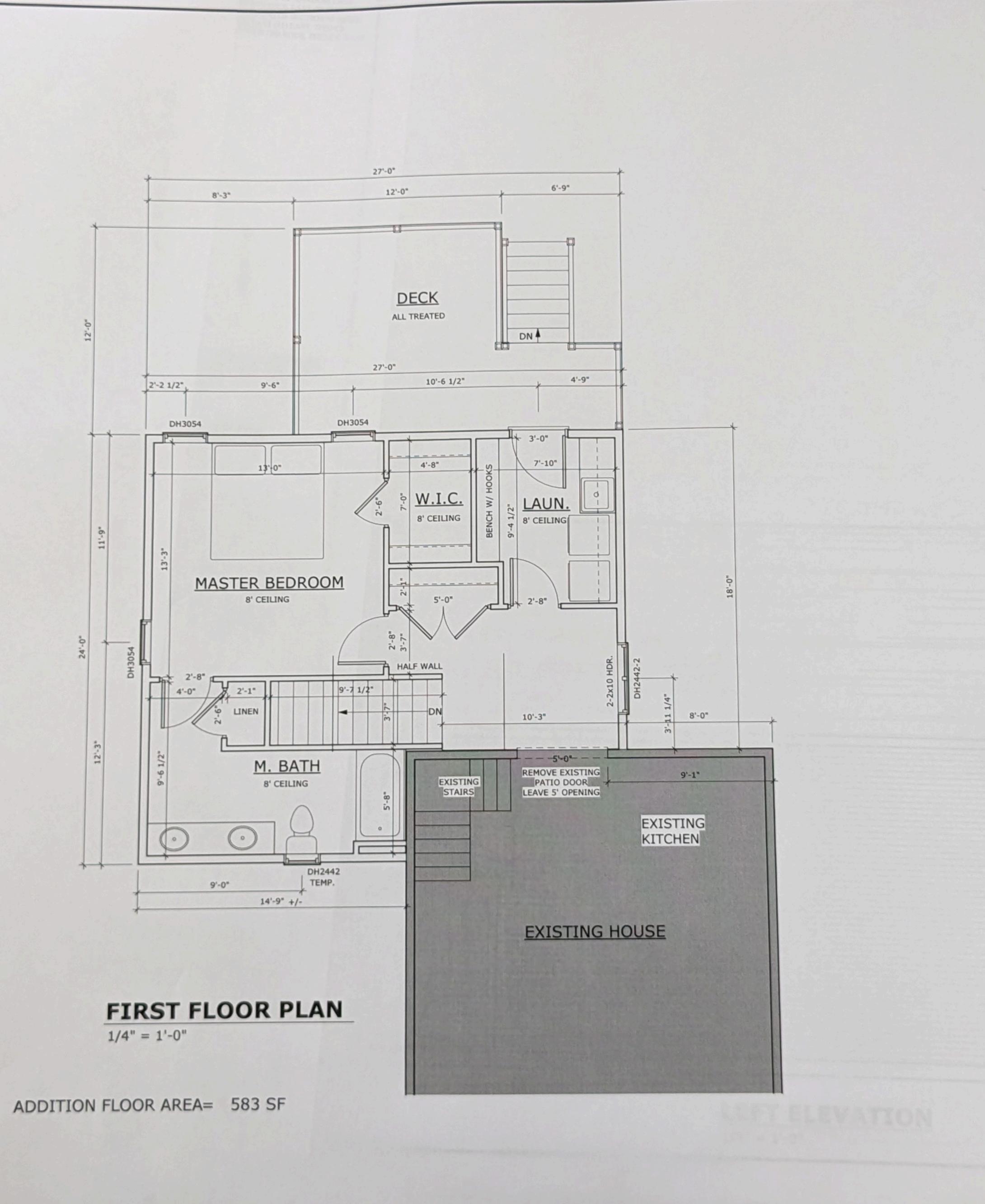
OWNERS: JANEL L. HUBACEK BRENT A. SCHICKER 647 1ST STREET RANDOM LAKE, WI 53075 PART OF THE SW1/4 OF THE NE1/4 OF SECTION 34, TOWN 13 NORTH, RANGE 21 EAST, IN THE VILLAGE OF RANDOM LAKE, SHEBOYGAN COUNTY, WISCONSIN, DESCRIBED AS: COMMENCING AT A POINT FORTY-SEVEN (47) RODS EAST OF THE SOUTHWEST CORNER 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 RUNNING EAST ALONG THE PUBLIC HIGHWAY FIVE (5) RODS, THENCE RUNNING NORTH SIXTEEN (16) RODS, THENCE WEST FIVE (5) RODS, THENCE SOUTH SIXTEEN (16) RODS TO THE PLACE OF BEGINNING.











EINIA! DI AN

BRENT & JANEL SCHICKER RESIDENCE

YNE KELLER

BrexelTeam.com

1/4" = 1'-0"

1/4" = 1'-0"

FINO A 4 4 Prex PACT NO: A 20. 16.1-K



PLAN REVIEW STATUS (/PUBLICLOOKUP?

MINE SAFETY TRAINING DEFAULTSERACHOPTION=PLANREVIEW) (/APEX/MINE_SAFETY_COURSE_REGISTRATION_HOME)

UNIFORM DWELLING CODE PERMITS (/APEX/CUSTOMER_PORTAL_INTRO_PAGE)

UDC PERMIT SEARCH (/APEX/BUILDINGPERMITSEARCH)

UDC MUNICIPAL LOGIN (/APEX/MUNICIPALITYLOGINPORTAL) INSPECTOR LOOK-UI (/INSPECTORLOOKUP

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

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

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 SUBDIVISON 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
			500
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 PRIVACY NOTICE (CONTACTUS) (HTTPS://WWW.WISCONSIN.GOV/PAGES/POLICIES.ASPX) © 2023 State of Wisconsin.

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:

Owner/Agent:

Designer/Contractor:

Werner Homes 4539 S Taylor Dr Sheboygan, WI 53081

920-458-4104

wernerhomes@wernerhomes.com

East Shore Dr

Random Lake, WI 53075

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-ongrade 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

Project Title: Reuteler

Data filename: I:\Construction\DESIGN\2023 EWS\RESCHECK\REUTELER.rck

Report date: 05/25/23

Page 1 of 2

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.

picluggel- Project Coordinatur

Project Title: Reuteler Data filename: I:\Construction\DESIGN\2023 EWS\RESCHECK\REUTELER.rck WERNER HOMES 4539 TAYLOR DR. SHEBOYGAN, WI. 53081

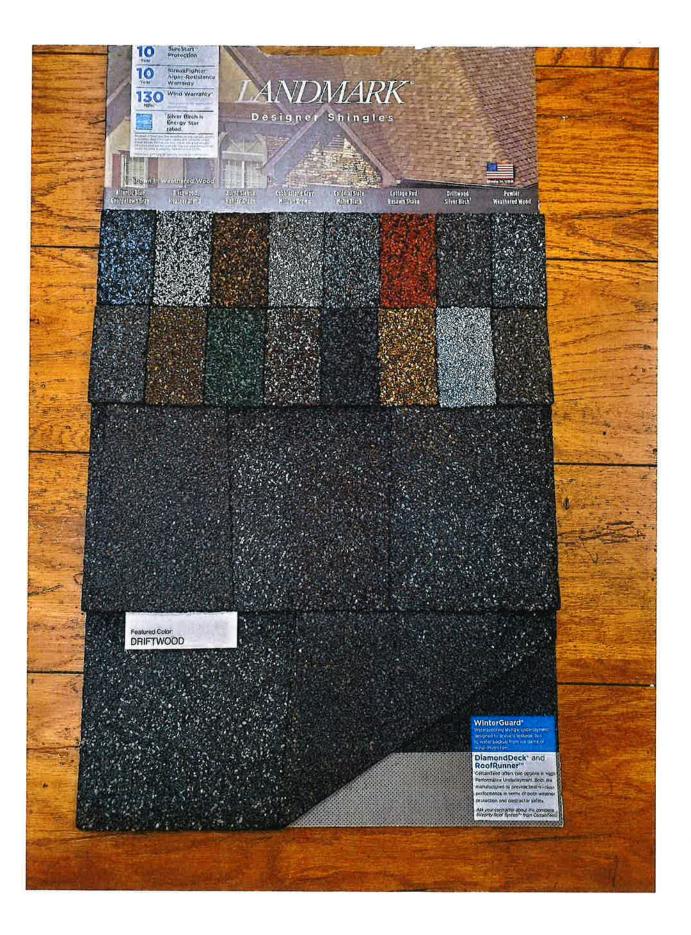
JOB NAME: JAKE & CARLI REUTELER ADDRESS: EAST SHORE DR, RANDOM LA

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		





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.

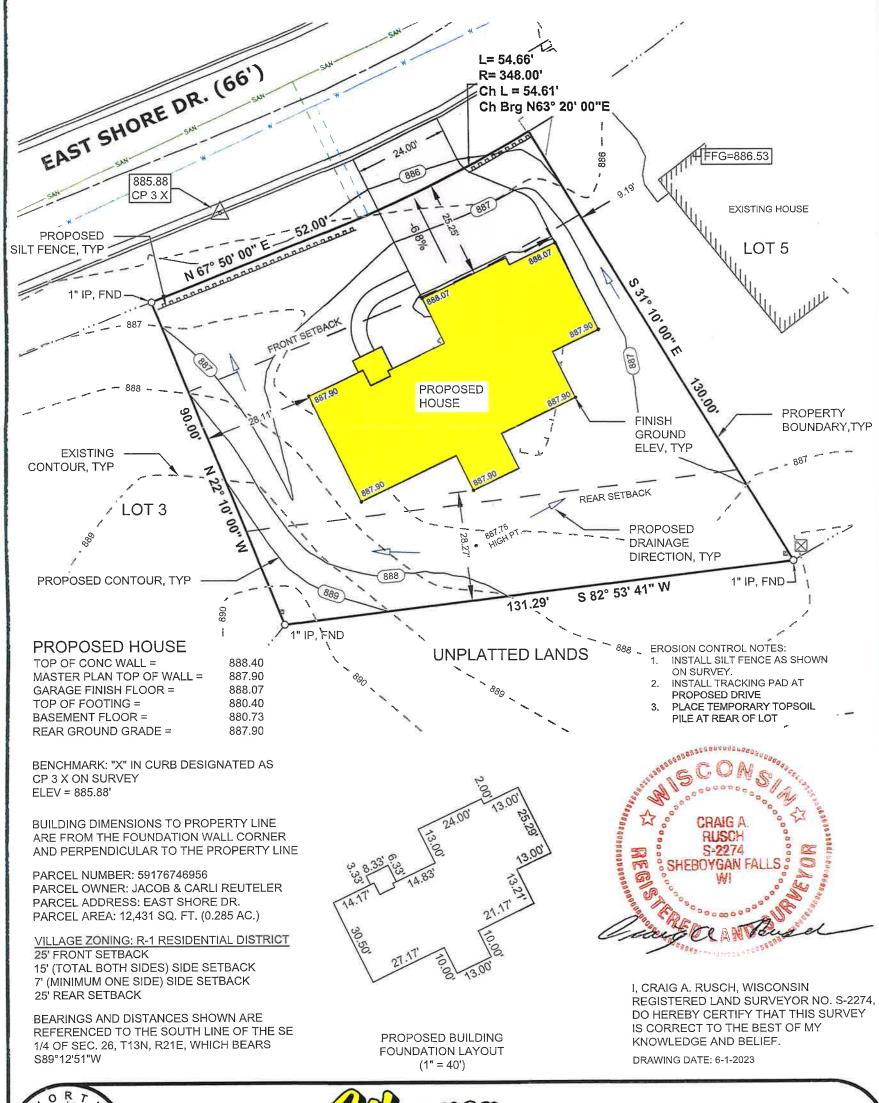
BUILDING PERMIT SURVEY

LOT 4 OF LAKE VIEW ESTATES

PART OF GOVERNMENT LOT 4, SECTION 26, T13N, R21E

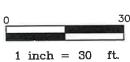
VILLAGE OF RANDOM LAKE

SHEBOYGAN COUNTY, WISCONSIN





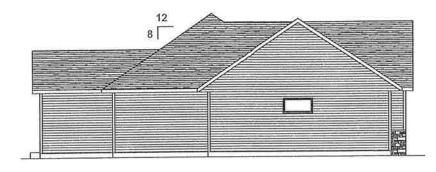
GRAPHIC SCALE





REUTELER RESIDENCE

EAST SHORE DRIVE RANDOM LAKE, WI

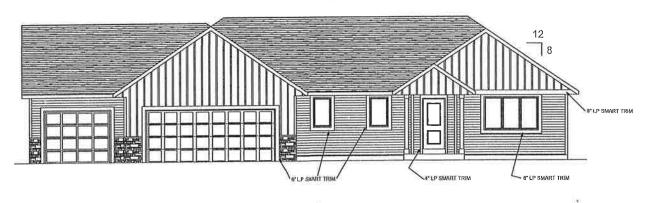


SCALE: 1/8" :1'-0'



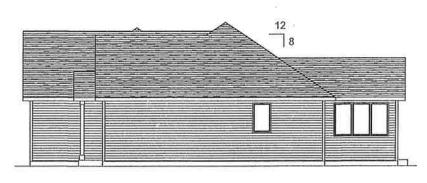
REAR ELEVATION

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



FRONT ELEVATION

BCALE: VB* 4'-0"



RIGHT ELEVATION 9CALE: 1/8" #1'-0"

ELEVATIONS

NOTES: 1) REUTELER

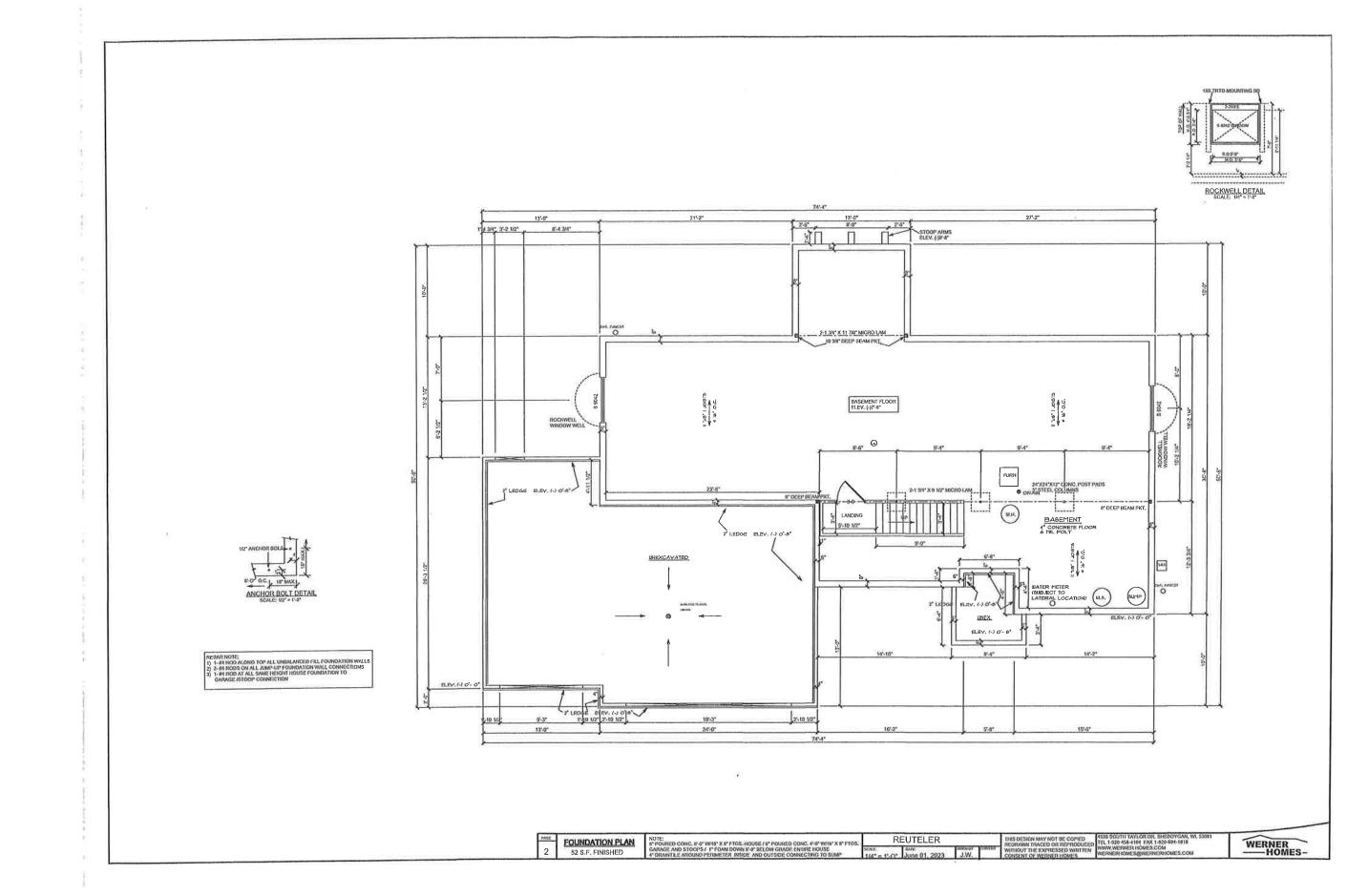
SCALE: DATE: ORWIN BY CHROEN

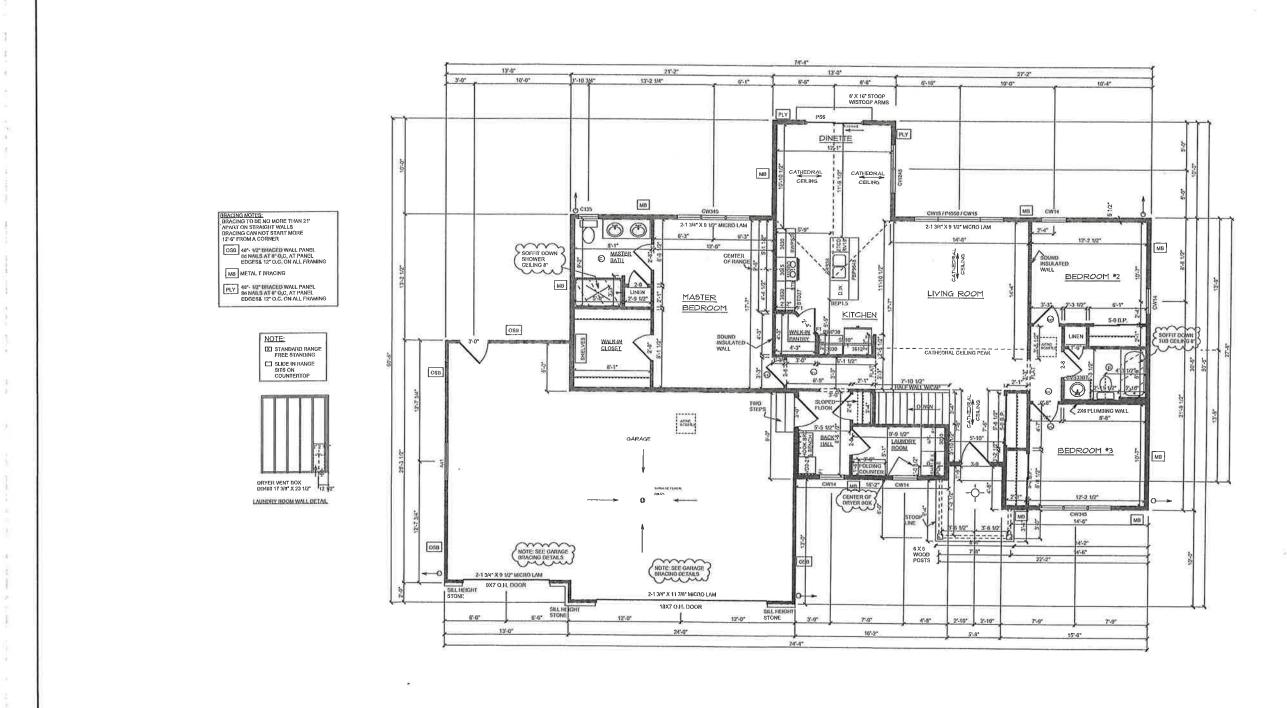
1/4" = 1'-Q" June 01, 2023 J.W.

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 1-920-458-4104 FAX 1-920-694-1818 WWW.WERNER HOMES.COM WERNERHOMES@WERNERHOMES.COM

WERNER HOMES-





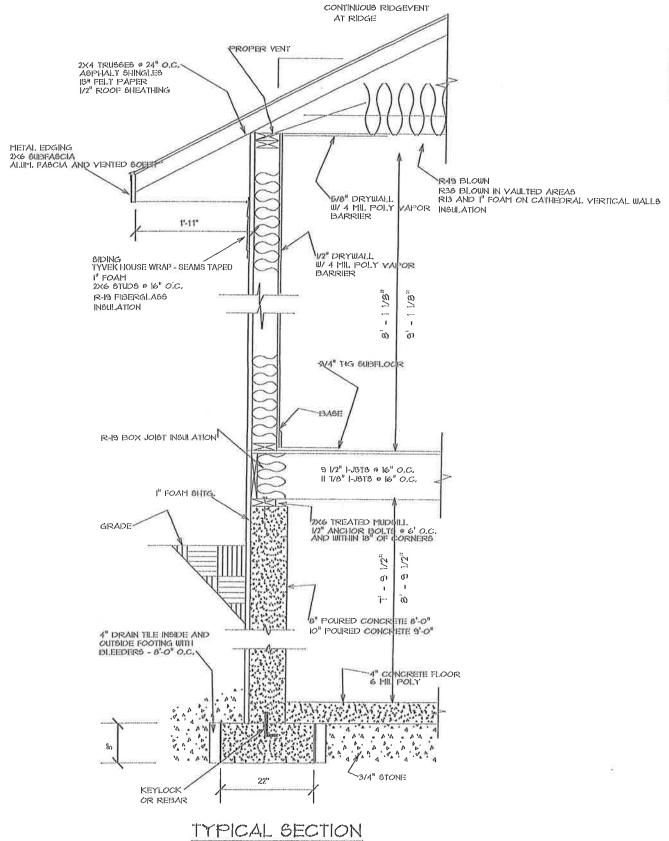
3 FLOOR PLAN 1641 S.F.

NOTES:

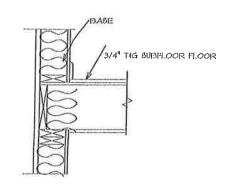
REUTELER

THIS DESIGN MAY NOT BE COINED
BEDRAWN TRACED OR REPRODUCED
WITHOUT THE EXPRESSED WRITTEN
WWW.WERNER HOMES.COM

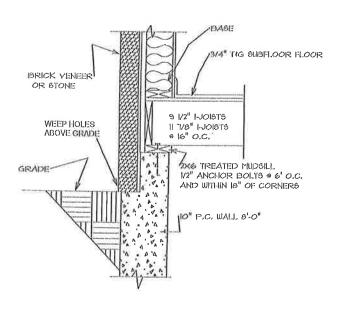
WERNER HOMES-



OTHER NOTES: 1. LOAD POINT'S GO TO FOUNDATION
2. PROPER FLASHING OVER DOOR AND WINDOW TRIM 2. PROPER PLASHING 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

TYPICAL SECTIONS

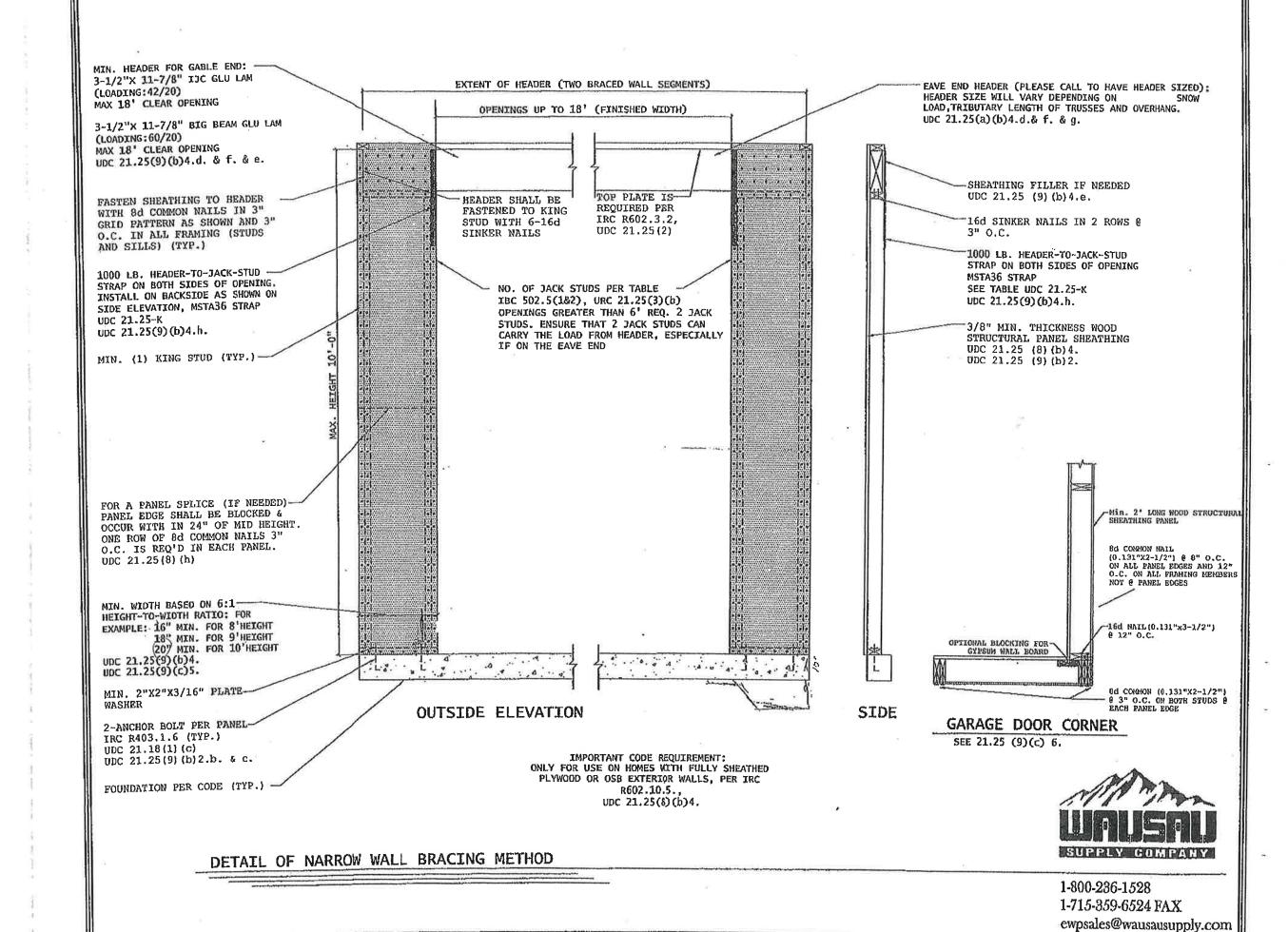
NOTES:

November 18, 2020T.D.

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

4539 TAYLOR DR. SHEBOYGAN, WI, 53001 TEL 1-920-458-4104 FAX 1-920-694-1018 WWW.WERNER HOMES.COM WERNERHOMES@WERNERHOMES.COM

WERNER HOMES-



6/02/2023 12:49 PM Meter Information - Full Report Page:

1

UTIL All Accounts/All Meters - By Meter Nbr

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/Seg Nbr: 11-0099 Location: Pressure Zone Cd: 00

Route/Seq Nbr: 11-0099 Location: Pressure Zone Cd:

ROM Serial Nbr: ROM Install Date:

Register ID: 80344277 MXU/MIU ID: 81734562

Utilities: SEWER WATER

Memos: 1st:

2nd: 3rd:

Read Date Reading Consumption Comment 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 3593 Remote Reading 361750 1/14/2021 358157 4780 Remote Reading 12/07/2020 353377 3825 Remote Reading 6/02/2023 12:49 PM Meter Information - Full Report Page: 2

UTIL All Accounts/All Meters - By Meter Nbr

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

Thru: 000-0980-00

SEWER

Residential

5/8" & 3/4" 1

======

Residential Meter Count 1

SEWER Meter Count

WATER

Residential

5/8" & 3/4"

Residential Meter Count

=====

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 1st 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 1st 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:
ATTESTED:	Michael San Felippo, President
Stephanie Waala Village Clerk/Treasurer	Date Adopted:
	Date Published:
	Effective Date:

Village of Random Lake Fee Schedule

		Charact for Cidayyally Tyracyatians for On anima
12/4/2017	\$10.00	Street & Sidewalk Excavations & Openings Application Fee
12/ 1/2017	\$5.00/4-day period	Obstructions & Encroachments
	No more than 3 in one calendar year	Street Permit
	-	Right-of-Way Excavation
12/4/2017	\$200.00	Permit Fee
12/4/2017	Refer to DPW for Fee Schedule	Degradation Fee
6/5/2023	\$100 per Occurance	Brush, Grass, and Weeds Removal Violation
6/5/2023	\$75 minimum or actual cost (\$35 per hour, per person + \$30 equipment cost per hour)	Brush, Grass, and Weeds Removal Cost Violation
		Subdivisions
	\$60.00 + \$5.00 per lot	Perliminary Plat Review
12/4/2017	\$30.00 + \$5.00 per lot	- Reapplication Fee
/-/	\$60.00 + \$5.00 per lot	Final Plat Review
12/4/2017	\$30.00 + \$5.00 per lot	- Reapplication Fee
12/4/2017	\$50.00 + Recording Cost	Certified Survey Map Review Fee
12/4/2017	\$900.00 per lot	Park Fee
12/4/2017	Actual Cost	Inspection Fee
12/4/2017	Actual Cost	Engineering Fee
12/4/2017	Actual Cost	Legal Fees
	¢1.40.00	Erosion Control Fee
	\$140.00 \$140.00	- One & Two Family - Multi Family
12/4/2017	\$170.00	- Commercial/Industrial
12/4/2017	\$250.00 + Prosecution Cost	Penalty
		Traffic & Vehicles
	\$5.00/4-day period	
	No more than 3 in one calendar year First Offense \$100.00 Each	Street Permit
2/7/2022	Offense Thereafter \$250.00	Disorderly conduct with a motor vehicle/watercraft
2,1,2322	First Offense \$50.00 Each	Esservery consuler was a more versely water rain
4/9/2018	Offense Thereafter \$250.00	Engine Braking Penalty
2/6/2023	\$25.00 per Occurance	Parking Violation
2/6/2023	\$100 per Occurance	Snow Removal Violation
2/6/2023	\$75 minimum or actual cost (\$35 per hour, per person + \$30 equipment cost per hour)	Snow Removal Cost Violation
1/1/2022	\$25 May 1st - April 30th	Golf Cart Permit
7/18/2022	\$50 first offense/ \$125 all additional	Golf Cart Violation
,=====		Utility Charges
5/1/2023	\$12.55 per 1,000 gallons	Category A - Domestic Wastewater
5/1/2023	\$2.66 per pound	Category B - BOD (Biochemical Oxygen Demand)
5/1/2023	\$1.12 per pound	SS (Suspended Solids)
5/15/2023	\$0.34 per month	LSB (Limited Sewer Backup)
5/1/2023	\$10.73 for 5/8-inch meter	Water - Monthly Public Fire Protection Service
5/1/2023	\$10.73 for 3/4-inch meter	, in the second



Milwaukee Burlington Chicago Fox Valley Louisville Wausau

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

	Hours	Rate	Amount
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

12,696.50

Consultants

Acuren Inspection Inc	2,009.15
CGC, Inc.	7,451.00
Symbiont	149,211.61

Subtotal 158,671.76 158,671.76

Reimbursable Expenses

Cost - Mileage-Personal Vehicle 37.50
Subtotal 37.50

Billing Limits	Current	Prior	To-Date	
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

Project	20.0098.01	WWTF Upgra	WWTF Upgrades - Final Design			116476	
BTD							
		Current	Prior	JTD			
Labor		12,696.50	356,638.50	369,335.00			
Consu	ltant	158,671.76	260,808.60	419,480.36			
Expens	se	37.50	738.14	775.64			
Totals		171,405.76	618,185.24	789,591.00			

Agreement Amount 848,034.00

For questions regarding this invoice please contact:

Aaron Groh

Project 20.0098.01 WWTF Upgrades - Final Design Invoice 116476

Billing Backup

Tuesday, December 6, 2022 Kapur and Associates, Inc. 2:17:15 PM Invoice 116476 Dated 12/6/2022

Labor	Category	,

0 ,		Hours	Rate	Amount
Project Manager				
86 - Groh, Aaron	8/29/2022	4.00	168.00	672.00
deliver floodplain repo cwf, structural		nty, site layou	ut meeting,	
86 - Groh, Aaron CWF	8/30/2022	.50	168.00	84.00
86 - Groh, Aaron CWF	8/31/2022	3.00	168.00	504.00
86 - Groh, Aaron wdnr coordination	9/1/2022	1.50	168.00	252.00
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 f		1.50	100.00	232.00
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	0/20/2022	0.00	. 10.00	337.33
4 - Laufer, Matthew	8/30/2022	3.50	119.00	416.50
cwf application				
4 - Laufer, Matthew cwf application	8/31/2022	3.00	119.00	357.00
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	0/00/0000	2.00	00.00	204.00
17 - Grosskreutz, John Final Plan Review	8/29/2022	3.00	88.00	264.00
17 - Grosskreutz, John	8/30/2022	2.00	88.00	176.00
Final Plan Review	0,00,-0-			
17 - Grosskreutz, John	8/31/2022	3.00	88.00	264.00
Final Updates	0/0/0000	0.00	00.00	470.00
17 - Grosskreutz, John Final Plan Review	9/2/2022	2.00	88.00	176.00
17 - Drescher, David	9/6/2022	4.00	88.00	352.00
Preliminary	0, 0, 2022	7.00	00.00	302.00
17 - Grosskreutz, John	9/6/2022	5.00	88.00	440.00
Final Plan Review				

Project	20.0098.01	WWTF Upgrades	- Final Design	l	Invoic	e 116476
17 - Grossk	kreutz, John	9/7/2022	4.00	88.00	352.00	
47 0	Final Plan Review	0/0/0000	4.00	00.00	250.00	
17 - Grossk	reutz, John	9/8/2022	4.00	88.00	352.00	
Ctruotu	Final Plan Review					
	ral Project Manager	0/0/2022	2.00	170.00	240.00	
346 - Zagio	oul, Mohammed	9/8/2022	2.00	170.00	340.00	
Ctmat	Structural design					
	ral Engineer	0/00/0000	2.00	112.00	220.00	
325 - CONN	olly, Shannon	8/28/2022	2.00	113.00	226.00	
aar Cann	Final Clarifier & Pipe		2.00	112.00	220.00	
325 - COIII	olly, Shannon	8/29/2022	3.00	113.00	339.00	
OOF Conn	Final Clarifier & Pipe		2.00	112.00	220.00	
325 - COIII	olly, Shannon	8/30/2022	3.00	113.00	339.00	
225 Cana	Final Clarifier & Pipe		2.00	112.00	220.00	
ozo - Conn	olly, Shannon Final Clarifier & Pipe	9/1/2022	3.00	113.00	339.00	
225 Cana	·	e Tunnel & Garage D 9/2/2022		112.00	670.00	
ozo - Conn	olly, Shannon		6.00	113.00	678.00	
225 0	•	e Tunnel & Garage D		112.00	704.00	
o∠o - Conn	olly, Shannon	9/6/2022	7.00	113.00	791.00	
225 Cana	Final Clarifier and g	_	7.00	112.00	704.00	
325 - CONN	olly, Shannon	9/7/2022	7.00	113.00	791.00	
205 Cana	Final Clarifier and g	-	0.00	112.00	004.00	
325 - CONN	olly, Shannon	9/8/2022	8.00	113.00	904.00	
005 0	Final Clarifier and g	-	F 00	440.00	505.00	
325 - Conn	olly, Shannon	9/9/2022	5.00	113.00	565.00	
	Final Clarifier and g	arage door	400.00		40,000,50	
	Subtotal		109.00		12,696.50	42 COC EO
						12,696.50
Consultan	ts					
Acuren Insp	pection Inc					
AP 1394	45 9/30/2022	Acuren Inspec	tion Inc		2,009.15	
CGC, Inc.						
AP 1390	00 8/30/2022	CGC, Inc.			7,451.00	
Symbiont						
AP 1390	89 8/31/2022	Symbiont			39,639.86	
AP 1390	90 8/31/2022	Symbiont			49,198.00	
AP 1394	75 10/29/202	2 Symbiont			60,373.75	
	Subtotal				158,671.76	158,671.76
Reimbursa	ible Expenses					
	age-Personal Vehicle	7				
	age-Personal veriicie 0007424 9/6/2022		John / WWTF l	Ingrades -	37.50	
8	0001424 3/0/2022		Random Lake		37.30	
•			In Review Me			
		60.00 miles @		-		
	Subtotal				37.50	37.50
				Total this	Project	\$171,405.76

Total this Report

\$171,405.76



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

CUSTOMER NO:

70-0222491

INVOICE DATE:

9/24/2022

CUSTOMER P.O.: Aaron

SERVICE CALL #:

793041

TERMS:

NET 30 DAYS

DESCR <mark>IPT</mark> ION		QUANTITY	PRICE	AMOUNT
3/2/22 Waste Water Treatment Facility File # M13-B-89 Random Lake, WI				
Tech: Travis Taylor				
Level II UT Technician	HR	8.000	80.000	640.00
Level II UT Technician OT	HR	9.000	120.000	1,080.00
MT Yoke	Each	1.000	40.000	40.00
Ultra Gel II Couplant	GAL	0.500	72.000	36.00
Vehicle Charge	Each	1.000	55.000	55.00
MILEAGE	EA	95.000	1.250	118.75
Environmental Surcharge	Each	1.000	39.400	39.40
	LAST ITEM		and the state of t	and the second section of the second
PLEASE REMIT TO:	and the second s		Subtotal	2,009.15
PO Box 846313			Sales Tax	0.00
Dallas, TX 75284-6313		Balanc	e	2,009.15

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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

ULTRA	SO	NIC	EX	AMI	NATI	ON	IRE	EPC	RT		/W.520 W.							Pag	e 1 of 1	
CUSTOMER:												- 1	ACUREN SERV	CE CALI	_#:		DATE:		2	
Kapur Inc.										Non-		1	793041 08/02/2022 CUSTOMER CONTACT:							
LOCATION/ADDR			. 1 - 1	3000	-2075							- 1	cusтомек сс Aaron Grol							
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providing the Deliv											Print N	Name / S	ignature			Date				

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, identify deficiencies in writing, and provide written rejection, or else the Deliverable will be deemed accepted. The Deliverable and other services provided by Acuren are governed by a Master Services Agreement ("MSA"). If the parties have not entered into an MSA, then the Deliverable and services are governed by the SOW and the "Acuren Standard Service Terms" (www.acuren.com/serviceterms) in effect when the services were ordered.





Attn: Accounts Payable / Mr. John Grosskreutz

Kapur & Associates, Inc.
APInvoice@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)

Construction/Laboratory Services (Details Attach	\$102.00	
Reimbursable Expenses		
Total Consultant Expenses	\$4,899.00	
J & J Soil Testing, Ltd., Corp.	\$4,899.00	
Consultant Expenses		
Geotechnical Report (Updated)	Lump Sum	\$2,450.00

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: 2331 Initials: Week Ending: 7/16/2022

Date Received: # Tests Unit Price Total

Geotechnical Lab Index/Classification Tests Natural Moisture 3 \$7.00 \$21.00

CM19213 - Random Lake WWTF Upgrades 2331 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: 2349 Initials: Week Ending: 7/23/2022

Date Received: # Tests Unit Price Total

Geotechnical LabIndex/Classification TestsUnit Weight3\$20.00\$60.00Geotechnical LabIndex/Classification TestsNatural Moisture3\$7.00\$21.00

CM19213 - Random Lake WWTF Upgrades 2349 Ticket Total \$81.00

CM19213 - Random Lake WWTF Upgrades, Week Ending: 7/23/2022 Weekly Total \$81.00

CM19213 - Random Lake WWTF Upgrades Grand Total \$102.00



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

Phase

Kapur & Associates, Inc. apinvoice@kapurinc.com

August 16, 2022

Invoice Number: 55329

NET DUE 45 Days

Invoice Total \$39,639.86

Project Manager Patrick Carnahan

Project 20PS35691 Kapur - Random Lake WWTP Final Design (HVAC, Electrical,

Project Management

Controls and Process QA QC)

Purchase Order #: 20.0098.01

Professional Services through July 31, 2022

0001

Professional Personnel	3		
	Hours	Amount	
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	
Total Professional	Services		31,700.50

Reimbursable Expenses

Travel & Living 212.36

Total Reimbursables 212.36

Phase Total \$31,912.86

Phase 0002 Electrical Design

Professional Personnel

 Hours
 Amount

 Carnahan, Patrick
 1.00
 242.00

 Williams, Barry
 31.00
 5,580.00

Total Professional Services 5,822.00

Phase Total \$5,822.00

Phase 0006 Plumbing Design

Professional Personnel

Hours Amount Plewa, Peter 15.00 1,905.00

Total Professional Services 1,905.00

Project	20PS35691	Random Lake WWTP Final Design	Invoice	55329	
		Phase Total	\$1,	,905.00	
		Total Invoice Amount	\$39,	,639.86	

Outstanding Invoices

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



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 Pe	rsonnei					
			Hours	Amount		
Butt, Jonatha	an		35.50	6,141.50		
Carnahan, P	atrick		32.50	7,865.00		
Chancellor, L	∟uke		99.00	11,088.00		
Frey, Jacob			12.00	1,680.00		
Froehlich, Ja	son		5.00	950.00		
Yuhas, Kate			32.50	4,550.00		
	Total Prof	essional Services			32,274.50	
				Phase Total	\$32,274.50	
Phase	0002	Electrical Design				

Professional Personnel

HoursAmountWilliams, Barry52.009,360.00

Total Professional Services 9,360.00

Phase Total \$9,360.00

Phase 0003 HVAC Design

Subcontractors

RTM Engineering Consultants, LLC 1,721.50

Total Subcontractors 1,721.50

Phase Total \$1,721.50

Phase 0006 Plumbing Design

Project 20PS35691 Random Lake WWTP Final Design Invoice 55380

Professional Personnel

 Hours
 Amount

 Plewa, Peter
 46.00
 5,842.00

Total Professional Services 5,842.00

Phase Total \$5,842.00

Total Invoice Amount \$49,198.00

Outstanding Invoices

Number	Date	Balance
55016	6/17/2022	6,777.17
55137	7/15/2022	21,477.25
55329	8/16/2022	39,639.86
Total		67.894.28



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

Aaron Groh October 20, 2022

Kapur & Associates, Inc. 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

apinvoice@kapurinc.com

	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

Total Professional Services 36,423.00

Reimbursable Expenses

Mileage - Employee Vehicle 57.75

Total Reimbursables 57.75

Total this Phase \$36,480.75

Phase 000002 Electrical Design

Professional Personnel

 Hours
 Rate
 Amount

 Williams, Barry
 77.00
 180.00
 13,860.00

Total Professional Services 13,860.00

Total this Phase \$13,860.00

Phase 000006 Plumbing Design

Professional Personnel

 Hours
 Rate
 Amount

 Plewa, Peter
 79.00
 127.00
 10,033.00

Total Professional Services 10,033.00

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

Project	R4666690- 222079.01	Random Lake WWTP Final Design		55594
		Total this Phase		\$10,033.00

Total Invoice Amount

\$60,373.75

Outstanding Invoices

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

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

Adopted this 5th day of June, 2023.

Clerk/Treasurer

- 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).

Michael San Felippo, President
nenaer San Fenppo, Frestuent

Random Lake Village

Last Updated: Reporting For:

2022 5/16/2023

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	Х	77	Х	8.34	=	123
February	0.2532	Х	77	Х	8.34	=	163
March	0.3367	Х	60	Х	8.34	=	167
April	0.3985	Х	52	Х	8.34	=	173
May	0.3527	Χ	58	Х	8.34	=	171
June	0.3595	Χ	79	Х	8.34	=	237
July	0.2956	Χ	76	Х	8.34	=	188
August	0.3245	Χ	67	Х	8.34	=	181
September	0.2998	Χ	81	Х	8.34	=	201
October	0.2644	Х	75	Х	8.34	=	166
November	0.3794	Х	54	Х	8.34	=	170
December	0.3775	Х	139	Х	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	Х	%	=	% of Design
Max Month Design Flow, MGD	.45	Х	90	=	0.405
		Х	100	=	.45
Design BOD, lbs/day	749	Х	90	=	674.1
		Х	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	flow was greater	Number of times flow was greater than 100% of	BOD was greater	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 ea	ach	2	1	3	2
Exceedances	5	0	0	0	0
Points		0	0	0	0
Total Numb	per of Po	oints			0

0

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? Enter last calibration date (MM/DD/YYYY) Yes 2022-10-06 O 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 o 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** o Yes o Yes o Yes No No No 5.2 Did you receive septage at your facility? If yes, indicate volume in gallons. Septic Tanks o Yes gallons No Holding Tanks o Yes gallons No **Grease Traps** o 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? o Yes No If yes, describe the situation and your community's response.

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

Random Lake Village

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

o Yes

No

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.

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	Α

Random Lake VillageLast 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	90% of Permit Limit	Effluent Monthly Average (mg/L)	Months of Discharge	Permit Limit Exceedance	90% Permit Limit	
	Limit (mg/L)	> 10 (mg/L)		with a 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	o
November	15	13.5	4	1	0	0	
December	15	13.5	6	1	0	0	
		* Eq	uals limit if limit is	<= 10			
Months of d	ischarge/yr			12			
Points per each exceedance with 12 months of discharge					7	3	
Exceedances					0	0	
Points					0	0	
Total numb	per of points					0	

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.	F	low	Me	ter	Cal	lih	ra	ti.	n	n

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

Yes

Enter last calibration date (MM/DD/YYYY)

2022-10-06

o 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

Random Lake Village

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

٧O

If Yes, please explain:

Residual chlorine. System needed to be calibrated with the new operator. Fecal coliforms. System needed to be calibrated with new operator.

- 4.2 At any time in the past year was there a failure of an effluent acute or chronic whole effluent toxicity (WET) test?
- Yes
- No

If Yes, please explain:

- 4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?
- o Yes
- o No
- N/A

Please explain unless not applicable:

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	Α

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.	Monthly	90% of	Effluent Monthly	Months of	Permit Limit	90% Permit		
001	Average	Permit Limit	Average (mg/L)	Discharge	Exceedance	Limit		
	Limit (mg/L)	>10 (mg/L)	with a 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		
		* Eq	uals limit if limit is	<= 10				
Months of D	ischarge/yr			12				
Points per each exceedance with 12 months of discharge: 7								
Exceedances 2								
Points	Points 14 6							
Total Num	ber of Points					20		
NOTE: For	cyctome that	discharge inter	mittently to state	waters the ne	ints nor month			

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

Total Points Generated	20
Score (100 - Total Points Generated)	80
Section Grade	С

20

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.	Monthly	Weekly	Effluent	Monthly	Effluent	Effluent	Effluent	Effluent	Weekly	
001	Average	Average	Monthly	Permit	Weekly	Weekly	Weekly	Weekly	Permit	
	NH3	NH3	Average	Limit	Average	Average	Average	Average	Limit	
	Limit	Limit	NH3	Exceed	for Week		for Week	for Week	Exceed	
	(mg/L)	(mg/L)	(mg/L)	ance	1	2	3	4	ance	
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						0
November	5.1		.417	0						
December	5.1		.213	0						
Points per e	ach excee	dance of N	Monthly av	erage:					10	
Exceedance	Exceedances, Monthly:								0	
Points:									0	
Points per e	Points per each exceedance of weekly average (when there is no monthly average):									
Exceedance	s, Weekly	:							0	
Points:									0	
Total Num	ber of Po	ints							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?

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	Α

Random Lake Village Last Updated: Reporting For: 5/16/2023 2022

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	Effluent Monthly	Months of	Permit Limit
	phosphorus Limit	Average phosphorus	Discharge with a	Exceedance
	(mg/L)	(mg/L)	Limit	
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 Discharg	je/yr		12	
Points per each e	10			
Exceedances	0			
Total Number of	Points			0

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?

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	Α

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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)	
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? 28)
o N/A	
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% H.Q. Ceiling Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec 80% High Ceiling	

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)

Random Lake Village

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0

0

- 0 1-2 (10 Points)
- \circ > 2 (15 Points)
- 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)
- o Yes
- O No (10 points)
- N/A Did not exceed limits or no HQ limit applies (0 points)
- N/A Did not land apply biosolids until limit was met (0 points)
- 3.1.3 Number of times any of the metals exceeded the ceiling limits = 0 **Exceedence Points**
- 0 (0 Points)
- 0 1 (10 Points)
- \circ > 1 (15 Points)
- 3.1.4 Were biosolids land applied which exceeded the ceiling limit?
- Yes (20 Points)
- No (0 Points)
- 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?
- 4. Pathogen Control (per outfall):
- 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.

Outfall Number:	003
Biosolids Class:	В
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

- 4.2 If exceeded Class B limit or did not meet the process criteria at the time of land application.
- 4.2.1 Was the limit exceeded or the process criteria not met at the time of land application? Yes (40 Points)
- No

If yes, what action was taken?

- 5. Vector Attraction Reduction (per outfall):
- 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.

Random Lake Village

Outfall Number:

Method Date:

12/31/2022

Option Used To Satisfy Requirement:

Requirement Met:

Land Applied:

Yes

Limit (if applicable):
Results (if applicable):

5.2 Was the limit exceeded or the process criteria not met at the time of land application?

• Yes (40 Points)

No

If yes, what action was taken?

6. Biosolids Storage

- 6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?
- >= 180 days (0 Points)
- o 150 179 days (10 Points)
- 0 120 149 days (20 Points)
- 90 119 days (30 Points)
- 0 < 90 days (40 Points)</p>
- N/A (0 Points)
- 6.2 If you checked N/A above, explain why.

7. Issues

7.1 Describe any outstanding biosolids issues with treatment, use or overall management:

Total Points Generated	0		
Score (100 - Total Points Generated)			
Section Grade	Α		

0

2022

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0

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Staffing and Preventative Maintenance (All Treatment Plants)

1. Plant Staffing	
1.1 Was your wastewater treatment plant adequately staffed last year?	
• Yes	
O No	
If No, please explain:	
Could use more help/staff for:	
1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and	
fulfill all wastewater management tasks including recordkeeping?	
• Yes	
O No	
If No, please explain:	
2. Preventative Maintenance	
2.1 Did your plant have a documented AND implemented plan for preventative maintenance on	
major equipment items?	
Yes (Continue with question 2) □□ N (40	
o No (40 points)□□	
If No, please explain, then go to question 3:	
New staff is not aware of one and is working on developing a PM plan.	
2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication,	
and other tasks necessary for each piece of equipment?	10
• Yes	10
o No (10 points)	
2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and	
filed so future maintenance problems can be assessed properly? o Yes	
Paper file system	
Computer system	
Both paper and computer system	
• No (10 points)	
3. O&M Manual	
3.1 Does your plant have a detailed O&M and Manufacturer Equipment Manuals that can be used	
as a reference when needed?	
• Yes	
o No	_
4. Overall Maintenance /Repairs	
4.1 Rate the overall maintenance of your wastewater plant.O Excellent	
o Very good	
o Good	
o Fair	
• Poor	
Describe your rating:	<u> </u>

Random Lake Village

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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.

Total Points Generated	10
Score (100 - Total Points Generated)	90
Section Grade	В

Random Lake Village Last Updated: Reporting For: 5/16/2023 2022

Operator Certification and Education

1.1 Did y	0 points) RUCE R NEERHOF	n-charge during the	e report year?			0
2.1 In acand subc	ation Requirements cordance with Chapter NR 114.5 lass(es) were required for the op t plant and what level and subcla	erator-in-charge (C	DIC) to operat	e the waste	water	
Class		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					
В	Solids Separation	X			X	
С	Biological Solids/Sludges	Х			X	20
Р	Total Phosphorus	X			X	
N	Total Nitrogen					
D	Disinfection	X			X	
L	Laboratory				X	
U	Unique Treatment Systems					
SS	Sanitary Sewage Collection	Х	NA	NA	NA	
plant? (N • Yes (0	the operator-in-charge certified a ote: Certification in subclass SS points) 0 points)				operate this	
3.1 In the to ensure of the fol One of An ar An ar Second A con None	sion Planning e event of the loss of your design the continued proper operation lowing options (check all that apport more additional certified opera rangement with another certified rangement with another communerator on staff who has an opera tified within one year sultant to serve as your certified of the above (20 points) of the above" is selected, please	and maintenance only)? tors on staff operator hity with a certified tor-in-training certi	of the plant the	at includes o	one or more	0
4 Continu	ing 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?

Last Updated: Reporting For: **Random Lake Village** 5/16/2023 2022 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.

Total Points Generated		
Score (100 - Total Points Generated)	80	
Section Grade	С	

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Financial Management

 Provider of Financial Information Name: 	
Stehanie Waala	
Telephone: 920-994-4852 (XXX) XXX-XXXX	
E-Mail Address (optional):	
clerktreasurer@randomlake.wi.com	
 2. Treatment Works Operating Revenues 2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ? ○ Yes (0 points) □□ No (40 points) If No, please explain: 	
Excessive past equipment replacement	
2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: 2022 ● 0-2 years ago (0 points) □□ ○ 3 or more years ago (20 points)□□ ○ N/A (private facility)	40
2.3 Did you have a special account (e.g., CWFP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system? • Yes (0 points)	
O No (40 points)	
REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3] 3. Equipment Replacement Funds 3.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: 2020 1-2 years ago (0 points) • 3 or more years ago (20 points) • N/A If N/A, please explain:	
3.2 Equipment Replacement Fund Activity	
3.2.1 Ending Balance Reported on Last Year's CMAR \$ 336,297.00	
3.2.2 Adjustments - if necessary (e.g. earned interest, \$ 0.00 audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	
3.2.3 Adjusted January 1st Beginning Balance \$ 336,297.00	
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.) + \$ 10,769.86	

Random Lake Village	Last Updated 5/16/2023	d: Reporting For 2022
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 repair	rs from 3.2.5 a	bove.
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 of Assistance Agreement (FAA) and should be regularly updated as needed instructions and an example can be found by clicking the SectionInstruct header in the left-side menu. 3.3.1 Is the December 31 Ending Balance in your Replacement Fund about greater than the amount that should be in it (#3.3)? • Yes • No If No, please explain.	. Further calcu tions link unde	lation r Info
 4. Future Planning 4.1 During the next ten years, will you be involved in formal planning for or new construction of your treatment facility or collection system? Yes - If Yes, please provide major project information, if not already lion No 		
Project Project Description #		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: 3		

Random Lake Village Last Updated: Reporting For: 5/16/2023 2022

January February March April May June July August September October November December Total Average	1,667 1,975 1,824 1,309 1,453 1,499 732 526 564 538 838 1,599 14,524 1,210	0	- - - - - - -
March April May June July August September October November December Total Average	1,824 1,309 1,453 1,499 732 526 564 538 838 1,599 14,524	_	- - - - - - -
April May June July August September October November December Total Average	1,309 1,453 1,499 732 526 564 538 838 1,599 14,524	_	- - - - - - -
May June July August September October November December Total Average	1,453 1,499 732 526 564 538 838 1,599 14,524	_	- - - - - - -
June July August September October November December Total Average	1,499 732 526 564 538 838 1,599 14,524	_	- - - - - -
July August September October November December Total Average	732 526 564 538 838 1,599 14,524	_	- - - - -
August September October November December Total Average	526 564 538 838 1,599 14,524	_	- - - - -
September October November December Total Average	564 538 838 1,599 14,524	_	- - - -
October November December Total Average	538 838 1,599 14,524	_	- - - -
November December Total Average	838 1,599 14,524	_	- - - -
December Total Average	1,599 14,524	_	
Total Average	14,524	_	- -
Average	<u> </u>	_	
	1,210	_	
6.1.2 Comme		0	1
☐ Extended S☐ Flow Meter ☐ Pneumatic ☐ SCADA Sy ☐ Self-Primir ☐ Submersib ☐ Variable S☐ Other:	ring and Recording Pumping stem ng Pumps Ile Pumps		
6.2.2 Comme	nts:		
6.3 Has an En ϵ	ergy Study been performe	ed for your pump/lift statio	ons?

Random Lake Village

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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?

n	O	n	e

- 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
Total	353,530	116.69		72.45		10,597
Average	29,461	9.72	3,134	6.04	5,326	1,060

7.1.2	Comment	ts:
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☐ UV Disinfection☐ Variable Speed Drives☐

☐ Nitrification☐ SCADA System

☐ Other:

Random Lake Village	Last Updated: 5/16/2023	Reporting For 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 treatment facility?	or the future for	· your	
8. Biogas Generation			
8.1 Do you generate/produce biogas at your facility? ● No			
o Yes			
If Yes, how is the biogas used (Check all that apply): \square 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 Comments			
Describe and Comment:			

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Total Points Generated	60
Score (100 - Total Points Generated)	40
Section Grade	F

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Sanitary Sewer Collection Systems

 Capacity, Management, Operation, and Maintenance (CMOM) Program Do you have a CMOM program that is being implemented? 	
o 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)? o 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?	
O 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?	
Trial is the regard, and regarded the test of the content of the c	
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	

Random Lake Village

		5/16/2023	2022
information for O&M accompliance of A description of routine of Capacity assessment passessment back assessing Regular O&M training of Design and Performance What standards and procest the sewer collection system property?	critivities, investigation a operation and main program ment and correction Provisions [NR 210.2 adures are established in including building DNR NR 110 Standardon, and Testing Sponse Plan [NR 210.2 and Testing communication processions and clean-up occols and implement our CMOM Program of the control o	tenance activities (see question 2 below) 23 (4) (e)] d for the design, construction, and inspection of sewers and interceptor sewers on private ds and/or local Municipal Code Requirements 23 (4) (f)] de: edures entation procedures [NR 210.23 (5)] nat apply):	30
☐ Lift Station Evaluation☐ Others:	Report		
	collection system m	aintenance program include the following and indicate the amount maintained. % of system/year # per L.S./year % of manholes rehabbed % of sewer lines rehabbed % of system/year	

Last Updated: Reporting For:

Random Lake Village

			5/16/202	2022
Private sewer I/I				
removal	0	% of private serv	rices	
River or water		0/ of nine one original		intoin od
crossings	0		igs evaluated or ma	
Please include additiona	i comments about your	sanitary sewer co	ollection system belo	<u>w:</u>
3. Performance Indicators		51 i		
3.1 Provide the following 35.3 Tot	tal actual amount of pre			
	nual average precipitati	•		
	es of sanitary sewer	` ,	•	
	mber of lift stations			
1 Nu	mber of lift station failu	ires		
0 Nu	mber of sewer pipe fail	ures		
1 Nu	mber of basement back	cup occurrences		
1 Nu	mber of complaints	•		
Ave	erage daily flow in MGD	(if available)		
Pea	ak monthly flow in MGD	(if available)		
Pea	ak hourly flow in MGD (if available)		
3.2 Performance ratios for	r the past year:			
0.33 Lift	t station failures (failure	es/year)		
	wer pipe failures (pipe f			
	nitary sewer overflows		le/yr)	
	sement backups (numb	•		
	mplaints (number/sewe	•		
	aking factor ratio (Peak	•	, ,,	
Pea	aking factor ratio (Peak	Hourly:Annual Da	ily Avg)	
4. O				
4. Overflows		MENT EACH ITY (T	50) 0)/5D5/ 0///0 D5	
Date	WER (SSO) AND TREATI Locatio		Cause	Estimated
Date	Locatio	,,,,	Cause	Volume
0 12/22/2022 3:01:00 AM - 6	90 Wolf Road		Equipment Failure	400
12/22/2022 3:07:00 AM				
** If there were any SSOs or TF	Os that are not listed above,	please contact the DN	R and stop work on this	section until
corrected. What actions were taken, or are	underway, to reduce or elim	inate SSO or TFO occu	rences in the future?	
The SSO was an equipment fail				n.
5. Infiltration / Inflow (I/I))			
5.1 Was infiltration/inflow	•	ir community last	year?	
o Yes				
NoIf Yes, please describe:				
i res, piedse describe.				

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3/10/2023 2022	
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.	

Total Points Generated	30
Score (100 - Total Points Generated)	70
Section Grade	D

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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	С	2	5	10
Ammonia	A	4	5	20
Phosphorus	A	4	3	12
Biosolids	A	4	5	20
Staffing/PM	В	3	1	3
OpCert	С	2	1	2
Financial	F	0	1	0
Collection	D	1	3	3
TOTALS	•		37	122
GRADE POINT AVEI	RAGE (GPA) = 3.30			

Notes:

A = Voluntary Range (Response Optional)

B = Voluntary Range (Response Optional)

C = Recommendation Range (Response Required)

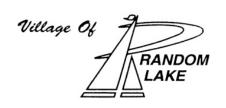
D = Action Range (Response Required)

F = Action Range (Response Required)

Random Lake Village	Last Updated:	Reporting For:
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Resolution or	Owner's	Statement
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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	
Starring: Grade = D	
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. loss, than 3.00)	
(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 5th 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)		
	Test Year	BOD (Lbs)	TSS (Lbs)
<u>Inside Customers</u>			
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
Wastewater Treatment Facility			
Total Billable	37,240	62,116	77,645
Inflow/Infiltration (I/I)	32,760		
Total WWTF	70,000		
Total For Rate Calcs	37,240	62,116	77,645

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	2021	Test Year
Description	ACTUAL ²	BUDGET 1
Plant Wages	77.166	80.00
Plant Wages	77,166	80,00
Additional Treatment Plant Labor Expense	22 724	125,00
Office Wages	22,731	24,00
Social Security	7,289	8,00
Retirement	6,626	7,00
HRA Service Fees	397	50
Health, dental and Ifie insurance	23,764	25,75
Health reimbursement account payments	2,100	2,10
Workers compensation insurance	5,818	6,20
Telephone and internet	2,518	2,60
Electricity	40,022	45,00
Natural Gas	5,571	5,80
Sewer and Water	17,299	18,50
Accounting and auditing	9,150	9,30
Office supplies and expense	1,696	2,00
Computer supplies, repairs and expense	2,487	3,00
Postage and bill cards	1,163	1,50
Mileage	567	60
Sewer Rehabilitation	15,010	15,00
Property and liability insurance	7,793	8,00
Other insurance	668	2,75
Dues/Memberships	81	10
Safety equipment supplies, repairs and expense	169	17
Uniforms	569	60
Lift station supplies, repairs and expense	0	25
Plant supplies, repairs and expense	63,700	65,00
Test lab supplies, repairs and expense	2,999	3,50
Test lab equipment Test lab chemicals	187 20,462	2,50 22,00
Test lab outside services	4,129	4,50
	1,245	4,50
Radio supplies, repairs and gas services Meters-Supplies Expenses	1,245	50
Vehicle gas and oil	2,940	3,50
Vehicle gas and on Vehicle supplies, repairs and expense	3,223	3,50
Continuing education	3,223 118	3,50
League dues	118	20
League dues Insurance-Vehicle	265	50
insurance-vernicle		50
2020 Debt Issue Principal & Interest	15,000	28,79
2021 Debt Issue Principal & Interest	0	12,90
Total	365,117	542,02
TOTAL	505,117	542,02

Notes

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

Table 3 Allocation of Costs to Function

	Allocation Percentages			WWTF			
	Flow	BOD	TSS	Test Year Budget	Flow	BOD	TSS
Operating & Maintenance							
Acct Description	===/	200/	4=0/	400.000	444.000	404.000	440
Plant Wages	55%	30%	15%	\$80,000	\$44,000	\$24,000	\$12
Additional Treatment Plant Labor Expense	55%	30%	15%	\$125,000	\$68,750	\$37,500	\$18
Office Wages	55%	30%	15%	\$24,000	\$13,200	\$7,200	\$3
Social Security	55%	30%	15%	\$8,000	\$4,400	\$2,400	\$1
Retirement	55%	30%	15%	\$7,000	\$3,850	\$2,100	\$1
HRA Service Fees	55%	30%	15%	\$500	\$275	\$150	
Health, dental and life insurance	55%	30%	15%	\$25,759	\$14,167	\$7,728	\$3
Health reimbursement account payments	55%	30%	15%	\$2,100	\$1,155	\$630	
Workers compensation insurance	55%	30%	15%	\$6,200	\$3,410	\$1,860	
Telephone and internet	55%	30%	15%	\$2,600	\$1,430	\$780	
Electricity	20%	60%	20%	\$45,000	\$9,000	\$27,000	\$9
Natural Gas	55%	30%	15%	\$5,800	\$3,190	\$1,740	
Sewer and Water	55%	30%	15%	\$18,500	\$10,175	\$5,550	\$2
Accounting and auditing	55%	30%	15%	\$9,300	\$5,115	\$2,790	\$1
Office supplies and expense	55%	30%	15%	\$2,000	\$1,100	\$600	
Computer supplies, repairs and expense	55%	30%	15%	\$3,000	\$1,650	\$900	
Postage and bill cards	55%	30%	15%	\$1,500	\$825	\$450	
Mileage	55%	30%	15%	\$600	\$330	\$180	
Joint operating costs	55%	30%	15%	\$15,000	\$8,250	\$4,500	\$2
Property and liability insurance	55%	30%	15%	\$8,000	\$4,400	\$2,400	\$1
Other insurance	55%	30%	15%	\$2,750	\$1,513	\$825	
Dues/Memberships	55%	30%	15%	\$100	\$55	\$30	
Safety equipment supplies, repairs and expense	55%	30%	15%	\$170	\$94	\$51	
Uniforms	55%	30%	15%	\$600	\$330	\$180	
Lift station supplies, repairs and expense	80%	10%	10%	\$250	\$200	\$25	
Plant supplies, repairs and expense	55%	30%	15%	\$65,000	\$35,750	\$19,500	\$9
Test lab supplies, repairs and expense	0%	50%	50%	\$3,500	\$0	\$1,750	\$1
Test lab equipment	0%	50%	50%	\$2,500	\$0	\$1,250	\$1
Test lab chemicals	0%	50%	50%	\$22,000	\$0	\$11,000	\$11
					•		
Test lab outside services	0%	50%	50%	\$4,500	\$0	\$2,250	\$2
Radio supplies, repairs and gas services	55%	30%	15%	\$500	\$275	\$150	
Meters-Supplies, expenses	55%	30%	15%	\$500	\$275	\$150	
Vehicle gas and oil	55%	30%	15%	\$3,500	\$1,925	\$1,050	
Vehicle supplies, repairs and expense	55%	30%	15%	\$3,500	\$1,925	\$1,050	
Continuing education	55%	30%	15%	\$400	\$220	\$120	
_				·	•		
League dues	55%	30%	15%	\$200	\$110	\$60	
Insurance-Vehicle	55%	30%	15%	\$500	\$275	\$150	
Total O & M	48%	34%	18%	\$500,329	\$241,618	\$170,049	\$88,
Capital Costs							
Est. 2022/23 Clean Water Fund Loan P&I Payment	48%	34%	18%	\$0	\$0	\$0	
G.O. Debt Payment - 2020 Debt Issue	48%	34%	18%	\$28,794	\$13,905	\$9,786	\$5
G.O. Debt Payment - 2021 Debt Issue	48%	34%	18%	\$12,900	\$6,230	\$4,384	\$2
Clean Water Fund Loan Debt Coverage	48%	34%	18%	\$0	\$0	\$0	7.
Equipment Replacement Fund Deposit	48%	34%	18%	\$0	\$0	\$0	
Cash Financed Capital Fotal Capital Costs	48% 48%	34% 34%	18% 18%	\$300,000 \$341,694	\$144,876 \$165.011	\$101,962 \$116,133	\$53 \$60
·	40/0	34/0	10/0		,,-	. ,	
Total Net Revenue Requirements				\$842,023	\$406,629	\$286,182	\$149,
Summary							
Allocation of Costs to Function and Classification for Insid	le Rates						
0000	*00.1	2.00	***	Test Year Budget	Flow	BOD	TSS
O&M and Replacement	48%	34%	18%	\$500,329	\$241,618	\$170,049	\$88
Capital	48%	34%	18%	\$341,694	\$165,011	\$116,133	\$60,
Other Revenues				\$0	\$0	\$0	
Total	48%	34%	18%	842,023	406,629	286,182	149,

Table 4 Rate Computation Worksheet

Volumetric Charges		Billable Units	
Charge Type	Cost	(1,000 Gal or lbs)	Rate/Unit
Flow Charge per 1000 Gal	\$406,629	37,240	\$10.92
Conveyance Charge per 1000 Gal	\$400,025	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	71.32
N Charge per lb.	\$0	0	
BOD Charge per 1000 Gal	ΨO	Ğ	\$7.69
TSS Charge per 1000 Gal			\$4.00
P Charge per 1000 Gal			\$0.00
N Charge per 1000 Gal			\$0.00
Fotal Volumetric Rate per 1000 Gal			\$22.61
Rate Summary Fixed charge per connection			
Fotal Volumetric Rate per 1000 Gal			\$22.61
BOD Charge per lb.			\$4.610
ΓSS Charge per lb.			\$1.920

Table 5 Rate Summary (Monthly Charges)

			Test Year
	Current	cos	Proposed
Domestic Sewer Customers			
Volumetric Rate per 1000 Gal	\$12.55	\$22.61	\$22.61
High Strength Industrial			
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

23,287 3,549 5,645	\$22.61 \$22.61	\$526,581
5,645	\$22.61	
•		\$80,252
4 500	\$22.61	\$127,649
1,592	\$22.61	\$35,999
3,167	\$22.61	\$71,614
0	\$22.61	\$0
37,240		\$842,096
0	\$4.610	\$0
0	\$1.920	\$0.00
0		\$0
		\$842,096
	0	0

Notes:

1) Difference due to rounding

Table 7 Test Year Cash Flow Analysis

Village of Random Lake, WI

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

Notes:

1) Full year of revenues from proposed user rates

Table 8 Comparison of Existing and Proposed Bills

		Usage	Current	Monthly Proposed	Dollar	Percent
Customer Usage Level	Usage Level	1,000 Gal	Bill	Bill	Change	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

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PAYRL

1

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

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

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All Employees

Page:

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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

2

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 4,611.97

safety 2,916,07

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Reprint Payroll Register Quick All Employees

Page:

PAYRL

1

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

Thru: 6/0	01/2023			Thru Dept:		
Name / Chk Beg End I	Dates	Check Nbr	Hours	Earnings	Deductions	Net Pay
PIEPER, ELIZABETH 6/01/2023 5/14/2023 5	/27/2023	32863	5.00	65.00	4.97	60.03
THEIS, REESE 6/01/2023 5/14/2023 5	/27/2023	32864	5.00	60.00	4.59	55.41
COENEN, LYNN 6/01/2023 5/14/2023 5	/27/2023	V1661	3.50	38.96	5.63	33.33
DAHM, JERIOD N	/27/2023	V1662	83.00	1,901.25	527.28	1,373.97
GOEMER, ARIANA	/27/2023	V1663	9.00	81.09	6.21	74.88
HORNING, ELISABETH		V1664	30.00	477.00	40.49	436.51
JAYCOX, CARISSA M	/27/2023	V1665	80.00	1,812.80	504.17	1,308.63
KOLB, CHRISTOPHER J	/27/2023	V1666	80.00	1,806.40	620.27	1,186.13
LAUMANN, RAEGAN M	/27/2023	V1667	8.00	68.00	5.21	62.79
LEDERER, PETER	/27/2023	V1668	80.00	3,024.81	1,086.80	1,938.01
	/27/2023					
LOCKLAIR, DANIEL R 6/01/2023 5/14/2023 5	/27/2023	V1669	29.00	353.51	29.89	323.62
MARTIN, SUZANNE 6/01/2023 5/14/2023 5,	/27/2023	V1670	14.00	185.22	14.17	171.05
MORANTE RODRIGUEZ, FLAVIO 6/01/2023 5/14/2023 5,	O M /27/2023	V1671	27.50	412.50	89.09	323.41
MORLEY, CHRISTOPHER B 6/01/2023 5/14/2023 5,	/27/2023	V1672	30.00	450.00	65.25	384.75
SIEGEL, TYLER C 6/01/2023 5/14/2023 5,	/27/2023	V1673	96.50	2,802.15	963.41	1,838.74
SULLIVAN, CAMRIN R	/27/2023	V1674	80.00	2,052.55	525.94	1,526.61
TRAAS, TODD M	/27/2023	V1675	46.12	943.15	141.08	802.07
WAALA, STEPHANIE S		V1676	80.00	2,798.47	833.17	1,965.30
6/01/2023 5/14/2023 5, WEGNER, MILES C	/27/2023	V1677	86.50	1,795.00	614.02	1,180.98
	/27/2023	V10//	00.50	1,790.00	014.02	1,100.90

6/01/2023 1:47 PM Reprint Payroll Register Quick

All Employees

Page:

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2

Check Date From: 6/01/2023

> Thru: 6/01/2023

From Dept: Thru Dept:

					-		
Name / Cl	nk Beg En	d Dates	Check Nbr	Hours	Earnings	Deductions	Net Pay
WILL, KATRI	NA 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	i.	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

Wordy 4,858.98

VH 4736.27
Sately 2,916.07

5/26/2023 1:56 PM Check Register - Full Report - ALL Page: 1
ALL Checks ACCT
FIRE DEPT CHECKING (COLLINS)

Dated From: From Account:
Thru: 5/26/2023 Thru Account:

Check Nbr	Check	Date	Payee			Amount
1098 FIRE OF		/2023 PRACT	JACOB WILLIAMSO	N		 «
700-00-52650 FIRE			AINING CTICAL EXAM	05/26/23		24.24
700-00-52650 FIRE			AINING AINE PARK TECH C	OLLEGE 052623		200.00
					Total	224.24
					Grand Total	224.24

5/26/2023 1:56 PM Check Register - Full Report - ALL ALL Checks

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ACCT

FIRE DEPT CHECKING (COLLINS)

Dated From:

From Account:

Thru: 5/26/2023

Thru Account:

Amount

Total Expenditure from Fund # 700 - AMBULANCE FUND

224.24

Total Expenditure from all Funds

224.24

5/25/2023 12:40 PM

EMERGENCY CELL PHONES

Check Register - Full Report - ALL

ALL Checks

Page: 1

ACCT

POOLED CHEC	CKING (COLLINS)		
Dated From: From Acco	unt:		
Thru: 5/25/2023 Thru Acco	ount:		
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	81523		100.00
		Total	100.00
32858 5/25/2023 FRANCOTYP-POSTALIA, I POSTAGE MACHINE SUPPLIES	NC		
100-00-51420-390-000 CLERKS OFFICE-SUPPLIES/EX	KP		123.80
POSTAGE MACHINE SUPPLIES	RI105782836		
600-00-51421-390-000 C/T - supplies, expenses POSTAGE MACHINE SUPPLIES	RI105782836		123.80
660-00-51421-390-000 OFFICE SUPPLIES/EXP			123.80
POSTAGE MACHINE SUPPLIES	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	72323		100.00
		Total	100.00
32860 5/25/2023 ROBERT PRITZLAFF OVERPAYMENT FOR RES SEASON LAUNCH PASS			·
100-00-46130-000-000 BOAT LAUNCH	0000 04 0000 05		30.00
OVERPAYMENT FOR RES SEASON LAUNCH PASS	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	0579083972		30.88
600-00-54600-221-000 PLANT - TELEPHONE DPW CELL	0579083972		30.88
660-00-54600-221-000 WWTP - TELEPHONE/INTERNET DPW CELL	0579083972		30.90
100-00-53101-390-000 CELL PHONE-DPW EMERGENCY CELL PHONES	0579083972		5.46
600-00-54600-221-000 PLANT - TELEPHONE	0570000000		5.48

0579083972

5/25/2023 12:40 PM

Check Register - Full Report - ALL

ALL Checks

Page: 2

ACCT

POOLED CHECKING (COLLINS)

Dated From:

From Account:

Thru: 5/25/2023

Thru Account:

Check Nbr Check	k Date	Payee			Amount
660-00-54600-221-00 EMERGENCY C			0579083972		5.46
				Total	109.06
32862 5/29 LIFT STATION F	•	ENERGIES			
660-00-54600-220-00 LIFT STATIO		- ELECTRICITY	4572207937		55.72
660-00-54600-223-00 LIFT STATIO		GAS	4572207937		55.72
				Tota	111.44
5:				Grand Total	. 821.90

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Check Register - Full Report - ALL

ALL Checks

Page: 3

ACCT

POOLED CHECKING (COLLINS)

Dated From:

From Account:

Thru: 5/25/2023

Thru Account:

	Amount
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

6/02/2023 2:51 PM In Progress Checks - Full Report - ALL 1 Page: ACCT

ALL Checks by Payee

POOLED CHECKING (COLLINS)

POOLED CH	HECKING (COLLINS)		
Dated From: 6/06/2023 From Ac	count:		
Thru: 6/06/2023 Thru Ac	ecount:		
Voucher Nbr Check Date Payee			Amount
6/06/2023 ARCHER MAT RENTAL & S	ALES 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			18.74
2-3'X10' BLACK MINK MATS	37565		
		Total	23.44
6/06/2023 ARCHER MAT RENTAL & S	ALES LLC		
05/23/23 INVOICE			
100-00-51600-230-000			4.70
1-3'X5' BLACK MINK MAT	37650		
100-00-51600-230-000			18.74
2-3'X10' BLACK MINK MATS	37650		
		Total	23.44
C/OC/2002 DITTOW ATTEMPTS DIVINING	O. CON. 6. 177 TEM. 1.7.C	 .	
6/06/2023 BUELOW VETTER BUIKEMA 05/03/23 STATEMENT	OLSON & VLIET LLC		
100-00-52101-210-000 LEGAL-PROFESSIONAL SERVIC	ES		2,297.50
FIRE LEGAL	33		_,
		Total	2,297.50
6/06/2023 CANON SOLUTIONS AMERI	CA INC		
05/22/23 INVOICE			
100-00-51420-290-000 LEASED OFFICE EQUIPMENT COPIER USAGE	6004330356		137.27
COFIER ODAGE	0004330330		105.05
		Total	137.27
6/06/2023 CANON SOLUTIONS AMERI	CA 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 COMMUNICATION			
05/25/23 INVOICE			
100-00-51600-221-000 TELEPHONE/INTERNET-VILLAG	E HAL		32.65
VILLAGE HALL PHONE & INTERNET	0023756052523		

Total

32.65

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ALL Checks by Payee

POOLED CHECKING (COLLINS)

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

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POOLED CHECKING (COLLINS)

Dated From: 6/06/2023 From Account: 6/06/2023 Thru Account: Thru: Voucher Nbr Check Date Amount Payee 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 6/06/2023 MCCLONE AGENCY 05/08/23 INVOICE 100-00-51931-000-000 2,400.00 WORKERS COMP COMMERCIAL ACCIDENT 23/24 9989 2,400.00 Total 6/06/2023 MUELLERS SALES AND SERVICE INC 05/09/23 INVOICE EQUIPMENT/STREET MACH-S,M,R,E 57.88 100-00-53240-350-000 CARBURETOR 20230157 Total 57.88 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 9768 TID 4 LEGAL Total 6,431.00 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 6/06/2023 NAPA AUTO PARTS 05/09/23 INVOICE 100-00-53240-350-000 EQUIPMENT/STREET MACH-S,M,R,E 3.29

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ALL Checks by Payee

POOLED CHECKING (COLLINS)

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

	Thru:	6/06/2023	Thru Accoun	t:		
Voucher Nbr	Check Date	Payee				Amount
					Total	3.29
05/10/23	6/06/2023 INVOICE	NEUENS FREDON	IA LUMBER			
100-00-55220-2		LAKEVIEW PARK-S,M	,R,E			33.74
5/10/2	3 INVOICE			2305-656185	Total	33.74
05/10/23	6/06/2023 INVOICE	NEUENS FREDON	IA LUMBER			
100-00-55220-2 5/10/2		LAKEVIEW PARK-S,M	,R,E	2305-656186		15.49
100-00-55210-2 5/10/2		KIRCHER PARK-S,M,I	R,E	2305-656186		15.49
					Total	30.98
05/09/23	6/06/2023 INVOICE	PERFECT CIRCL	E TIRE LLC			
100-00-53240-3 5/9/23	50-000 S INVOICE	EQUIPMENT/STREET I	MACH-S,M,R,E	98001		50.96
					Total	50.96
04/30/23	6/06/2023 STATEMENT	SHEBOYGAN COU	NTY TREASURE	R		
100-00-53300-2 BRIDGE	30-000 MAINTENANCE	STREET/STREET SIG	N MAINT	128337		163.90
					Total	163.90
05/12/23	6/06/2023 INVOICE	SHEBOYGAN COU	NTY TREASURE	R		
100-00-51440-3 FEB &	10-000 APRIL ELECTI	ELECTION SUPPLIES ON SUPPLIES		128411		294.08
					Total	294.08
05/04/23	6/06/2023 INVOICE	SHERWIN WILLIA	AMS COMPANY			
100-00-55210-2 5/4/23	30-000 S INVOICE	KIRCHER PARK-S,M,1	R,E	2500-6		72.00
100-00-55220-2 5/4/23	30-000 S INVOICE	LAKEVIEW PARK-S,M	,R,E	2500-6		72.00

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ALL Checks by Payee

POOLED CHECKING (COLLINS)

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

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

6/06/2023 UNIFIRST CORPORATION

05/09/23 INVOICE

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ALL Checks by Payee

POOLED CHECKING (COLLINS)

			POOLED	CHECKING (COLLINS)		
Dat	ed From:	6/06/2023	From	Account:		
	Thru:	6/06/2023	Thru	Account:		
Voucher Nbr	Check Date	e Payee				Amount
100-00-53100-3	25-000	UNIFORMS				25.56
UNIFOR	RMS			1299265		
					Total	25.56
	6/06/202	3 UNIFIRST	CORPORATIO	ON .		
05/16/23	INVOICE					
100-00-53100-3	25-000	UNIFORMS				25.56
UNIFOR	RMS			1300307		
					Total	25.56
	6/06/202	3 UNIFIRST	CORPORATIO	ON .		
05/23/23	INVOICE					
100-00-53100-3	25-000	UNIFORMS				25.56
UNIFOR	RMS			1301385		
					Total	25.56
	6/06/202	3 UNIFIRST	CORPORATIO	ON		
05/30/23	INVOICE					
100-00-53100-3	25-000	UNIFORMS				25.56
UNIFOR	RMS			1302433		
					Total	25.56
	6/06/202	3 Village o	of Random I	ake		
05/26/23	INVOICE					
100-00-55210-2		KIRCHER PARK-	SEWER/WATE			27.67
000-13	380-00			000-1380-00		
					Total	27.67
	6/06/202	3 Village o	of Random I	Lake		
05/26/23	INVOICE					
100-00-53230-2		SEWER/WATER-S	ВНОР			213.93
000-00	010-00			000-0010-00		
					Total	213.93
	6/06/202	3 Village	of Random I	ake		
05/26/23	INVOICE					
100-00-55211-2		BERTRAM PARK-	SEWER/WATE			136.57
000-44	125-00			000-4425-00		
					Total	136.57

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ALL Checks by Payee

			АГГ	Checks by Payee		ACCT
			POOLED C	CHECKING (COLLINS)		
Dated	From:	6/06/2023	From A	Account:		
	Thru:	6/06/2023	Thru A	Account:		
Voucher Nbr	Check Date	Payee				Amount
	6/06/2023	Village of	Random La	.ke		
05/26/23 IN						
100-00-51600-222-	-000	WATER/SEWER-VIL	LAGE HALL			90.56
000-2560	-00			000-2560-00		
					Total	90.56
						
05/26/23 IN	6/06/2023 NOICE	Village of	Random La	ke		
100-00-55220-222-	-000	LAKEVIEW PARK-S	EWER/WATE	R		146.51
000-2310	-00			000-2310-00		
					Total	146.51
	 					
05/01/23 IN	6/06/2023 NOICE	Village of	Random La	ke		
100-00-53230-222-	-000	SEWER/WATER-SHO	P			444.33
000-0010	-00			2022U-1		
					Total	444.33
	6/06/2023	Willess of	Dandon In			
05/01/23	6/06/2023	Village of	Random La	.ke		
100-00-55210-222-	-000	KIRCHER PARK-SE	WER/WATER			55.44
000-1380			,	2022U-140		33111
					Total	55.44
					····	
	6/06/2023	Village of	Random La	ke		
05/01/23						
100-00-55220-222-		LAKEVIEW PARK-S	EWER/WATE			444.33
000-2310	-00			2022U-234		
					Total	444.33
	6/06/2023	Village of	Random La	ke		
05/01/23	0,00,2023	village of	random 2a			
100-00-51600-222-	-000	WATER/SEWER-VIL	LAGE HALL			55.44
000-2560				2022U-259		
					Total	55.44
05/01/23	6/06/2023	Village of	Random La	ke		
100-00-55211-222-	-000	BERTRAM PARK-SE	WER/WATER			444.33
000 ::				0000 455		

2022U-455

000-4425-00

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ALL Checks by Payee

POOLED CHECKING (COLLINS)

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

	IIIIu. o,	00,2023	inia necoune.	
Voucher Nbr	Check Date	Payee		Amount
			Total	444.33
05/23/23 s	6/06/2023 TATEMENT	WEX BANK		
100-00-53240-391 4/21/23	-000 GAS	& OIL (60%)	076743	32.26
100-00-53240-391 4/26/23	000 GAS	& OIL (60%)	077661	37.63
100-00-53240-391 4/27/23	000 GAS	& OIL (60%)	077928	54.26
100-00-53240-391 4/28/23	000 GAS	& OIL (60%)	078121	60.02
100-00-53240-391	-000 GAS	& OIL (60%)	078156	16.06
100-00-53240-391	000 GAS	& OIL (60%)	078645	93.87
100-00-53240-391	000 GAS	& OIL (60%)	078745	56.93
100-00-53240-391		& OIL (60%)		28.70
100-00-53240-391			078944	24.81
100-00-53240-391		& OIL (60%)	079064	54.38
100-00-53240-391	000 GAS	& OIL (60%)		15.45
100-00-53240-391		& OIL (60%)	079368	6.00
100-00-53240-391	000 GAS	& OIL (60%)	080152	73.47
100-00-53240-391 5/10/23	000 GAS	& OIL (60%)	080327	13.47
100-00-53240-391		& OIL (60%)	080346	33.92
100-00-53240-391	000 GAS	& OIL (60%)		56.97
5/11/23 100-00-53240-391 5/12/23		& OIL (60%)	080600 080796	10.58
5/12/23	FERRIS		000790	

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ALL Checks by Payee ACCT

ALL Checks by Payee POOLED CHECKING (COLLINS)

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

	Thru:	6/06	/2023)	Thru Accour	16:		
Voucher Nbr	Check Date		Pay	ree				Amount
100-00-53240-391 5/15/23	-000 UNKNOWN VE	GAS &	OIL	(60%)		081365		25.20
100-00-53240-391 5/15/23		GAS &	OIL	(60%)		081384		11.31
100-00-53240-391 5/15/23	-000 WWTP PUMP	GAS &	OIL	(60%)		081392		7.14
100-00-53240-391 5/16/23	-000 JACOBSEN	GAS &	OIL	(60%)		081605		17.50
100-00-53240-391 5/17/23		GAS &	OIL	(60%)		081794		5.60
100-00-53240-391 5/17/23	-000 TRIMMER	GAS &	OIL	(60%)		081830		2.40
100-00-53240-391 5/18/23	-000 UNKNOWN VE	GAS &	OIL	(60%)		082017		63.60
100-00-53240-391 5/18/23	-000 SKIDSTEER	GAS &	OIL	(60%)		082053		23.88
100-00-53240-391 5/19/23	-000 UNKNOWN VE		OIL	(60%)		082196		24.00
100-00-53240-391 5/22/23	-000 JACOBSEN	GAS &	OIL	(60%)		082982		17.65
100-00-53240-391 5/22/23	-000 FORD PICKU	GAS &	OIL	(60%)		083005		55.18
100-00-53240-391 5/22/23		GAS &	OIL	(60%)		082971		11.78
100-00-53240-391 REBATE	-000	GAS &	OIL	(60%)		05/23/23		-53.62
100-00-53240-391 FINANCE		GAS &	OIL	(60%)		5/23/23		87.70
							Total	968.10

Grand Total 20,328.61

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ALL Checks by Payee

ACCT

POOLED CHECKING (COLLINS)

Dated From: 6/06/2023 From Account:

Thru: 6/06/2023 Thru Account:

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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ALL Checks by Payee

UTILITY CHECKING (COLLINS)

Dated From: 6/06/2023 From Account:

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

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ALL Checks by Payee

UTILITY CHECKING (COLLINS) 6/06/2023

Date	ed From:	6/06/2023	From	Account:		
	Thru:	6/06/2023	Thru	Account:		
Voucher Nbr	Check Dat	e Payee				Amount
600-00-51422-3	91-000	TECHNOLOGY				100.00
SERVER	MAY 23			202605		
660-00-51422-3	91-000	TECHNOLOGY				100.00
SERVER	MAY 23			202605		
600-00-51422-3	90-000	COMPUTERS.SOFTW	ARE			151.67
WORKST	ATION MAY 2	3		202605		
660-00-51422-3	91-000	TECHNOLOGY				151.66
WORKST	ATION MAY 2	3		202605		
600-00-51422-3	91-000	TECHNOLOGY				33.33
NETWOR	K EQUIP MAY	23		202605		
660-00-51422-3		TECHNOLOGY				16.67
NETWOR	K EQUIP MAY	23		202605		
					Total	553.33
	6/06/202	3 EXTINGUISHE	PS AT PA	NDOM T.I.C		
05/22/23		JATINGO I DILL	110 111 14	MDON DEC		
600-00-54900-3	90-000	WELL HOUSE-SUPP	T.TES/EXE	•		51.40
	UISHER INSP			05/22/23		31.10
660-00-54600-3	90-000	WWTP - S,M,R,E				51.40
	UISHER INSP	, , ,		05/22/23		
					Total	102.80
						
05/21/23		3 FRONTIER CO	MMUNICAT	TIONS		
660-00-54600-2	21-000	WWTP - TELEPHON	E/INTERN	ET		93.46
TELEPH	ONE & INTER	NET WWTP		05/21/23		
					Total	93.46
	6/06/202	HAWKINS INC				
05/08/23		5 HAWKINS INC	•			
660-00-54610-3		MECH IND_CUENTC	AT C			380.00
	INVOICE	TEST LAB-CHEMIC	ALIS	6464558		380.00
2, 2, 22					Total	300 00
					TOTAL	380.00
05/08/23	6/06/202 INVOICE	3 HAWKINS INC	!			
600-00-54600-9		CHEMICALS FOR T	₽₽₽₩₽₩₽			1,388.05
	INVOICE	CHEMICALS FOR T	VEW THEN I	6464564		1,300.03
-, -, - 0					me+-1	1 200 05
					Total	1,388.05

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ALL Checks by Payee

UTILITY CHECKING (COLLINS) Dated From: 6/06/2023 From Account:

6/06/2023 Thru Account: Thru:

Voucher Nbr Check Date Amount Payee 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 566.50 Total 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 3,515.97 Total 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 51.14 Total

6/06/2023 UNIFIRST CORPORATION 05/16/23 INVOICE

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UTILITY CHECKING (COLLINS)

			UTILITY CHEC	CKING (COLLINS)		
Dated	From:	6/06/2023	From Accou	int:		
	Thru:	6/06/2023	Thru Accou	int:		
Voucher Nbr	Check Date	Payee				Amount
600-00-53660-392	-000	UNIFORMS				25.57
UNIFORMS	3			1300307		
660-00-53660-392	-000	UNIFORMS				25.57
UNIFORMS	3			1300307		
					Total	51.14
	6/06/2023	3 UNIFIRST CO	RPORATION			
05/23/22 I	NVOICE					
600-00-53660-392	-000	UNIFORMS				25.57
UNIFORMS	5			1301385		
660-00-53660-392		UNIFORMS		1001005		25.57
UNIFORMS	3			1301385		
					Total	51.14
	6/06/2023	3 UNIFIRST CO	RPORATION			
05/30/23 II						
600-00-53660-392 UNIFORMS		UNIFORMS		1302433		25.57
660-00-53660-392	-000	UNIFORMS				25.57
UNIFORMS	3			1302433		
					Total	51.14
	6/06/2023	3 Village of 1	Random Lake			
05/26/23 II	NOICE					
660-00-54600-222		WWTP - SEWER/WA	TER	000 0000 00		3,717.53
000-0020	1-00			000-0020-00		
					Total	3,717.53
	6/06/2023	3 Village of 1	Random Lake			
05/01/23						
660-00-54600-222	-000	WWTP - SEWER/WA	TER			444.33
000-0020	0-00			2022U-2		
					Total	444.33
	6/06/2023	WI DNR - EN	VIRONMENTAL F	EE		
05/21/23 II	NVOICE					
660-00-54600-390		WWTP - S,M,R,E				1,889.53
2023 ENV	/IRONMENTAI	L FEE		460006030-2023-1		
					Total	1,889.53

ACCT ALL Checks by Payee UTILITY CHECKING (COLLINS) Dated From: 6/06/2023 From Account: 6/06/2023 Thru Account: Thru: Check Date Voucher Nbr 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 25.00 600-00-54800-331-000 CONTINUING EDUCATION SIEGEL WATERWORKS OPERATOR CERT EXAM Total 25.00

In Progress Checks - Full Report - ALL

Page: 5

20,519.11

Grand Total

6/02/2023 2:54 PM

6/02/2023 2:54 PM In Progress Checks - Full Report - ALL 6 Page: ACCT

ALL Checks by Payee

Amount

UTILITY CHECKING (COLLINS)

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

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
^	, State, Zip Random Lake 53075
Contact Person: Robert Harry on S	Site Phone:
Sponsoring Ind./Organization:	Phone:
Contractor: Wolverne Fireworks display: Lake	y Phone: 989-662-0121
Date(s) of fireworks: 7/8/23 Time Certificate of Liability Insurance (\$1,000,000 bodily injury to one person; and \$1,000,000 for damage to property) naming the Village The following information shall then be provided:	person; \$2,000,000 for injury to more than one ge of Random Lake as additional insured.
Fireworks Purchase Date: April 5th 2023	
Type of Fireworks: 3in - bin Size of Shells: 4,0	
Village Services requested/Comments: Dotential	no parting 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

	Shebaygan County WI State					
TO WHOM IT MAY CONCERN OR	July 8th 2023					
TO WHOM IT MAY CONCERN- GR Application having been made in accor						
This permit is issued to Randon	This permit is issued to Random Lake A3.					
Giving them the right to exhibit display fireworks on the						
At 9:30 o'clock P.M. at Random Lake in said County,						
In connection with 4th of	Tuly Krier Foods celebration.					
Rain Date (In the event of inclement weather): July 9th						
OLVERINE FIREWORKS DISPLAY, INC. 205 WEST SEIDLERS RD. KAWKAWLIN, MI 48631	SHERIFF OR CHIEF OF FIRE DEPARTMENT					
WISCONSIN DIVISION: 262-968-4178 gina@wolvdisplay.com						



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)

Certificate floider in fled of such	endorsement(s).			
PRODUCER		CONTACT Janet Nau		
The Partners Group Ltd		PHONE (A/C, No. Ext): (877) 455-5640	FAX (A/C, No): (425) 455-	6727
1111 Lake Washington Blvd	N.	E-MAIL ADDRESS: jnau@tpgrp.com		
Suite 400		INSURER(S) AFFORDING COVERAGE		NAIC #
Renton W	A 98056	INSURER A: Everest Indemnity Insurance	Co	10851
INSURED		INSURER B: Everest Denali Insurance Con	mpany	16044
Wolverine Fireworks Displ	ay, Inc.	INSURERC: Arch Specialty Insurance Con	npany	21199
205 West Seidlers Road		INSURERD: Markel American Insurance Co	ompany	28932
		INSURER E:		
Kawkawlin M	I 48631	INSURER F :		
COVERAGES	CERTIFICATE NUMBER:	REVISION NUI	MBER:	
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.

	T				POLICY EFF	POLICY EXP		
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
A	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
		X		SI8GL02099231	2/1/2023	2/1/2024	MED EXP (Any one person)	§ Excluded
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
B	X ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS			S18CA00274231	2/1/2023	2/1/2024	BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 4,000,000
С	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 4,000,000
	DED X RETENTION \$ 0			UXP104806301	2/1/2023	2/1/2024		\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory In NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						EL DISEASE - POLICY LIMIT	\$
A	Excess Liab Per Occur.			S18EX01908231	2/1/2023	2/1/2024	Limit/Aggregate	\$5,000,000
D	Protection&Indemnity~Liab Only			9CE34950	5/11/2022	5/11/2023	Limît \$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

CERTIFICATE HOLDER

Show Location: Pontoons on Random Lake, WI

Random Lake Association, Inc. P.O. Box 182 Random Lake, WI 53075-0182	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Italian Belle, H2 03070 0202	AUTHORIZED REPRESENTATIVE
	Scott Handler/CCRUDE Scott Handler_

CANCELLATION

POLICY NUMBER: SI8GL02099231

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
ANY PERSON OR LEGAL ENTITY IN WHICH YOU HAVE A WRITTEN CONTRACT, AGREEMENT, OR
PERMIT WHICH REQUIRES THAT YOU NAME THE CONTRACTING PARTY AS AN ADDITIONAL INSURED.
4
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" but only to the extent caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.
- B. The insurance afforded to an additional insured shall only include the insurance required by the terms of the written agreement and shall not be broader than the coverage provided within the terms of the Coverage Part.

- **C.** The Limits of Insurance afforded to an additional insured shall be the lesser of the following:
 - 1. The Limits of Insurance required by the written agreement between the parties; or
 - 2. The Limits of Insurance provided by this Coverage Part.
- D. With respect to the insurance afforded to an additional insured, the following additional exclusion applies:

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of any act or omission of an additional insured or any of its employees.

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

See Ad		1 on reverse side.	Contact the municip	oal clerk if you ha	ve questions.		
FEE \$	00.00				Application [Date: OG/OI	123
Tow	n 🗹 Village	\square City of R	andom La	-KE	County of	SHE BOYGA	y
A Te	emporary "Class B" premises described	license to sell ferr license to sell win below during a spessolutions, ordinance	appropriate box(es).) mented malt beverage at picnics or similated ecial event beginning and regulations (ar gatherings und g 6/8/23	er s. 125.51(10), W and ending	is. Stats.	and agrees
1. Org	anization (check a	ppropriate box) →	Bona fide Cli	ıh.	Church	U adaa/Sasia	*.,
(a) (b) (c) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Name RUST Address Reference Date organized f corporation, give f the named organi box: Names and address President Vice President Fecretary	EE'S OF N SPRII 1990 date of incorporation zation is not require ses of all officers: DEPL ARON CHEL K	Uveteran's Organis Chamber of ch. 181, Wis. THE RANING ST Right Congress on a congress of the	ganization Commerce or sin Stats. Com LA Com	Fair Association on the control of t	Lodge/Societor Agricultural Societor Agricultural Agricultural Societor Agricultural Agricultural Societor Agricultural Agricultura	iety anized under
	reasurer A	MY SCH of manager or pers	son in charge of affa	ir: PAT D BELG	EPIES UM WI	N7045	KAY-K Rd
(a) S (b) L (c) C (d) If	trage Records w treet number ot on premises occupy	all or part of build		old, Served, Col	nsumed, or Store	ed, and Areas Wh	
(a) L	e of Event ist name of the eve ates of event	nt <u>MUS</u> 6/8	1C IN	J THE	PARK		
			DECLA	RATION			
Dest of I	er of the organization is/her knowledge a sequired to forfeit no	ina bellet. Any per		provides material	ly false informatior	n in an application	correct to the for a license
Date File	d with Clerk	0/01/23		Date Reported	to Council or Boar	06/05/	¹ ə3
Date Gra	nted by Council			License No.			

Wisconsin Department of Revenue

AT-315 (R. 9-19)

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: 6/1/2	3
□ Town Village □ City of RANDOM LAKE County of SHEBOYGAN	J
to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt	and agrees
and/or wine if the license is granted.	·
1. Organization (check appropriate box) → Bona fide Club	ized under
(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., box:	check this
(f) Names and addresses of all officers: President PAT DEPIES Vice President AARON SCHMIT Secretary RACHEL KRAHEN BUHL	51.
Treasurer AMY SCHMIT	
(g) Name and address of manager or person in charge of affair: PAT DEPIES NIONS KAN	Y-K Rol
SELGIUM WI 53004	
2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Beverage Records Will be Stored:	∍ Alcohol
(a) Street number 53 RUSSUU DV	
(b) LotBlock	
(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, to cover:	license is
3. Name of Event (a) List name of the event (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 conbest of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for may be required to forfeit not more than \$1,000.	rect to the a license
Officer Land S-31-23 TRUSTEE'S OF THE RANDOM LAKE FOR (Signature / Date) (Name of Organization)	RE DEPT
Date Filed with Clerk 06/01/3 Date Reported to Council or Board 06/05/	73
Date Granted by Council License No	
AT-315 (R. 9-19)	-1 - f D

Wisconsin Department of Revenue

Village Of FRANDOM LAKE

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

Application for:

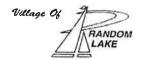
Peddlers, Canvassers, Solicitors & Transient Merchants

Permit Fee: \$ 25.00, plus \$25.00 per person for those soliciting Investigation Fee: \$5.00 per person Dates Requested: (from) 6/16/2013 (to) 10/31/2013 Total Days: 130 Description of Business: ICC Cream (a/+ Source of Supply of Goods Proposed to be sold: A copy of the applicant's or business' Wisconsin Seller's Permit is REQUIRED. Applicant Information Cell Number: (241) 365 Telephone Number: (Date of Birth: Social Security Numbe Model: Eqvino X License Plate #: 🔼 🤰 Have you been convicted of any crime, misdemeanor, or violation of any municipal ordinance other than traffic violations? If so, please list: Information regarding the Business or Organization Type of Business: List last 3 Cities, Villages, and/or Towns where applicant conducted similar business or solicitations: Municipality: Municipality: Municipality: Peddler/Solicitor Information - OVER

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

Signature of Applicant:

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

Emily	TINU	Date of Birth	T636 - 2139 - 1923 - •	4

6/2/23, 8:36 AM - DOJ WORCS



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:

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 PRANDOM LAKE

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 Statues 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.	Prev. Lic. # 2022-73	Date filing: 3-11-85
2.	Name: Debya D	Borth
3.	Social Security No.:	ver's License No
4.	Home Address: N 886 Y	Evahor Rd Adell 1117
5.	Phone Number: 920-838-23	STA City/State Native American
6.	Sex: M 🗆 F Å Date of Birth.	Age: 'lace of Birth: MIW'
7. 8.	Are you a citizen of the United States Ye List all your residences for the past Two years to the N886 Warm RA	no ne date of application:
9.	Have you EVER been convicted of violating any: (Figure 2) any license application shall be cause for denial of	Federal Laws ANYWHERE? Wisconsin State Laws? Laws of ANY other State?
10.	Specify offenses, giving date and places of conviction Shows a	Ordinances of the Village of Random Lake? Ons (if more space is needed use the back of this sheet):
11.	Where will you be serving/selling alcohol beverage Business Name:	Random Lake WI
		Dona 10 Berth
	Clerk/Treasurer	Applicant's Signature
□ A	PPROVED/_/_ □ REJECTED/_/_	Office Use Only REASON:
	► \$30.00 – OPERATOR LICENSE	☐ CHECK # LICENSE #:
	☐ \$15.00 – *Provisional License (60 days)	☐ 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



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:

NOTICE TO EMPLOYERS

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

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Village Of PRANDOM LAKE

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.	Renewal Prev. Lic. # 2022-74	Date filing:
2.	Name: April	Elizabeth Schmidt
3.	Social Security No.:	Middle Driver's License No.:
4.	Home Address: N884 Kraho	rd. Adell WI 53001
5.	Phone Number:	City/State Zip Code Ethnicity:
6.	Sex: M□ F Date of Birth:	Age: Place of Birth: Bloomer W
7. 8.	Are you a citizen of the United States List all your residences for the past Two years to	Yes⊠ No □
9.	Have you EVER been convicted of violating any: any license application shall be cause for denial o	(Please note that any incomplete, inaccurate or untruthful information on if such license. Including traffic laws.) Federal Laws ANYWHERE? Wisconsin State Laws? Laws of ANY other State?
10.	Specify offenses, giving date and places of convict 2009 Sailwre to yield, 20	Ordinances of the Village of Random Lake? tions (if more space is needed use the back of this sheet): OS driving with suspended frames
11.	Where will you be serving/selling alcohol beverage Business Name:	ges?
		_ april Dohnat
	Clerk/Treasurer	Applicant's Signature
□ A	PPROVED / / REJECTED / /	Office Use Only REASON:
	1 \$30.00 - OPERATOR LICENSE	CASH CASH CHECK # LICENSE #:
	☐ \$15.00 - *Provisional License (60 days)	☐ 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



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:

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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Village Of PRANDOM LAKE

APPLICATION - OPERATOR/BARTENDER LICENSE

License year: July I, 2023 to June 30, 2024 FO SERVE FERMENTED MALT BEVERAGES AND INTOXICATION

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\$15.00 Provisional License (60 days)

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1.	*1017	Renewal 2000-79		Date filing:		
2.	19400 Var 04		erry Poci	ian - B	eaudry	
3.	_	-	Middle Driver's L		1-	•
4.	Home Address:	N886 Krahn	Rd-	Adell	OI	53001
5.	Phone Number: 26	2-675-45	<u> </u>	City/State Ethnicity:		Zip Code
6.	Sex: M□ F	Date of Birtl	Age	Place	of Birth: 57	Lule's mil
7. 8.	/	he United States Ye es for the past Two years to th	es 🛍 No 🗆 he date of application	:		in the second
9.	Have you EVER been any license applicatio	convicted of violating any: (I on shall be cause for denial of	such license. Includin	g traffic laws.) Federal Law Wiscon Laws of A	s ANYWHERE? nsin State Laws? NY other State?	
10.	Specify offenses, givin	ng date and places of convicti	Ordinance ons (if more space is need	es of the Village o	f Random Lake? is sheet):	
11.	Where will you be se Business Name:	rving/selling alcohol beverage	es? Casey	is Do	neval	Store
	> a+ 1 +)					
	Clerk/I	reasurer	_ ~	woné,	OCLOA - Applicant's Signa	Beardry
			Office Use Only			
	APPROVED//_	REJECTED//_	REASON:			
	\$30.00 - OPERAT	OR LICENSE	Æ CASH ☐ CHI	ECK#	LICENSE#:	
	☐ \$15.00 – *Provi	SIONAL LICENSE (60 DAYS)	□ CASH □ CH	ECK#	License#:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
			*TRAINING CERTIFICA	TE RECEIVED	ll	
		#I				

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075

Telephone: (920) 994-4852 Facsimile: (920) 994-2390 Website: www.randomlakewi.com



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

information Bureau

Name: POCIAN-BEAUDRY, MARIE S

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

RANDOM LAKE

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

5/11/02

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 Statues 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. # 2022-72		Date filing	= 5/11	33
2.	Name:	CHARITY		-YNN		HALLER
3.	Social Security No.:		-	Middle Oriver's License No.	:	
4.	Home Address:	N878 KRAHI	VRD	ADEL		5300) Zip Code
5.	Phone Number:	(262) 208-6	816		/State y:(_)	Zip Code /
б.	Sex: M□ F	✓ Date of Birth		Age:	Place of Birth:	BLOOMER, WI
7. 8.	Are you a citizen of the List all your residence	ne United States Yees for the past Two years to the	s 💢 No 🗆 he date of ap] plication:		
9.	Have you EVER been any license application	convicted of violating any: (I n shall be cause for denial of	Please note the such license.	Including traffic la Federa	, inaccurate or u ws.) al Laws ANYWI Visconsin State	HERE? No
10.	Specify offenses, givin	ng date and places of conviction	Oons (if more sp	rdinances of the Vi	ws of ANY other llage of Random ck of this sheet):	State? No
11.	Where will you be se Business Name:	rving/selling alcohol beverage		L STORE	-	
	- 8 - 60 - 5				eë son	rest France e
	Clerk/I	reasurer		_Cha	rile Applicant	Haller) 's Signature
□ A	PPROVED/_/	☐ REJECTED / /	Office Use	Only	V	
	\$ 30.00 - OPERAT		CASH	☐ CHECK #	LICENS	E#:
	☐ \$15.00 – *Provi	SIONAL LICENSE (60 DAYS)	☐ CASH	□ CHECK #		E#:
			*TRAINING C	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



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.

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- 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

5/11/23, 10:06 AM

- DOJ WORCS

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

Village Of PRANDOM LAKE

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 Statues 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 2022-38		Date filing	:_ <u></u>	23
2.	Name: JW	ie.	A		JA	ROCH
3.	Social Security No.:	Firet	-17	Middle Priver's License No.	,	
4.	Home Address:	720 Western	Ave +	2 Rounds	m Lake	53075
5.	Phone Number:	Z62 416 2477		Ethnicit	y: white	Zip Code
6.	Sex: M□ F	Date of Birth:	-	Age:	Place of Birth:	Fond Dulac
7. 8.	List all your residence	he United States es for the past Two years to the Hand Hand Hand Hand Hand Hand Hand Hand	(es No E the date of ap	plication;	53075	2
9.	Have you EVER beer any license application	n convicted of violating any: on shall be cause for denial o	f such license.	Including traffic la Federa V Lav	ws.) al Laws ANYWHI Wisconsin State L ws of ANY other S	ERE? NO yes tate? NO
10.	Specify offenses, giving	ng date and places of convic	tions (if more sp	rdinances of the Vi ace is needed use the ba	ck of this sheet)	
	2-96 Disorder	y Conduct 5/96 isorderly conduct	Reckless	injury 6	96 Battiry 2007 Batti	Resisting or DBS AT
11.		erving/selling alcohol bevera	ges?	Seneral	Store	happened whe was marrie
	8 . * 2	1 1000	V	an in comes s	- V -	man of some of a
	Clerk/	Freasurer	_	Sul	Applicant's	Simature
	CICIN	Treasurer	O.C. II		Applicants	Signature
	APPROVED//_	□ REJECTED//_	Office Use REASON:	Unty		
	> \$30.00 − OPERA	TOR LICENSE	CASH	□ снеск#	LICENSE #	#:
	□ \$15.00 - *PROV	is onal License (60 days)	☐ CASH	☐ CHECK #	LICENSE #	#:
			*TRAINING (CERTIFICATE RECEIVE) / /	

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075

Telephone: (920) 994-4852 Facsimile: (920) 994-2390 Website: www.randomlakewi.com



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

Village Of PRANDOM LAKE

APPLICATION - OPERATOR/BARTENDER LICENSE

License year: July 1, 202 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 Statues 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 A Prev. Lic. # 2022 - 44	Date filing: 5-7-2023
2.	Name: Shelby	Morgan Stadelmayer
3.	Social Security No.:	Middle Driver's License No.:
4.	Home Address: 729 Western	
5.	Phone Number: 262-416-2033	City/State Zip Code Ethnicity: White
6.	Sex: M□ F Date of Birth:	Age: Place of Birth: West Bund WI
7. 8.	Tist all your residences for the past Two years to a 729 Western Ave. Rando 1614 W Sunset Ridge Dr	the date of application: On Lake WI 5.3076 EVE West Bend WI 5.3090
9.	Have you EVER been convicted of violating any: (any license application shall be cause for denial of	(Please note that
10.	Specify offenses, giving date and places of convicti	Ondinous Col Trop Co.
11.	Where will you be serving/selling alcohol beverage Business Name: Casus	ges?
	1 SF	Aller Ata J.
	Clerk/Treasurer	Applicant's Signature
□ AP	PROVED/	Office Use Only REASON:
	△\$30.00 — OPERATOR LICENSE	CASH CHECK#LICENSE#:
	☐ \$15.00—*Provisional License (60 days)	□ 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



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:

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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

Village Of RANDOM LAKE

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

51.

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 Statues 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.		Renewal Prev. Lic. #		Date filing:	5/11/2	3
2.	Name: Hann	ah	Lea	٨	He	Hman
3.	Social Security No.:		Middle Drive	e r's License No.: 🍃		
4.	Home Address:	177 Edman	ost	Fred	onia WI	53021
5.	Phone Number:	262-343-0304		City/Sta Ethnicity:		Zip Code
6.	Sex: M□ F	Date of Birth '	- A ₂	ge: 39 Pl	ace of Birth: W	Bend WF
7. 8.	Are you a citizen of the List all your residence	ne United States Yes	No □ date of applica	tion:	411	
9.	Have you EVER been any license application	convicted of violating any: (Pl on shall be cause for denial of st	ease note that a ich license. Incl	uding traffic laws Federal I Wi	accurate or untruthfolic) aws ANYWHERE? sconsin State Laws? of ANY other State?	No
10.	Specify offenses, givin	ng date and places of conviction	Ordin as (if more space is	ances of the Villa	ge of Random Lake?	
11.	Where will you be se Business Name:	rving/selling alcohol beverages				
	a Roll of				9 - 1	- 10.7% = 2
	Clerk/T	reasurer		Nan	Applicant's Signa	dure
A	PPROVED / /	☐ REJECTED//	Office Use Only REASON:			
	■ \$30.00 - Operat			CHECK#	License#:	
	59/20d1625/5	SIONAL LICENSE (60 DAYS)] CHECK#		
	1		*TRAINING CERTI	FICATE RECEIVED		

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075

Facsimile: (920) 994-2390 Telephone: (920) 994-4852 Website: www.randomlakewi.com



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:

NOTICE TO EMPLOYERS

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

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

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

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

NO RECORD FOUND

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

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

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 Statues 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.

I.	New ☐ Renewal A Prev. Lic. # 2021-27		Date filing: 4	14/23		_
2.	Name: MAX	ART	HUR	416	RNER	
3.	Social Security No.:	Middle Driver	's License No			- 2
4.	Home Address: 215 CARRO Street	14 57	RANDOMLAK	e wi	53075	
5.	Phone Number: 920-994-4/1/	5	City/State Ethnicity:	SHITE	Zip Code	_
6.	Sex: M ☑ F □ Date of Birth:	Ag	e: <u>64</u> Place of F	Birth: Port	WASHING	TON
7. 8.	Are you a citizen of the United States List all your residences for the past Two years	Yes □ No □ to the date of applicat				
9.	Have you EVER been convicted of violating an any license application shall be cause for denia	y: (Please note that ar ll of such license. Inclu	ıding traffic laws.) Federal Laws AN		nformation on	
10.	Specify offenses, giving date and places of conv. NO SEAT BELT, 187 + Bu To	victions (if more space is r	Laws of ANY inces of the Village of Ra needed use the back of this she	ındom Lake? 🔽	Tic	KING KET RONT
11.	Where will you be serving/selling alcohol beve	rages?			MYS	_
	Business Name: Boozn, Ro				WHILE	Im
					Wor	RKING
			==0	9	419#	15 OA
			Mal 1	le le	OPEN	Siga
	Clerk/Treasurer		App	licant's Signatur	2	PRY
] A	PPROVED/_/_ □ REJECTED/_/	Office Use Only REASON:				007
	□ \$30.00 – Operator License	☐ CASH ☐	снеск # L	license#:		
	☐ \$ 15.00 – *Provisional License (60 days)	□ CASH □		ICENSE#:		
		*TRAINING CERTIFI	CATE RECEIVED /	1		

96 Russell Drive, P.O. Box 344, Random Lake, Wi 53075



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 III.335 and the Department of Workforce Development's publication, Arrest and Conviction Records Under the Law.

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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
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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 Prev. Lic. #	Date filing: 5-15-23
2.	Name: John	Lynn Juhre
3.	Social Security No.:	Middle Driver's License No.:
4.	Home Address: NOTSI Cedar V	alley Rd Fredonia, WI 53021
5.	Phone Number: 920-254-1022	City/State Zip Code Ethnicity: White
6.	Sex: M \square F $\begin{tabular}{ll} \begin{tabular}{ll} tabul$	Age: 34 Place of Birth: Sheboygan, WI
7. 8.	Are you a citizen of the United States List all your residences for the past Two years to	Yes No □
9.	Have you EVER been convicted of violating any: any license application shall be cause for denial o	Federal Laws ANYWHERE?
10.	Specify offenses, giving date and places of convict	Wisconsin State Laws? Laws of ANY other State? Ordinances of the Village of Random Lake? tions (if more space is needed use the back of this sheet):
11.	Where will you be serving/selling alcohol beverage Business Name: Ulobe Lanes	ges?
	Clerk/Treasurer	JeanJuhu
	Ostra, Traducti	Applicant's Signature
□ A	PPROVED/	Office Use Only REASON:
	▼ \$30.00 - OPERATOR LICENSE	□ cash □ check # 10334 License #:
	\square \$ 15.00 – *Provisional License (60 days)	□ CASH □ CHECK# LICENSE#:
		*TRAINING CERTIFICATE RECEIVED / /

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075



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:

NOTICE TO EMPLOYERS

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

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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 Prev. Lic. # 2021-32		Date filing:	515123	
2.	Name: NAME:	Ann	¥	Hoff	ender
3.	Social Security No.:	Middle Drive	e r's License N	e Pa	of
4.	Home Address: 354 Martes	WLY R	andoni	ake NI	53075
5.	Phone Number: 920 9410 EUUA	* 	City/St Ethnicity:	imik	Zip Code
6.	Sex: M F Date of Birth:	Ag	ge: 35 P	lace of Birth	Vashinatin 1
7. 8.	Are you a citizen of the United States Ye List all your residences for the past Two years to t	es ☑ No □ he date of applica			
9.	Have you EVER been convicted of violating any: (l any license application shall be cause for denial of	Please note that a such license. Incl	uding traffic law: Federal l Wi	naccurate or untruthfu s.) Laws ANYWHERE? isconsin State Laws? of ANY other State?	l information on
10.	Specify offenses, giving date and places of convicti	Ordin: ons (if more space is	ances of the Villa	ge of Random Lake?	<i>D</i>
11.	Where will you be serving/selling alcohol beverage Business Name:	es?			
	Clerk/Treasurer	-	_VH	4040 Applicant's Signat	ture
7 4	PPROVED/	Office Use Only REASON:			
_ ^	□ \$30.00 – Operator License		CHECK #	License #:	
	☐ \$15.00 – *Provisional License (60 days)		-	LICENSE #:	
		*TRAINING CERTIF	CICATE DECEIVED		

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075



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:

NOTICE TO EMPLOYERS

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

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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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License year: July I, 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 2021 37		Date filing:	5/5/23	
2.	Name: Chad	Rober	}	Hofte	endur
3.	Social Security No.:	21700	ldle ver's License No.:		
4.	Home Address: 254 Maries W	ay R		Ke. W	53075
5.	Phone Number: 414.239 Street	<u> </u>	City/State Ethnicity:		Zip Code
6.	Sex: MX F \(\square\) Date of Birth:	_	Age: 39 Plac	ce of Birth: DU	Augue IA
7. 8.	Are you a citizen of the United States Yes List all your residences for the past Two years to th	No □ e date of appl	ication:		
9.	Have you EVER been convicted of violating any: (Plany license application shall be cause for denial of s		ncluding traffic laws.) Federal La		· (2)
			Laws of	f ANY other State	2? 2
10.	Specify offenses, giving date and places of convictio		linances of the Village e is needed use the back of		e? <u>- [/ </u>
11.	Where will you be serving/selling alcohol beverages Business Name:				
	Clerk/Treasurer	s.	_Clu	Applicant's Sig	mature
		Office Use O	nlv		
	APPROVED/_/	REASON:			
	□ \$30.00 – OPERATOR LICENSE	☐ CASH	☐ CHECK #	LICENSE #:	
	☐ \$15.00 – *Provisional License (60 days)	☐ CASH	☐ CHECK #	LICENSE#:	
		*TRAINING CE	RTIFICATE RECEIVED	11	

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075



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:

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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- 2. The process for submitting a challenge.

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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

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
E FERMENTED MALT BEVERAGES AND INTOXICATING LIOU

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 Prev. Lic. # 2021-31		Date filing:	X- 5/11	0/23
2.	Name: Donna B		Arlene	Biren	baum
3.	Social Security No.:		Middle Oriver's License Næ		
4.	Home Address: W3703 Jay R	<u>e</u> d		onia	5302
5.	Phone Number: 920-254-445-9		City/S Ethnicity		Zip Code
6.	Sex: M□ F Date of Birth:		Age: <u>64</u>	Place of Birth: Oza	ukee Co,
7. 8.	Are you a citizen of the United States Ye List all your residences for the past Two years to the	es No [he date of ap		_	
9.	Have you EVER been convicted of violating any: (I any license application shall be cause for denial of	Please note t such license	Including traffic lav. Federal W	inaccurate or untruthivs.) l Laws ANYWHERE? Visconsin State Laws? vs of ANY other State?	
10.	Specify offenses, giving date and places of convicti	ons (if more sp	Ordinances of the Vil pace is needed use the bac	lage of Random Lake? k of this sheet):	
11.	Where will you be serving/selling alcohol beverage Business Name:		lobelan	nes	
	Clerk/Treasurer	-	Jones	7 Applicant's Sign	rubaum) ature
—— П <i>А</i>	APPROVED/_/	Office Use	-		
_ ^	\$30.00 - Operator License	□ CASH		License#:	
	☐ \$15.00 – *Provisional License (60 days)	□ CASH		License #:	
		*TRAINING	CERTIFICATE RECEIVED	1 1	

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075



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:

NOTICE TO EMPLOYERS

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APPLICATION - OPERATOR/BARTENDER LICENSE

License year: July I, 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 Statues 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 N	Date filing: 04 04 23
2.	Name: Marcus	R Demler
3.	Social Security No.:	Middle Driver's License No.;
4.	Home Address: W5588 Color	Ly Dr Random Lake/WI 53075
5.	Phone Number: 920 - 980 - 833	City/State Zip Code Ethnicity: White
6.	Sex: M ☑ F □ Date of Birth	Age: 43 Place of Birth: Sheboygan
7. 8.	Are you a citizen of the United States Yea List all your residences for the past Two years to the	s 🕱 No □
9.	Have you EVER been convicted of violating any: (P any license application shall be cause for denial of s	Please note that any incomplete, inaccurate or untruthful information on such license. Including traffic laws.) Federal Laws ANYWHERE? Wisconsin State Laws?
		Laws of ANY other State?
10.		Ordinances of the Village of Random Lake?ons (if more space is needed use the back of this sheet):
72	OUT - 01/2010 - Sheboya	an County
1/4	Buying Alcohol for Mindres	V
11.	Where will you be serving/selling alcohol beverage Business Name:	
	Business Name: Globe Lan	<u>es</u>
	Clerk/Treasurer	Mano Donles Applicant's Signature
	PPROVED/_/	Office Use Only REASON:
	☐ \$30.00 – OPERATOR LICENSE	☐ CASH ☐ CHECK# LICENSE#:
	\square \$ 15.00 – *Provisional License (60 days)	□ CASH □ CHECK#LICENSE#:
		*TRAINING CERTIFICATE RECEIVED / /

96 Russell Drive, P.O. Box 344, Random Lake, Wi 53075



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:

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: 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

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

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\$ 15.00 Provisional License (60 days)

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l.	New ☐ Renewal ☒ Prev. Lic. # <u>2022 - 06</u>	Date filing: 04/04/23	
2.	Name: AMY	Marie Denler	
3.	Social Security No.:	Driver's License No.:	
4.	Home Address: W5588 Colony	Or Random Lakelwi 53075	
5.	Phone Number: 262-893-952	City/State Zip Code Ethnicity: White	
6.	Sex: M □ F 🗹 Date of Birth:	Age: 43 Place of Birth: Below Port Washin	gt
7. 8.	Are you a citizen of the United States Ye. List all your residences for the past Two years to the	es 🗷 No 🗆 the date of application:	
9.	Have you EVER been convicted of violating any: (F any license application shall be cause for denial of s	Federal Laws ANYWHERE? Wisconsin State Laws? Laws of ANY other State?	
10.	Specify offenses, giving date and places of conviction	Ordinances of the Village of Random Lake? ions (if more space is needed use the back of this sheet):	
11.	Where will you be serving/selling alcohol beverage Business Name: Globe La		
	Clerk/Treasurer	Applicant's Signature	
□ A	PPROVED/_	Office Use Only REASON:	
	☐ \$30.00 – OPERATOR LICENSE	□ CASH □ CHECK # LICENSE #:	
	\square \$ 15.00 – *Provisional License (60 days)	□ CASH □ CHECK# LICENSE#:	
		*TRAINING CERTIFICATE RECEIVED / /	

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075



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:

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.

APPLICATION - OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS
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1.	New Renewal Prev. Lic. # 2022 - 34	Date filing: $\frac{5}{15}$
2.	Name: Scott	Deavanaugh
3.	Social Security No.:	Middle Driver's License No.:
4.	Home Address: N 270 Random La	Kell, Randomlake Wi 53075
5.	Phone Number: 920 - 946 - 124	52 Ethnicity: White Zip Code
6.	Sex: M ▼ F □ Date of Birth: _	Age: 38 Place of Birth: Port Washing 64
7. 8.	Are you a citizen of the United States Ye List all your residences for the past Two years to the	he date of application:
9.	Have you EVER been convicted of violating any: (I any license application shall be cause for denial of	Please note that any incomplete, inaccurate or untruthful information on such license. Including traffic laws.) Federal Laws ANYWHERE? Wisconsin State Laws?
10.	Specify offenses, giving date and places of conviction	Laws of ANY other State? Ordinances of the Village of Random Lake? Ons (if more space is needed use the back of this sheet):
11.	Where will you be serving/selling alcohol beverage Business Name:	
	Clerk/Treasurer	Sest Carry Applicant's Signature
□ A	APPROVED/_	Office Use Only REASON:
	☐ \$30.00 – OPERATOR LICENSE	☐ CASH ☐ CHECK # LICENSE #:
	□ 15.00 - *Provisional License (60 days)	□ CASH □ CHECK # LICENSE #:
		*TRAINING CERTIFICATE RECEIVED / /

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075



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:

NOTICE TO EMPLOYERS

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APPLICATION - OPERATOR/BARTENDER LICENSE

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1.	New □ Renewal Prev. Lic. #	Date filing: 5/16/23
2.	Name: Bobbic TO	Ploof Last
3.	Social Security No.:	Last License No.:
4.	Home Address: 138 E Shor	
5.	Phone Number: (262) 689-95	City/State Zip Code Ethnicity:
6.	Sex: M For Date of Birth:	Age: 36 Place of Birth: Port Washin
7. 8.	List all your residences for the past Two years to the	es No 🗆 he date of application:
9.		Please note that any incomplete, inaccurate or untruthful information on
10.	Specify offenses, giving date and places of conviction	Laws of ANY other State? Ordinances of the Village of Random Lake? ions (if more space is needed use the back of this sheet):
11.	Where will you be serving/selling alcohol beverage Business Name:	0/
	Clerk/Treasurer	Applicant's Signature
ПА	PPROVED/_/ □ REJECTED / /_	Office Use Only REASON:
_ ^	S 30.00 – OPERATOR LICENSE	□ CASH □ CHECK # LICENSE #:
	☐ \$15.00 - *Provisional License (60 days)	□ CASH □ CHECK # LICENSE #:
	= 1 (30 DATE)	*TRAINING CERTIFICATE RECEIVED / /

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075



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:

NOTICE TO EMPLOYERS

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License year: July 1, 2023 to June 30, 2024
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1.	New □ Renewal □	Date filing: $5 - 15 - 23$
2.	Prev. Lic. # Name:	F Maragin
3.	Social Security No.:	Middle Driver's License No.:
4.	Home Address: 59 Butto	rst Randomlata 53015
5.	Phone Number: 100 447 Street 500	City/State Zip Code Ethnicity:
6.	Sex: M F Date of Birth:	Age: Sto Place of Birth: Shop Co
7. 8.	Are you a citizen of the United States Ye List all your residences for the past Two years to the	he date of application:
9.	Have you EVER been convicted of violating any: (Pany license application shall be cause for denial of s	Please note that any incomplete, inaccurate or untruthful information on such license. Including traffic laws.) Federal Laws ANYWHERE? Wisconsin State Laws?
10.	Specify offenses, giving date and places of conviction	Laws of ANY other State? Ordinances of the Village of Random Lake?
11.	Where will you be serving/selling alcohol beyerage. Business Name:	che Laws
	•	
		Voll Maior
	Clerk/Treasurer	Applicant's Signature
] A	PPROVED/_	Office Use Only REASON:
	\square \$30.00 – Operator License	□ CASH □ CHECK # LICENSE #:
	□ $15.00 - PROVISIONAL LICENSE (60 DAYS)$	☐ CASH ☐ CHECK#LICENSE#:
		*TRAINING CERTIFICATE RECEIVED / /

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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: MORGAN, KELLY I

Date of Birth: Alias Names:

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1.	New □ Re	newal X v. Lic. # <u>2022</u> - 04		Date filing	: May	9, 202	.3
2.	Name: Jo		FRANC	IS	<i>£</i>	BURMES	BCH
3.	Social Security No.:	First	Middle Driver's	License No.		Lent	
4.	Home Address:	309 57H ST	-	PAMI	DOM LAKE	WI	53075
5.	Phone Number:	970-994-901	0	Ethnicit	ry:	HITE	Zip Code
6.	Sex: M → F □	Date of Birth.	Age	65	Place of Birth:	SHEBO	PGAN, WI
7. 8.	Are you a citizen of the List all your residences f	or the past Two years to the	No □ date of applicati f 57 S7	on: RAN	IDOM LAK	íE	
9.	Have you EVER been co any license application s	nvicted of violating any: (Plea hall be cause for denial of suc	ase note that any th license. Includ	ling traffic la	e, inaccurate or unaws.) ral Laws ANYWI		Formation on
					Wisconsin State ws of ANY other		NO
			Ordinar		illage of Random		NO NO
10.	Specify offenses, giving of	late and places of convictions					
÷			i i				
11.	Where will you be serving Business Name:	ng/selling alcohol beverages?	VRMESCH	VARIE	ETY STOR	RE	
	Clerk/Trea	surer		-6	Applicant	Bun 's Signature	nesch
□ A	PPROVED//_ □		Office Use Only EASON:				
	\$ 30.00 - OPERATOR		-	снеск#_[Э	346 LICENSI	E#:	
	☐ \$15.00 - *Provision	NAL LICENSE (60 DAYS)		CHECK#		E#:	
		*	TRAINING CERTIFIC	CATE RECEIVE	D//	_	

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075

5/8/23, 4:38 PM - DOJ WORCS



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 Birtl Alias Names:

NOTICE TO EMPLOYERS

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

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

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

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

NO RECORD FOUND

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

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

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 Statues 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 15 Prev. Lic. # 202176	Date filing:	4/3/23
2.	Name: AAros	Robert	Sch mýt
3.	Social Security No.:	Middle Driver's License No.:	Last
4.	Home Address: 614 NSPING ST	Rosdo	u Lake WI 53075
5.	Phone Number: (920) 254-6047	City/St Ethnicity:	Cauca Sign
6.	Sex: M ⋈ F □ Date of Birth:	_ Age: <u>'39</u> P	Place of Birth: fort Wash uston
7. 8.	Are you a citizen of the United States Ye List all your residences for the past Two years to the	s 以 No □	
9.	Have you EVER been convicted of violating any: (F any license application shall be cause for denial of s	such license. Including traffic law Federal	naccurate or untruthful information on s.) Laws ANYWHERE? isconsin State Laws?
		Laws	of ANY other State? yes
10.	Specify offenses, giving date and places of conviction Special of tickets, fullure to stop a	Ordinances of the Villa ons (if more space is needed use the back Ta Stoop Sign, Leilur	of this sheet):
11.	Where will you be serving/selling alcohol beverage Business Name: +/USFCES ofthe	s? Raudou buke fire a	dopt
	er e		
		an	RS-
	Clerk/Treasurer		Applicant's Signature
□ A	PPROVED/_/	Office Use Only REASON:	
	■ \$30.00 – Operator License	□ CASH ■ CHECK# 810	5_ LICENSE #:
	□ $15.00 - Provisional License (60 days)$	□ CASH □ CHECK #	License#:
		*TRAINING CERTIFICATE RECEIVED	1 1

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075

5/5/23, 11:01 AM - DOJ WORCS



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:

- 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.

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 Statues 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 Renewal Representation of the Press Lic. # 0P 19-76 of	0922-54	Date filing:	1023		
2.	Name: Nicole	Ann		Paulus		
3.	Social Security No.:	Middle Driver's	License No.:	Tast		
4.	Home Address: 2500 Hickory Gro	ove Rd	Belgium	\	WI 53004	
5.	Phone Number: 262-689-1791		City/State Ethnicity:	White	Zip Code	
6.	Sex: M F Date of Birth:	Age:	28_ Place	e of Birth: Shebou	ygan. Wi	
7. 8.	Are you a citizen of the United States Ye List all your residences for the past Two years to the 3920 W 78th Way Westwinster Co 800	es VI No 🗆 he date of application 03 o (Shident)				
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?					
				nsin State Laws?	No	
		Ordinan		ANY other State?	No	
10.	Ordinances of the Village of Random Lake? No pecify 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					
	Clerk/Treasurer Applicant's Signature					
Office Use Only Approved/_/						
	☐ \$30.00 – OPERATOR LICENSE	X CASH □ C	HECK #	LICENSE#:		
	☐ \$15.00 - *Provisional License (60 days)	□ CASH □ C	CHECK#	LICENSE#:		
		*TRAINING CERTIFIC	ATE RECEIVED	1 1		

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075

5/5/23, 12:38 PM - DOJ WORCS



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

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.

Village Of PRANDOM LAKE

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 Statues 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 - 3	Date filing: APRIL 4, 2023			
2.	Name: MATTHEW	GEORGE BROCKHEIER			
3.	Social Security No.:	Middle Driver's License No.:			
4.	Home Address: 75 STATE HIGHWAY	144/POBEX 23 RANDAI CAGE WI 53075			
5.	Phone Number: 920-254-0408	City/State Zip Code Ethnicity: Econopean Auerican			
6.	Sex: M 🗷 F 🗆 Date of Birth:	Age: 68 Place of Birth: Chicago, Kilonois			
7. 8.	Are you a citizen of the United States Ye List all your residences for the past Two years to the PS STATE HIGHELING (FY, BAWDEN)	s 【 No □ ne 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?				
10.	Specify offenses, giving date and places of conviction THAFFIC VIXIATUM, ARCHE THAN T				
11.	Where will you be serving/selling alcohol beverage Business Name:	s?			
	Clerk/Treasurer	Applicant's Signature			
		Office Use Only			
□ A	APPROVED/	REASON:			
	\$30.00 – Operator License	□ CASH X CHECK# 38 16 LICENSE#:			
	\square \$15.00 – *Provisional License (60 days)	□ 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



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:

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 PRANDOM LAKE

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 Statues 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.		Renewal 🔀 Prev. Lic. #		Date filing:	1 27
2.	Name: Alan	a	Manie		uman
3.	Social Security No.:	Firet	Middle Drive	: 's License No	
4.	Home Address:	11404 LOWER	Smiles Rd.	Oostburg,	WI 53070
5.	Phone Number: 12	0-254-3217		City/State	MCasian Zip Code
6.	Sex: M□ F	Date of Birth.	Ag		Birth: Milwaye
7. 8.	Are you a citizen of th List all your residence	s for the past Two years to	Yes No Do the date of applica	tion: 1) 53070	
9.	Have you EVER been any license application	convicted of violating any: n shall be cause for denial ((Please note that a	iding traffic laws.)	te or untruthful information on
				Wisconsin Laws of AN	NYWHERE? No 1 State Laws? No (other State? No
10.	Specify offenses, givin	g date and places of convic	Ordinations (if more space is	ances of the Village of R needed use the back of this sh	andom Lake? No
11.	Where will you be ser Business Name:	ving/selling alcohol bevera	Bor of	grill ()
	Clerk/Tı	easurer	_	Stant	plicant's Signature
□ A	PPROVED//	□ Rejected/_/	Office Use Only REASON:		
	☐ \$30.00 - OPERATO	DR LICENSE	X CASH	CHECK #	LICENSE#:
	☐ \$15.00 - *Provis	onal License (60 days)	□ CASH □	CHECK #	License#:
-		14	*TRAINING CERTIF	ICATE RECEIVED /	

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075

Telephone: (920) 994-4852 Facsimile: (920) 994-2390 Website: www.randomlakewi.com

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:

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;

Eve 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

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

Village Of PRANDOM LAKE

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 Statues 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 2021-25	Date filing: 4-14-2023
2.	Name: Lynn	M Marver
3.	Social Security No.:	Middle Last Driver's License No
4.	Home Address: 2831 S. 214	
5.	Phone Number: 930-377-007.	2 City/State Caucasion Zip Code Ethnicity: Caucasion
6.	Sex: M F Date of Birth:	. 5 Age: 57 Place of Birth: Sheboygan
7. 8.	Are you a citizen of the United States Ye List all your residences for the past Two years to the	s No 🗆 ne date of application:
9,	Have you EVER been convicted of violating any: (Fany license application shall be cause for denial of s	Please note that any incomplete, inaccurate or untruthful information on such license. Including traffic laws.) Federal Laws ANYWHERE? Wisconsin State Laws?
10.	Specify offenses, giving date and places of conviction	Laws of ANY other State? Ordinances of the Village of Random Lake?
11.	Where will you be serving/selling alcohol beverage Business Name:	s? EIN
	Clerk/Treasurer	Synn M Mavey Applicant's/Signature
□ A	PPROVED/_/_ □ REJECTED/_/_	Office Use Only REASON:
	☐ \$30.00 – OPERATOR LICENSE	□ CASH □ CHECK # LICENSE #:
	□ $15.00 - PROVISIONAL LICENSE (60 DAYS)$	□ 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



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:

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 PRANDOM LAKE

APPLICATION - OPERATOR/BARTENDER LICENSE

License year: July I, 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 Statues 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 2021-53	Date filing: 04/16/23
2.	Name: Dayton First	Michael Palmer
3.	Social Security No.:	Middle Driver's License No.:
4.	Home Address: 107 Meadow Lake	
5.	Phone Number: 920 - 946 - 774	9 Ethnicity: White Zip Code
6.	Sex: M F D Date of Birth.	Age: 21 Place of Birth: Sheboygan, WI
7. 8.	List all your residences for the past Two years to t	es No D he date of application: Lake, WI 53076 Random Lake, WI 53075
9.	,	Please note that any incomplete, inaccurate or untruthful information on
10.	Specify offenses, giving date and places of conviction Specify Ticket (Shelseyon Consisting foliations on of	Laws of ANY other State? Ordinances of the Village of Random Lake? Ons (if more space is needed use the back of this sheet): Ourty) - Zyeor's cys County) - Zmorts: ago
11.	Where will you be serving/selling alcohol beverage Business Name: 3002 To	
	Clerk/Treasurer	Applicant's Signature
□ A	PPROVED/_ / REJECTED//_	Office Use Only REASON:
	☐ \$30.00 – OPERATOR LICENSE	CASH CHECK#LICENSE#:
	☐ \$15.00 – *Provisional License (60 days)	☐ 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



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:

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:

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

Village Of PRANDOM LAKE

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 Statues 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. # 2622-55		Date filing	g:	
2.	Name: Chaistopher		S.	5	Schmold
3.	Social Security No.:		Middle Driver's License No	.:	
4.	Home Address: Street	~ S+		Belgion WF	Stool
5.	Phone Number: 262 689-72		Ethnici	ty: Uhle	Zip Code
6.	Sex: M F Date of Birth:		Age: 4-7	Place of Birth:	Port Warking to
7. 8.	Are you a citizen of the United States Yes List all your residences for the past Two years to the past Two y	s Ø No [ne date of ap	plication:	4	
9.	Have you EVER been convicted of violating any: (P any license application shall be cause for denial of s	Please note t such license	. Including traffic l	e, inaccurate or untruth aws.) ral Laws ANYWHERE;	M = a
				Wisconsin State Laws	Yes
		_		ws of ANY other State	
10.	Specify offenses, giving date and places of conviction	ins (if more pr	age is needed use the b	illage of Random Lake: ack of this sheet):	
11.	Where will you be serving/selling alcohol beverages Business Name:	s?			:
	Clerk/Treasurer	\$2 *	(Applicant's Sign	abure
				**	
□ A	PPROVED/_/	Office Use REASON:	Only		-
	\square \$ 30.00 – Operator License	☐ CASH	□ снеск#	LICENSE #:	
	\square \$ 15.00 – *Provisional License (60 days)	☐ CASH	☐ CHECK #	LICENSE #:	
		*TRAINING	CERTIFICATE RECEIVE	D / /	

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075

Telephone: (920) 994-4852 Facsimile: (920) 994-2390 Website: www.randomlakewi.com



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:

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 III.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:

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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

Village Of PRANDOM LAKE

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 Statues 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 Ø Prev. Lic. # 2022 - 18 (C	Q Date filing: <u>5-/9-23</u>
2.	Name: JEFFREY	HERBERT KREUTZINGER
3.	Social Security No.:	Middle Driver's License No
4.	Home Address: U5566 COUNTY	
5.	Phone Number: 920 - 449-925	55 City/State Zip Code Ethnicity: UHITE
6.	Sex: M → F □ Date of Birth.,	Age: Place of Birth: SHCBOYCAN COUNT
7. 8.	Are you a citizen of the United States Ye List all your residences for the past Two years to t	Yes No □ the date of application:
9.	Have you EVER been convicted of violating any: () any license application shall be cause for denial of	(Please note that any incomplete, inaccurate or untruthful information on of such license. Including traffic laws.) Federal Laws ANYWHERE? Wisconsin State Laws? Laws of ANY other State?
10.	Specify offenses, giving date and places of convicting the second	3
11.	Where will you be serving/selling alcohol beverage Business Name:	ges? XEGGERS
	Clerk/Treasurer	Applicant's Signature
□ A	PPROVED/_/_ □ REJECTED/_/_	Office Use Only REASON:
	☐ \$30.00 – OPERATOR LICENSE	☐ CASH ☐ CHECK # LICENSE #:
	\square \$15.00 – *Provisional License (60 days)	☐ 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



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:

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

5/19/23, 2:28 PM - DOJ WORCS

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

5/19/23, 2:28 PM - DOJ WORCS

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

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

5/19/23, 2:28 PM

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

5/19/23, 2:28 PM - DOJ WORCS

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

Village Of PRANDOM LAKE

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 Statues 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.

2. Name:	I.	New Renewal 2023 -	//	Date filing: 5 - 15 - 25	
3. Social Security No.: 30.3 60.505 Driver's License No.: (1453 4255 5503 - 02	2.	Name: Jan Evel	10	GLANDER	
5. Phone Number: 920 354 - 144 9 Ethnicity: 6. Sex: M Date of Birth: 1-3-1455 Age: 8 Place of Birth: 6 Place of Birth:	3.			Viiddle Oriver's License No.: (4453 4255 5503 - 02	
5. Phone Number: 926 354 - 1819 Ethnicity: 6. Sex: M Date of Birth: 1-3-1455 Age: 8 Place of Birth: 10 Plac	4.	1101116 1101116001	down 1	Lake Road Handom Lake W-	
7. Are you a citizen of the United States 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? Ordinances of the Village of Random Lake? 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: Clerk/Treasurer Office Use Only REJECTED // REJECTED // REASON: \$30.00 - OPERATOR LICENSE CASH CHECK # LICENSE #: LICENSE	5.	Phone Number: 920 254 - 184 0		Ethnicity:	
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? Ordinances of the Village of Random Lake? II. Where will you be serving/selling alcohol beverages? Business Name: Clerk/Treasurer Office Use Only REASON: Specify Offenses, giving date and places of convictions (if more space is needed use the back of this sheet): Office Use Only REASON: Specify Of	6.	Sex: M F Date of Birth:	7-1955	Age: 68 Place of Birth: fort Washingtor	
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 ANYWHER? Wisconsin State Laws? Laws of ANY other State? Ordinances of the Village of Random Lake? Ordinances of the Village of Random Lake? II. Where will you be serving/selling alcohol beverages? Business Name: Clerk/Treasurer Office Use Only REASON: Sac. Applicant Signature Applicant Signature Applicant Signature Sac. Applicant Signature Clerk/Treasurer Office Use Only REASON: Sac. Approved	7.				
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): Where will you be serving/selling alcohol beverages? Business Name: Clerk/Treasurer Office Use Only REASON: S 30.00 - OPERATOR LICENSE CASH CHECK # LICENSE #: LICENSE #:	8.	The state of the s		plication:	
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: Clerk/Treasurer Applicant Signature Applicant Signature Applicant Signature Approved Rejected Office Use Only Reason: \$30.00 - Operator License Cash Check # License #: License #:		- ame a	s a	AUCK	
Business Name: Keggers Toble Lanes & Broozenna Business Name: Lanes		any license application shall be cause for denial of	such license. O	. Including traffic laws.) Federal Laws ANYWHERE? Wisconsin State Laws? Laws of ANY other State? Ordinances of the Village of Random Lake?	
Clerk/Treasurer	11.	Where will you be serving/selling alcohol beverage Business Name:	lobe	Lanes, E/or Booze Inn	
□ APPROVED _ / _ / _ REJECTED _ / _ / REASON: □ \$30.00 - OPERATOR LICENSE CASH CHECK # LICENSE #:	Establish ment on Sandy				
□ \$30.00 - OPERATOR LICENSE □ CASH □ CHECK # LICENSE #: □ \$15.00 - *PROVISIONAL LICENSE (60 DAYS) □ CASH □ CHECK # LICENSE #:	i i		Office Use	Only	
☐ \$15.00 – *Provisional License (60 days) ☐ Cash ☐ Check # License #:		PPROVED/_/	REASON:		
8 6 8		☐ \$30.00 – OPERATOR LICENSE	☐ CASH	☐ CHECK # LICENSE #:	
*TRAINING CERTIFICATE RECEIVED / /		\square \$15.00 – *Provisional License (60 days)	☐ 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



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:

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 Statues 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. #	Date filing: May 1 2023
2.	Name: Bonie	J Horn
3.	Social Security No.:	Middle Driver's License No.
4.	Home Address: WG714 State	Highway 144 Random Late 53075
5.	Phone Number: 920 980 - 7335	City/State Zip Code Ethnicity: White
6.	Sex: M□ F 🗖 Date of Birtl	Age: Place of Birth: She boygan Co
7. 8.	Are you a citizen of the United States Yes List all your residences for the past Two years to the W6714 State Hoy 144 Rand	s ☑ No □ ne date of application:
9.	Have you EVER been convicted of violating any: (Pany license application shall be cause for denial of s	Federal Laws ANYWHERE? Wisconsin State Laws?
10.	Specify offenses, giving date and places of conviction	Ordinances of the Village of Random Lake? Ons (if more space is needed use the back of this sheet):
11.	Where will you be serving/selling alcohol beverage. Business Name: Kegger's Be	s? Gr. //
	Clerk/Treasurer	Bonnie J. Horn Applicant's Signature
	APPROVED/_/ REJECTED//	Office Use Only REASON:
	□ \$30.00 – Operator License	□ CASH □ CHECK # LICENSE #:
	\square \$15.00 – *Provisional License (60 days)	□ CASH □ CHECK # LICENSE #:
		*TRAINING CERTIFICATE RECEIVED / /

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075



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:

NOTICE TO EMPLOYERS

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APPLICATION - OPERATOR/BARTENDER LICENSE

License year: July I, 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 Date filing: Date filing: Date filing: New Date filing: Date fi
2. Name: Amber Ashlee I ander
3. Social Security No Middle Driver's License No.
4. Home Address: 40 N208 (Kandom Lake Road R. LWI53
5. Phone Number: 908 723 Street 732 City/State Zip Code Ethnicity:
6. Sex: M F Date of Birth Age: Place of Birth Section
7. Are you a citizen of the United States Yes No No
8. List all your residences for the past Two years to the date of application
Lavdom Lare Wit 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? 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 considered as hellowers
11. Where will you be serving/selling alcohol beverages? Business Name:
Business Name: Place State State Color of the Color of Clerk/Treasurer Applicant's Signature
Please put license at each localis
Business Name: Please put liceuse at each lo Calul Clerk/Treasurer Office Use Only Applicant's Signature
Business Name: Clerk/Treasurer Clerk/Treasurer Office Use Only REASON: REASON:

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075



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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APPLICATION - OPERATOR/BARTENDER LICENSE
License year: July 1, 363 to June 30, 3634
To Serve Fermented Malt Beverages and Intoxicating Liquors

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)
FEES ARE NON-REFUNDABLE

Sta	he undersigned, do hereby respectfully make apperboygan, Wisconsin for a License to serve, from overages and Intoxicating Liquors, subject to the latues and all acts amendatory thereof and supplementations and regulations, Federal, State or Local,	imitations im	posed by Section 125.	32 (2) and 125.68 (2) of the Wisconsin
1.	New Renewal □ Prev. Lic. #		Date filing	5/20/23
2.	Name: PATRICK		N	DEDUTE
3.	Social Security No.:	-	Middle Driver's License No.	
4.	Home Address: 07045 KAU	-K ROA	D BELGIUM	1 W1 53004
5.	Phone Number: 920-946-186	18	City. Ethnicit	State
6.	Sex: M ☑ F □ Date of Birth:		Age:	Place of Birth: SHEBOYGAN
7. 8.	Are you a citizen of the United States List all your residences for the past Two years t	Yes 🗹 No to the date of a		
	Have you EVER been convicted of violating any any license application shall be cause for denial specify offenses, giving date and places of convic		Federa V Law	Visconsin State Laws? so of ANY other State?
11.	Where will you be serving/selling alcohol bevera Business Name: 12057225	ges? OF T	HE RANDOR	n LAKE FIRE DEPT
	Clerk/Treasurer	_	Parti	Applicant's Signature
APP	ROVED/_ REJECTED/_/	Office Use REASON:	Only	
	□ \$30.00 – OPERATOR LICENSE	□ CASH	☐ CHECK #	License #:
	☐ \$15.00 – *PROVISIONAL LICENSE (60 DAYS)	□ CASH	☐ CHECK #	LICENSE #:
		*TRAINING (CERTIFICATE RECEIVED	

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075



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:

NOTICE TO EMPLOYERS

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APPLICATION - OPERATOR/BARTENDER LICENSE

License year: July I, 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 Statues 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 - 75	Date filing: 5/29/2023
2.	Name: Jennifer	marie Olszewsku
3.	Social Security No.: First 390 - 92 - 899	Middle
4.	Home Address: 718 Random	Lake Rd # 4, Random Lake, W1 530
5.	Phone Number: 920 - 207 - 33++	2 City/State Zip Code Ethnicity: White
6.	Sex: M F Date of Birth: 09	23/19 TAge: 45 Place of Birth: Milwauker, WI
7. 8.	Are you a citizen of the United States You List all your residences for the past Two years to the Safal As Abbell	es 🕱 No 🗆
9.	Have you EVER been convicted of violating any: (any license application shall be cause for denial of	Please note that any incomplete, inaccurate or untruthful information on such license. Including traffic laws.) Federal Laws ANYWHERE? Wisconsin State Laws?
10.	Specify offenses, giving date and places of convicti	Laws of ANY other State? Ordinances of the Village of Random Lake? ons (if more space is needed use the back of this sheet):
11.	Where will you be serving/selling alcohol beverage Business Name: Pandom La	ke mini mart / BAJ Real Estate
	Clerk/Treasurer	Jennifer Olsawski
□ Aı	PPROVED/_ / REJECTED/_/_	Office Use Only REASON:
	☐ \$30.00 – OPERATOR LICENSE	□ CASH □ CHECK#LICENSE#:
	\square \$15.00 – *Provisional License (60 days)	☐ CASH ☐ CHECK # LICENSE #:
		*TRAINING CERTIFICATE RECEIVED / /

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075



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:

NOTICE TO EMPLOYERS

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

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

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

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

NO RECORD FOUND

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

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

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, 2004 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 Statues 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. # 12022 - 5	8 Date filing: 5/24/23
2.	Name: John First	Joseph Pungarcher Jr
3 .	Social Security No.:	Driver's License No.:
4.	Home Address: 225 Nth Spring ST	Apt 20/ Random Lake WI S3025 City/State Zip Code
5.	Phone Number: 262 365 8932	Ethnicity:
6.	Sex: MA F Date of Birth:	- Age: Place of Birth: Sheboygen WI
7. 8.	Are you a citizen of the United States Yes List all your residences for the past Two years to the	e date of application:
0.	125 N Spring St Apt 6	e date of application: 201 Randon hake WI 5-2075
9.	Have you EVER been convicted of violating any: (Pl any license application shall be cause for denial of st	Federal Laws ANYWHERE?
		Wisconsin State Laws? Yes Laws of ANY other State?
		Ordinances of the Village of Random Lake?
10.	Specify offenses, giving date and places of conviction	
11.	Where will you be serving/selling alcohol beverages Business Name: // Ob! /	s?
		ad Med
	/ Clerk/Treasurer	Applicant's Signature
X	Approved Rejected/_/_	Office Use Only REASON:
	△ \$30.00 – Operator License	☐ CASH ☐ CHECK# LICENSE#:
	☐ \$15.00 — *Provisional License (60 days)	☐ CASH ☐ CHECK# LICENSE#:
		*TRAINING CERTIFICATE RECEIVED / /

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075

5/30/23, 9:06 AM - DOJ WORCS



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:

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

5/3U/23, 9:06 AM - DOJ WORCS

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

5/30/23, 9:06 AM - DOJ WORCS

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

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

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RECORD LAST UPDATED: 06/06/2007

IDENTIFICATION

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

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

5/30/23, 9:06 AM - DOJ WORCS

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

\$ 20,000 Character Lineses

\$ 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 Statues 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 2020 - 36	Date filing: May 18 23
2.	Name: Michelle	Ann bunde
3.	Social Security No.:	Middle Driver's License No.:
4.	Home Address: 113 Medow	hakes Dr. handom Looke WI 5307
5.	Phone Number: 920-946-450	City/State Zip Code Ethnicity: While
6.	Sex: M F \ Date of Birth	Age: Place of Birth: Shebougan
7. 8.	Are you a citizen of the United States Ye List all your residences for the past Two years to the	es X No 🗆
9.	Have you EVER been convicted of violating any: (F any license application shall be cause for denial of s	Please note that any incomplete, inaccurate or untruthful information on such license. Including traffic laws.) Federal Laws ANYWHERE? Wisconsin State Laws? Laws of ANY other State?
10.	Specify offenses, giving date and places of conviction	Ordinances of the Village of Random Lake?
11.	Where will you be serving/selling alcohol beverage Business Name:	gers
	Clerk/Treasurer	Muchell, A kurdi Applicant's Signature
] A	PPROVED/_/	Office Use Only REASON:
	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	CASH CHECK# 4170 LICENSE#:
	□ $$15.00 - *Provisional License (60 days)$	☐ CASH ☐ CHECK # LICENSE #:
		*TRAINING CERTIFICATE RECEIVED / /

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075



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 <u>Statute 111.335</u> and the Department of Workforce Development's publication, Arrest and Conviction Records Under the Law.

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

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

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

NO RECORD FOUND

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

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

\$ 30.00 Operator License \$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

525-77

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 Statues 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: _		, , , ,
	Prev. Lic. #	-0		V	^
2.	Name: Justyn	Jeron	<u> </u>		neger
3.	Social Security No.:	Middle Driver's	s License No.:		
٠.	· -			- / 1	JT (2075
4.	Home Address: 600 Rando	n Labe Fa	Francia	in Calle	7 3301
5.	Phone Number: 2623@51784		Ethnicity:	Cancasi	7 53075 Zip Code
6.	Sex: M F □ Date of Birth:	Age	: Pla	ace of Birth:	M, lwarkee
7.	Are you a citizen of the United States Y	es 🔯 No 🗆			*
8.	List all your residences for the past Two years to t	es 🖾 No 🗆 he date of applicati	on:		
0.	List all your residences for the past Two years to the first fold Aft 3	05 Prole L	the wit 5	3075	
165					
0	II	ml	1		101.0
9.	Have you EVER been convicted of violating any: (any license application shall be cause for denial of				ithful information on
	any needed application shall be cause for demai of	duch hechise, inclu) aws ANYWHER	LE? NO
				consin State Lav	
	¥7			of ANY other Sta	263
10	0 15 15 15 15 15 15		nces of the Villag		ke?
10.	Specify offenses, giving date and places of convicting		eeded use the back of Tefficient C		
3	Spending Ozacher County	2007) Jetherson C	5279 2000	
		ear.			
11.	Where will you be serving/selling alcohol beverag	es? //			
	Business Name:	De 19015			
))			
				Λ	
				11 V	<u> </u>
				4	
			1	1 1/2	
	Clerk/Treasurer	= 0)		Applicants Si	gnature
		000 11 0 1	//	<u></u>	
□ A	PPROVED/_/	Office Use Only REASON:	V		90
	\$30.00 - OPERATOR LICENSE	□ cash □	CHECK# 4176	License#:	
	☐ \$ 15.00 - *Provisional License (60 days)	□ CASH □	CHECK #	LICENSE #:_	
		*TRAINING CERTIFIC	CATE RECEIVED	1 1	

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075

5/31/23, 2:20 PM - DOJ WORCS



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:

NOTICE TO EMPLOYERS

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

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NO RECORD FOUND

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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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	New □ Renewal Prev. Lic. #	Date filing: 5/25/2003
2	Name: ()essica	Amber Veldre
5	Social Security No.:	Middle Driver's License No.:
4	1.000	
9	Phone Number: 920 LAK 0244	City/State Zip Code Ethnicity: U) W
ć	. Sex: M□ F Date of Birth:	Age: 35 Place of Birth: Milwauko
8	10	
9	. Have you EVER been convicted of violating any: (I any license application shall be cause for denial of	Please note that any incomplete, inaccurate or untruthful information on such license. Including traffic laws.) Federal Laws ANYWHERE? Wisconsin State Laws?
		Laws of ANY other State? \(\frac{10}{10} \) Ordinances of the Village of Random Lake? \(\frac{1}{10} \)
10	Specify offenses, giving date and places of conviction	
11	Where will you be serving/selling alcohol beverage Business Name: Kegges Pob &	C 111
	Clerk/Treasurer	Persone Selle Applicant's Signature
_	Anners I I E Process I I	Office Use Only
ш	APPROVED/_	CASH CHECK# 4178 LICENSE#:
	☐ \$15.00 – *Provisional License (60 days)	□ CASH □ CHECK # 1/76 LICENSE #: LICENSE #:
	— \$ 20.00 1 MOTERION DICEINSE (OF DATS)	*TRAINING CERTIFICATE RECEIVED / /

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075



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:

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

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\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

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1.	New ☐ Renewal 🛽 Prev. Lic. #	Date filing: 5-19-23
2.	Name: Haley	Faye Miller
3.	Social Security No.:	Middle Driver's License No.:
4.	Home Address: N853 HWYT	Randomlare WI 53075
5.	Phone Number: 020 - 254 - 53)1	Ethnicity: Whi-le
6.	Sex: M F Date of Birth	Age: Place of Birth:
7. 8.	Are you a citizen of the United States You List all your residences for the past Two years to t	es 📈 No 🗆 the date of application:
9.	Have you EVER been convicted of violating any: (any license application shall be cause for denial of	Please note that any incomplete, inaccurate or untruthful information on such license. Including traffic laws.) Federal Laws ANYWHERE? Wisconsin State Laws? Laws of ANY other State?
10.	Specify offenses, giving date and places of convicti	Ordinances of the Village of Random Lake? \(\int\tau\) \(\lambda\)
11.	Where will you be serving/selling alcohol beverage Business Name:	es? Puba Gri V
	Clerk/Treasurer	Applicant's Signature
	APPROVED/_ / REJECTED/_/_	Office Use Only REASON:
	\$\s\$30.00 - Operator License	□ cash □ check# 4178 License#:
	☐ \$ 15.00 — *Provisional License (60 days)	☐ CASH ☐ CHECK # LICENSE #:
	тиминения и и и продруга не набранования	*TRAINING CERTIFICATE RECEIVED / /

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075



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:

NOTICE TO EMPLOYERS

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

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

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

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

NO RECORD FOUND

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

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

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 Statues 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.

l.	New Renewal	Date filing: $5/31/23$
2.	Prev. Lic. # Name:	L Arndt
3.	First Social Security No.:	Middle I asr Driver's License No
<i>4</i> .	Home Address: 235 Allen St	
5.	Phone Number: (920) 980 0493	City/State Zip Code Ethnicity: (aucasian
6.	Sex: M F Date of Birth:	Age: 39 Place of Birth: Sheboygan
7.		50
8.	List all your residences for the past Two years to the	es 🕅 No 🗆 the date of application:
9.	Have you EVER been convicted of violating any: (I any license application shall be cause for denial of	Federal Laws ANYWHERE? A 10
		Wisconsin State Laws? NO Laws of ANY other State?
10.	Specify offenses, giving date and places of conviction	Ordinances of the Village of Random Lake? A)() ions (if more space is needed use the back of this sheet):
9		
11.	Where will you be serving/selling alcohol beverage Business Name:	Kegger's Pub & Grill
	Clerk/Treasurer	Applicant's Signature
П А	PPROVED/_ /	Office Use Only REASON:
^	\$ \$ 30.00 - OPERATOR LICENSE	□ CASH □ CHECK# 411 R LICENSE#:
	☐ \$15.00 *Provisional License (60 days)	□ cash □ check # License #:
		*TRAINING CERTIFICATE RECEIVED / /

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075



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:

NOTICE TO EMPLOYERS

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

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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:

- 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.

APPLICATION - OPERATOR/BARTENDER LICENSE

License year: July 1, 2033 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, 24, 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 Statues 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. #	Da	te filing: 5/30/23
2.	Name: April	Jov	Koski
3.	Social Security No.:	'liddle ⊿river's Lice	* * * * * * * * * * * * * * * * * * *
4.	Home Address: 2277 Co.	unty Rd A	Belgium WI 5300
5.	Phone Number: N/A Street	/	City/State Zip Code thnicity: White
6.	Sex: M F Date of Birth:	ge:	Place of Birth: Port Washing
7. 8.	Are you a citizen of the United States List all your residences for the past Two years to	Yes No □ the date of application:	WI
9.	Have you EVER been convicted of violating any: any license application shall be cause for denial of	or other needlise. Medicining Li	nplete, inaccurate or untruthful information on affic laws.) Federal Laws ANYWHERE?
19			Wisconsin State Laws? Laws of ANY other State?
10.	Specify offenses, giving date and places of conviction of the second sec	tions (if more space is needed us	1 7 7 7 7
11.	Where will you be serving/selling alcohol beverage Business Name: BOOZIN	XU18	
	Clerk/Treasurer		Applicant's Signature
	PROVED/	Office Use Only REASON:	
	\$30.00 – OPERATOR LICENSE	CASH CHECK#	License #:
	\square \$15.00 – *Provisional License (60 days)	☐ CASH ☐ CHECK#	LICENSE #:
		*TRAINING CERTIFICATE REC	EIVED / /

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075



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:

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.

(Submit to municipal clerk. R	•		lication	Applicant's Wisconsin Seller's Peri	nit Number
(Submit to municipal cierk. R	eau instructions o	n page 3.)		FEIN Number	
For the license period beginning: 07 01 2023 ending: 06 30 2024					
	(mm dd yyyy)		(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Coversion Budy of the	☐ Town of	ndom Lake		Class A beer	\$ 100
To the Governing Body of the:	City of	IIdom Lake		Class B beer	\$ 100
	☐ City of 7			Class C wine	\$ 100
County of Sheboygan		Aldermani	c Dist. No.	Class A liquor	\$ 300
		(if required	d by ordinance)	Class A liquor (cider only)	\$ N/A
Charle and I ladicidual	The of the same of the same	0		Class B liquor	\$ 350
Check one: Individual	Limited Liability			Reserve Class B liquor	\$
Partnership	☐ Corporation/No	nprofit Organizat	tion	Class B (wine only) winery	\$
Complete A or B. All must c	omniete C			Publication fee	\$ 15
	•			TOTAL FEE	\$ 365-00
A. Individual or Partnership:					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
D 110 0					
B. LLC or Corporation (and)					
Full-legal Name of Corporation / Nonp	rofit Organization / Limited	Liability Company	Address of Corporation / Lin	nited Liability Company (if different fro	m licensed premises)
All corporations/organizations (liquor must appoint an agent.	or limited liability cor	mpanies applying	g for a license to self	fermented malt beverages a	nd/or intoxicating
Agent Last Name	(Eirst)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
Adhilani	Basixlev		<u>1916 Mulber</u>	my In Kohler 3	53044
All Officer(s) Director(s) of C	orporation and Me	mbers / Manage			
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	A0240
Hahikari	Basiden		416 Mulber	my In Kohlen L	1 520KK
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	71 050 4
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Hame Address (Street, Ci	ity or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	700 1 10 N			
Directors / Wanayers Last Name	(First)	(Middle Name)	Home Address (Street, Cr	ty or Post Office, & Zip Code)	
C. Business Information	1.1.	. 20 1			
1. Trade Name	1 Lake flin	i l'last	Business Phone	e Number	- 0-
2. Address of Premises	0 2011	Kd		ip Code <u>Wandom (a K</u>	e 53013
Does the applicant underst and brewpubs?	and that they must p	ourchase alcoho	beverages only from	n Wisconsin wholesalers, bre	weries ☑ □ No
 Premises description: Des include all rooms including records. (Alcohol beverage 	living quarters, if us	sed, for the sales	s, service, consumpti	on, and/or storage of alcoho	e applicant must I beverages and
MSide JSIZI	lding				
In the	Cwo lea				

5.	Legal description (omit if street address	is given on previous pa	ige):				
6.	a. Since filing of the last application, had member, officer, director, manager of construction or an incomparity of any federal laws, any or municipality? If yes, complete p	or agent for either a lin te d of any offenses (e v Wisconsin laws, any l	nited liability company excluding traffic offens laws of other states, o	y licensee, or ses not relate or ordinances	nonprofit d to alcohol) of any county	☐ Yes	⊠ No
	b. Are charges for any offenses prese the named licensee or any other per	ently pending (excluding sons affiliated with this	ng traffic offenses not i license? If yes, exp l	related to alc	ohol) against • page 3	☐ Yes	∑ No
7.	Except for questions 6a and 6b, have to by you on your last application for this	there been any change license? If yes, expla	es in the answers to t	he questions	as submitted	☐ Yes	⊠ No
8.	Was the profit or loss from the sale of alcor Franchise Tax return of the licensee?	cohol beverages for the	e previous year reporte	ed on the Wise	consin Income	[X] Yes	□ No
9.	Does the applicant understand they mus [phone (608) 266-2776]	st hold a Wisconsin Se	eller's Permit?	eraneta artifettatudistra	. (414 191 (82)	∑ Yes	□ No
10.	Does the applicant understand that alco from the date of invoice and made available.	hol beverage invoices able for inspection by la	must be kept at the lic aw enforcement?	ensed premis	ses for 2 years	∑ Yes	□ No
11.	Is the applicant indebted to any wholesa	aler beyond 15 days fo	r beer or 30 days for I	iquor?	arata sasasan	☐ Yes	⊠ No
12.	Does the applicant owe municipal prope (Note: Renewal of licenses may be derassessments or other fees).	erty taxes, assessment nied pursuant to a loca	s, or other fees?	nsee owes m	unicipal taxes,	☐ Yes	Nο
pee app and oic his	AD CAREFULLY BEFORE SIGNING: Un truthfully answered to the best of the knilication; that the applicant has read and correct. The undersigned further undersit, and under penalty of state law, the application. Any person who knowingly par \$1,000.	nowledge of the signer. made a complete answ stands that any license blicant may be prosecu	The signer agrees that wer to each question, as issued contrary to Cl ted for submitting fals	at he/she is th and that the a hapter 125 of e statements	e person named nswers in each the Wisconsin and affidavits in	d in the for instance a Statutes s connecti	regoing are true shall be on with
Con	tact Person's Name (Last, First, M.I.)	dev	Title / Member		Date 5-11-202	3	
Sigr	nature /		Phone Number 920 226176	36	Email Address Missimh	da Q	jmål.
·o	BE COMPLETED BY CLERK						
	e received and filed with municipal clerk	Date reported to council / b	oard U33	Date license gr	anted		
∟ice	nse number issued	Date license issued		Signature of Cl	erk / Deputy Clerk		

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first name	ol .	(middle name)		
ADHIKARI.	BASUDE		(middle name)		
Home Address (street/route)	Post Office	citKohler	State Zip Code 53044		
Home Phone Number 1786	Age	Date of Birth	Place of Birth		
			000		
The above named individual provides the foll	owing information as a pers	son who is <i>(check one)</i> :			
Applying for an alcohol beverage license	as an individual .				
A member of a partnership which is ma	king application for an alcol	hol beverage license.	Ŧ		
13950 dev Hahikari	of ISAT	Ideal Estate L	10		
(Officer / Director / Member / Manager / Agent	F) (1855)	ame of Corporation, Limited Liability Compan	y or Nonprofit Organization)		
which is making application for an alcoho	ol beverage license.				
The above named individual provides the foll					
How long have you continuously resided in the second		1112			
2. Have you ever been convicted of any offe					
violation of any federal laws, any Wiscons or municipality?			De Albert		
If yes, give law or ordinance violated, trial			tion and		
status of charges pending. (If more room is			and		
2 Are observed for any offender property and					
Are charges for any offenses presently per for violation of any federal laws, any Wisc					
municipality?					
If yes, describe status of charges pending	l				
4. Do you hold, are you making application f	or or are you an officer, dire				
organization or member/manager/agent o					
beverage license or permit?			Yes No		
If yes, identify. Jai Marketin	(Name, Location	and Type of License/Permit)			
5. Do you hold and/or are you an officer, dire	ector, stockholder, agent or	employe of any person or corpo	pration or		
member/manager/agent of a limited liability	ty company holding or appl	ying for a wholesale beer permi	t,		
brewery/winery permit or wholesale liquor	, manufacturer or rectifier p	ermit in the State of Wisconsin?	Yes No		
If yes, identify. Jan Marsheling,	Bi markelin	g			
	ale Licensee or Permittee)	(Address	By City and County)		
Named individual must list in chronologica Employer's Name Employer's Name	oyer's Address	Employed From	То		
Toi Markoline	10 Indiana A	NO 2013	Creek		
Employer's Name Employer	oyer's Address	Employed From	To -		
Everent Marketing 17	10 Indiuna F	We 2008	2013		
READ CAREFULLY BEFORE SIGNING: Ur	nder penalty provided by la	w the undersigned states that e	each of the above questions has		
been truthfully answered to the best of the kn	owledge 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					
correct. The undersigned further understands under penalty of state law, the applicant may l	that any license issued con	trary to Chapter 125 of the Wisc	onsin Statutes shall be void, and		
tion. Any person who knowingly provides mate	erially false information on t	this application may be required	to forfeit not more than \$1 000		
37.	•	((i))			
		1-16			
		(Signature	of Named Individual)		

Judev adhikari <missionbda@gmail.com>

Hello dai- Its done. I will send you details as soon as i get it.

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.

DISCLAIMER: This e-mail message and any attachment(s) are intended solely for the use of the individual or entity to which it is addressed and may contain information that is confidential or legally privileged. If you are not the intended recipient(s), you are hereby notified that any dissemination, distribution, copying or other use of this message or its attachment(s) is strictly prohibited. If you have received this message(s) in error, please notify the sender immediately and permanently delete this message(s) and any attachment(s).

basudev adhikari <missionbda@gmail.com>
To: KC and Associates Bikram <kcassociatesmd@gmail.com>

Wed, Feb 16, 2022 at 11:22 Al

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 All

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

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: Village City The undersigned duly authorized officer/member/manager of (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 (Trade Name) located at appoints (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 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? How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Place of residence last year For: (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 CCEPTANCE BY AGENT , 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. Agent's age Signature of Agent) 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	by		
	(Date)	•	(Signature of Proper Local Official)	Title	(Town Chair, Village President, Police Chief)

5/16/23, 11:25 AM - DOJ WORCS



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

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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.

For the license period beginning: 07 01 2023 ending: 06 30 2024 (mm dd yyyy) ending: 06 30 2024 (mm dd yyyy) (mm dd yyyy) To the Governing Body of the: Village of City of Clarify (if required by ordinance) Check one: Individual Corporation/Nonprofit Organization Corporates A or B. All must corporate Corporation	Applicant's Wisconsin Seller's Permit Number			
For the license period beginning: 07 01 2023 ending: 06 30 2024 (mm dd yyyy) Town of the Governing Body of the: Village of City of County of Sheboygan Aldermanic Dist. No	6-1027453492	04		
To the Governing Body of the: Town of	FEIN Number 45-24252-52			
Town of	TYPE OF LICENSE	12		
To the Governing Body of the: Village of City of County of Sheboygan Aldermanic Dist. No. (if required by ordinance) Check one: Individual Check one: Individual Corporation/Nonprofit Organization Complete A or B. All must complete C. A. Individual or Partnership: (First) (Middle Name) Home Address (Street, City or Post (First) (Middle Name) Home Address (Street, City or Post (First)	REQUESTED	FEE		
City of Clay	ass A beer	\$ 100		
County of Sheboygan Aldermanic Dist. No. (if required by ordinance) Check one: Individual Partnership Corporation/Nonprofit Organization Complete A or B. All must complete C. A. Individual or Partnership: Full Name (Last) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post (Middle Name) Home Address (Street, City or Post (Middle Name) Home Address (Street, City or Post (Middle Name) Address of Corporation / Limited Liability Company Address of Corporation / Mangers of Limited Liability Company Address of Corporation / Mangers of Limited Liability Company Address of Corporation / Mangers of Limited Liability Company Address of Corporation / Mangers of Limited Liability Company Address of Corporation / Mangers of Limited Liability Company Address of Corporation / Mangers of Limited Liability Company Address of Corporation / Mangers of Limited Liability Company Address of Corporation / Mangers of Limit	ass B beer	\$ 100		
Check one: Individual Clamited Liability Company Recomplete Complete A or B. All must complete C. To Complete A or B. All must complete C. To Complete A or B. All must complete C. To Complete A or B. All must complete C. To A. Individual or Partnership: (First) (Middle Name) Home Address (Street, City or Positive Name (Last) (First) (Middle Name) Home Address (Street, City or Positive Name (Last) (First) (Middle Name) Home Address (Street, City or Positive Name (Last) (First) (Middle Name) Home Address (Street, City or Positive Name (Last) (First) (Middle Name) Home Address of Corporation / Limited Liability Company Address of Corporation / Limited Liability	ass C wine	\$ 100		
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Partnership Corporation/Nonprofit Organization Clast	ass B liquor	\$ 350		
Complete A or B. All must complete C. Individual or Partnership: Full Name (Last) (First) (Middle Name) Home Address (Street, City or Pos (Middle Name) Home Address (Street, City or Pos LLC or Corporation (and Agent): Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Address of Corporation / Limited Liability Company ANDREW Home Address (Street, City or Pos BURMESCH PAUL (First) (Middle Name) Home Address (Street, City or Pos ANDREW Home Address (Street, City or Pos BURMESCH PAUL (First) (Middle Name) Home Address (Street, City or Pos BURMESCH (First) (Middle Name) Home Address (Street, City or Pos Middle Name) Home Address (Street, City or Pos	eserve Class B liquor	\$		
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Il corporations/organizations or limited liability companies applying for a license to sell fermer quor must appoint an agent. Agent Last Name (First) (Middle Name)	bility Company (if different fro	m licensed premises)		
Il corporations/organizations or limited liability companies applying for a license to sell fermer quor must appoint an agent. In agent Last Name In a corporation and sell (First) In a corporation and sell (Middle Name) In a corporation and sell (First) In a corporation and sell (Middle Name) In a corporation and sell (First) In a corporation and sell (Middle Name) In a corporation and sell (First) In a corporation and sell (Middle Name) In a corporation and sell (First) In a corporation and sell (Middle Name) In a corporation and sell (First) In a corporation and sell (Middle Name) In a corporation and sell (First) In a corporation and sell (Middle Name) In a corporation and sell (First) In a corporation and sell (Middle Name) In a corporation and sell (First) In a corporation and sell (Middle Name) In a corporation and sell (First) In a corporation and sell (Middle Name) In a corporation and sell (Mi				
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BURMESCH PAUL (Middle Name) WH790 VERPAND WH790 V				
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Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Pos Business Information	et Office & Zin Code\			
. Business Information	st Office, & Zip Code)			
. Business Information				
	st Office, & Zip Code)			
I. Trade Name BURMESCH VARIETY STORE, LLC Business Phone Number	A			
	ber 920 - 994	1-9031		
731/ 34/ 4/	PAIN	المدوس عرب		
Address of Premises AST CARROLL ST. Post Office & Zip Code	e KANDOM LA	KC, 5 301-		
Does the applicant understand that they must purchase alcohol beverages only from Wisconand brewpubs?		eweries		
 Premises description: Describe building or buildings where alcohol beverages are to be include all rooms including living quarters, if used, for the sales, service, consumption, an records. (Alcohol beverages may be sold and stored only on the premises described.) 				
MAINIEURI BANKRAN + BANKANT				
MAIN LEVEL, BACKROOM + BASEMENT				

5.	Legal description (omit if street address	is given on previous pa	ge):			
6.	a. Since filing of the last application, he member, officer, director, manager of organization licensee been convict for violation of any federal laws, any or municipality? If yes, complete p	or agent for either a lim ed of any offenses (e Wisconsin laws, any la	ited liability company xcluding traffic offenso aws of other states, or	licensee, or nonprofit es not related to alcohol) rordinances of any county	☐ Yes	⊠ No
	b. Are charges for any offenses prese the named licensee or any other per				☐ Yes	⊠ No
-	5 and 5					
1.	Except for questions 6a and 6b, have t by you on your last application for this				☐ Yes	⊠ No
8.	Was the profit or loss from the sale of all or Franchise Tax return of the licensee?				X Yes	□ No
	,					
9.	Does the applicant understand they mu [phone (608) 266-2776]	st hold a Wisconsin Se	ller's Permit?	andes mateurerente sentrerussos sugares	X Yes	□ No
10.	Does the applicant understand that alco from the date of invoice and made available.				Yes	☐ No
11.	Is the applicant indebted to any wholesa	aler beyond 15 days fo	beer or 30 days for li	quor?	☐ Yes	⋈ No
12.	Does the applicant owe municipal prope (Note: Renewal of licenses may be detassessments or other fees).				☐ Yes	⊠ No
bee app and void this	AD CAREFULLY BEFORE SIGNING: Use truthfully answered to the best of the kilication; that the applicant has read and correct. The undersigned further undersigned further undersigned and under penalty of state law, the application. Any person who knowingly in \$1,000.	nowledge of the signer. made a complete answ stands that any license blicant may be prosecu	The signer agrees that er to each question, a issued contrary to Chied for submitting false	t he/she is the person name nd that the answers in each napter 125 of the Wisconsin e statements and affidavits i	d in the for instance s Statutes s n connect	regoing are true shall be ion with
Cor	ntact Person's Name (Last, First, M.I.)	1	Title / Member	Date		
Sign	SURMESCH, PAUL, F	t <u>.</u>	MEMBER Phone Number	Email Address	202	3
(BURMESCH, PAUL, Paul A. Burmesch		920-980-	1 1/		
—	BE COMPLETED BY CLERK					
Date	e received and filed with municipal clerk	Date reported to council / bo	pard	Date license granted		
Lice	05/08/2023 Inse number issued	Date license issued	123	Signature of Clerk / Deputy Clerk		
		Date needed issued		Joignature of Glerk / 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

attar	IΠ
ener	

L0032464608

BURMESCH VARIETY STORE LLC PO BOX 373 RANDOM LAKE WI 53075-0373

JOL

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 office 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. Town RANDOM LAKE County of SHEBOYGAN ズ Village To the governing body of: City The undersigned duly authorized officer/member/manager of BURMESCH VARIETY STORE, LLC a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as RANDOM LAKE, WI 53075 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 X 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? How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Place of residence last year 790 VORPAHL RD. RANDOM LAKE, WI SCH VARIETY STORE, LLC
(Name of Corporation / Organization / Limited Liability Company) (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** 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. Agent's age (Signature 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.

(Signature of Proper Local Official)

Approved on lo-Lo-Ll

(Date)

Police Chief)

Submit to municipal clerk.

[fr	ndividual's Full Name (please print) (last name)		(first nam	101		(middle na	amol	
	BURMESC	4	~ ·	•		•		
-	lome Address (street/route)		PAUL			ANDR		
	•	Post Office		City		State	Zip Code	
	W4790 VORPAHL RD.	RANDOM I	LAKE	RANDOM	LAKE	WI	53075	
Н	ome Phone Number	•	Age	Date of Birth		Place of B	irth	
	920-980-3143					SHE	BOYGAN	
-	180 100 0113						70,	
Th	ne above named individual provides the fo	ollowing information	n as a per	son who is (check o	ne):	(8)		
Г	Applying for an alcohol beverage licens			(000				
(1)	F1_1/1			L-11 . P				
Q	A member of a partnership which is m	aking application						
×	MEMBER (Officer / Director / Member / Manager / Age	of	BUR	MESCH VAR	IETY Sto	RE LL	C	
				ame of Corporation, Limite	d Liability Company	or Nonprofit	Organization)	
	which is making application for an alcol	nol beverage licen	nse.					
Th	ne above named individual provides the fo	ollowing information	n to the lic	ensing authority:				
	How long have you continuously resided				8 XRS.			
	Have you ever been convicted of any off				o y/(>,			
	violation of any federal laws, any Wiscon	nsin laws any law	s of any of	ther states or ordina	ances of any	county		
	or municipality?				anocs of any t	Journey	Yes	X No
	If yes, give law or ordinance violated, tria							Z 140
	status of charges pending. (If more room				, ₋			
	(a) (b)			,				
3.	Are charges for any offenses presently p	ending against yo	ou (other th	nan traffic unrelated	to alcohol be	verages)		
	for violation of any federal laws, any Wis	consin laws, any l	laws of oth	er states or ordina	nces of any co	ounty or		
	municipality?						Yes	X No
	If yes, describe status of charges pendin	-						
4.	Do you hold, are you making application							
	organization or member/manager/agent	of a limited liability	y company	holding or applyin	g for any othe	r alcohol	_	
	beverage license or permit?	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		• • • • • • • •	Yes	X No
	If yes, identify.							
5	Do you hold and/or are you an efficer di			and Type of License/Perm	•			
J.	Do you hold and/or are you an officer, di	lity sempeny held	r, agent or	employe of any pe	rson or corpo	ration or		
	member/manager/agent of a limited liabi	illy company noidi	ing or appi	lying for a wholesal	e beer permit			
	brewery/winery permit or wholesale liquo If yes, identify.	n, manulacturer of	r recuner p	ermit in the State (ot vvisconsin?		· · · Yes	X No
		- 1-71:						
6		sale Licensee or Permitte	-		(Address	By City and C	County)	
U.	Named individual must list in chronologic	ployer's Address	empioyers.		Participant Principal		¥:	
		ALLEN S	Ĺ		i 983		3020	
		ployer's Address	Γ					
	TO a		20		Employed From		PRESEN	
	DUNINESCH PARTETY STERRE	234 CARROL	×.		1972		LVEZEW	
RE	AD CAREFULLY BEFORE SIGNING: U	Inder penalty prov	vided by la	w, the undersigned	states that e	ach of the	e above questi	ons has
pee	en truthfully answered to the best of the k	nowledge of the s	igner. The	signer agrees that	he/she is the	person r	named in the fo	regoina
app	olication; that the applicant has read and m	nade a complete a	inswer to e	ach question, and t	hat the answe	rs in eacl	h instance are t	rue and
una	rect. The undersigned further understand der penalty of state law, the applicant may	s that any license i	issuea con	itrary to Chapter 12	5 of the Wisco	onsin Stat	tutes shall be v	oid, and
tior	a. Any person who knowingly provides ma	terially false infor	mation on	this application ma	and amoavits	In conne	not more than	applica-
	,	Idioo iiiloii		and application that	/ Do required	IO IONEIL	not more trian	ψ1,000.
				11/1	A (15		1.	
				Jank	(Signature	of Named Inc	dividual)	

5/8/23, 4:39 PM - DOJ WORCS



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:

NOTICE TO EMPLOYERS

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

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

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

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

NO RECORD FOUND

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

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

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

Renewal Alcohol	Beverage Li	cense Api	olication	Applicant's Wisconsin Seller's Per	mit Number
(Submit to municipal clerk.			on outlon	456-0000602957-03	mic realities
				FEIN Number	
For the license period beginn	ing: 07/01/2023	ending:	06/30/2024	42-1435913	
	(mm dd yyyy)		(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the	Town of	RANDOM	IAKE	X Class A beer	\$ 100
to the Governing Body of the	City of	MINDOIN	LAIL	Class B beer	\$
	<u>▼</u> City of →			☐-Class C wine	S
County of SHEBOYGAN	1	Alderman	ic Dist. No	X Class A liquor	\$ 300
		(if require	d by ordinance)	Class A liquor (cider only)	\$ N/A
Check one: Individual	□ 122112-3-00	•		Class B liquor	\$
	Limited Liability			Reserve Class B liquor	\$
☐ Partnership	[✓] Corporation/No	nprofit Organiza	tion	Class B (wine only) winery	\$
Complete A or B. All must	complete C.			Publication fee TOTAL FEE	\$ 15 \$ 415
A. Individual or Partnership				TOTAL PEE	18 415
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
. ,	(,	(Made Name)	Tionic Address (Street,	Chy of Post Office, a Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
di realio (Last)	()	(wilder realize)	Tione Address (Street,	City of Post Office, a Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
	,	(madio riamo)	Tionic Marcas (Ollast,	ony or rost office, a zip code,	
188					
B. LLC or Corporation (and					
Full Legal Name of Corporation / Non	profit Organization / Limited	Liability Company	Address of Corporation / L.	imited Liability Company (if different from	m licensed premises)
CASEY'S MARKETING CON	TPANY		ONE SE CONVENIE	ENCE BLVD, ANKENY, IA 500	021
All corporations/organizations iquor must appoint an agent.	or limited liability co	mpanies applyin	g for a license to sel	If fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street, t	City or Post Office, & Zip Code)	
HAWKS	ANTHONY	WAYNE		ET, COMBINED LOCKS, WI 54	1113
All Officer(s) Director(s) of (Corporation and Me	mbers / Manag	ers of Limited Liab	ility Company	
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
PLEASE SEE ATTACHE		**************************************			
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Directors / Managers Last Name	an was				*
Directors / Wanagers Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
	×				
. Business Information			***************************************		
1. Trade Name CASEY'S	SENEDAL STODE	#2704		020 245 5252	
		. #3134	Business Phor	ne Number 920-245-5253	
2. Address of Premises 580	ORTH DRIVE		Post Office & Z	Zip Code RANDOM LAKE,	WL53075
Does the applicant unders and brewpubs?	tand that they must p	ourchase alcoho	beverages only from	m Wisconsin wholesalers, hre	weries
A. Premises description: De	scribe building or bu	uildings where a	Icohol beverages ar	re to be sold and stored. The	■ No
include all rooms including records. (Alcohol beverage	living quarters, if us	sed, for the sale:	s, service, consumpt	ion, and/or storage of alcohol	beverages and
1 STORY PRESTRUC	TURED STEEL BI	JIDLDING-EN	TIRE BUILDING	/ 	

5.	Legal description (omit if street address	s is given on previous pa	ge):				
6.	a. Since filing of the last application, is member, officer, director, manager organization licensee been conviction for violation of any federal laws, an or municipality? If yes, complete	or agent for either a lim ted of any offenses (e ny Wisconsin laws, any li	nited liability company excluding traffic offense aws of other states, or	licensee, or es not relate ordinances	nonprofit d to alcohol) of any county	☐ Yes	✓No
	b. Are charges for any offenses pres the named licensee or any other pe					☐ Yes	✓ No
7.	Except for questions 6a and 6b, have by you on your last application for this					☐ Yes	√ No
8.	Was the profit or loss from the sale of a or Franchise Tax return of the licensee?	lcohol beverages for the If not, explain	previous year reported	d on the Wis	consin Income	√ Yes	□No
9.	Does the applicant understand they me [phone (608) 266-2776]	ust hold a Wisconsin Se	eller's Permit?			✓ Yes	□ No
10.	Does the applicant understand that alc from the date of invoice and made available.	ohol beverage invoices i ilable for inspection by la	must be kept at the lice aw enforcement?	ensed premi	ses for 2 years	√Yes	□ No
11.	Is the applicant indebted to any wholes	saler beyond 15 days for	r beer or 30 days for li	quor?		☐ Yes	✓No
12,	Does the applicant owe municipal prop (Note: Renewal of licenses may be de assessments or other fees).					☐ Yes	√ No
bee app and voic this	AD CAREFULLY BEFORE SIGNING: to truthfully answered to the best of the blication; that the applicant has read and correct. The undersigned further under d, and under penalty of state law, the apapplication. Any person who knowingly in \$1,000.	knowledge of the signer. If made a complete answerstands that any license oplicant may be prosecu	The signer agrees tha ver to each question, as issued contrary to Ch ted for submitting false	t he/she is the nd that the a papter 125 o statements	ne person name inswers in each f the Wisconsin a and affidavits	ed in the fo instance Statutes in connec	oregoing are true shall be tion with
	atact Person's Name (Last, First, M.I.) EECH, DOUGLAS M		Title / Member ASSISTANT SEC	RETARY	Date 4/7/23		
Sign	volure on Beec	E	Phone Number 515-381-5109		Email Address LICENSINGTEA	M@CASE\	YS.COM
				-x			
	BE COMPLETED BY CLERK e received and filed with municipal clerk	Date reported to council / bo	nard	Date license g	ranted		
,	1/15/03	6/5/03					
License number issued Date license issued			Signature of Clerk / Deput		lerk / 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.

Submit to municipal clerk.

HAWKS Home Address (street/route)		(first name)		(middle na	me)	
Home Address (street/route)	AN ⁻	THONY		WAYN	Ē	
	Post Office	City		State	Zip Cade	
538 BIESE ST		COMBINE	LOCKS	WI	54113	
Home Phone Number		Age Date of Birth		Place of Birth		
920-540-2529				NOR.	TON , KS	
The above named individual provides the Applying for an alcohol beverage lice. A member of a partnership which is AGENT (Officer / Director / Nicmber / Manager / Which is making application for an a he above named individual provides the How long have you continuously resist. Have you ever been convicted of any violation of any federal laws, any Wisor municipality? If yes, give law or ordinance violated, status of charges pending. (If more re-	ense as an individual. s making application for	an alcohol beverage licen EY'S MARKETING (Mame of Carporalism, Limits) to the licensing authority: to this date? 34 YEARS affic unrelated to alcohol but any other states or ordinated penalty imposed, and/or	se. COMPAN d Linking Company everages) for ances of any of	or Nonprolis county		
Are charges for any offenses present	ly pending against you	other than traffic unrelated	441. 1. 11			
for violation of any federal laws, any tenderal laws, any tender and municipality? If yes, describe status of charges per	nding. ilon for or are you an off ent of a limited liability o	s of other states or ordina icer, director or agent of a company holding or applyir	corporation/no	ounty or	Yes Ves	
for violation of any federal laws, any municipality? If yes, describe status of charges per Do you hold, are you making application organization or member/manager/age beverage license or permit? If yes, identify. SEE ATTACHED	nding. ion for or are you an off ent of a limited liability o	vs of other states or ordinations of a director or agent of a company holding or applying the control of the co	corporation/nd	ounty or onprofit r alcohol	Yes Yes	
for violation of any federal laws, any municipality? If yes, describe status of charges per Do you hold, are you making application organization or member/manager/age beverage license or permit? If yes, identify. SEE ATTACHED Do you hold and/or are you an officer member/manager/agent of a limited librewery/winery permit or wholesale lift yes, identify.	nding. ion for or are you an off ent of a limited liability o (Nam , director, stockholder, a iability company holding quor, manufacturer or re	icer, director or agent of a company holding or applying a company holding or applying a company holding or applying a company part or applying for a wholesa	corporation/not go for any othe	ounty or onprofit r alcohol	Yes Yes	
for violation of any federal laws, any municipality? If yes, describe status of charges per Do you hold, are you making application organization or member/manager/age beverage license or permit? If yes, identify. SEE ATTACHED Do you hold and/or are you an officer member/manager/agent of a limited librewery/winery permit or wholesale lift yes, identify.	nding. ion for or are you an offent of a limited liability of the limited liability of the limited liability of the limited liability company holding quor, manufacturer or resulting the liability company holding of the liability c	icer, director or agent of a company holding or applying a consider and Type of License/Peningent or employe of any perior applying for a wholesa actifler permit in the State	corporation/not go for any othe	ounty or conprofit r alcohol	Yes Yes	
for violation of any federal laws, any municipality? If yes, describe status of charges per Do you hold, are you making application organization or member/manager/age beverage license or permit? If yes, identify. SEE ATTACHED Do you hold and/or are you an officer member/manager/agent of a limited librewery/winery permit or wholesale lift yes, identify. (Name of W. Named individual must list in chronologemplayer's Name.	nding. ion for or are you an offent of a limited liability of the limited liability of the limited liability of the limited liability company holding quor, manufacturer or resulting the liability company holding of the liability c	icer, director or agent of a company holding or applying a consider and Type of License/Peningent or employe of any perior applying for a wholesa actifler permit in the State	corporation/noting for any other corpor	ounty or onprofit r alcohol	Yes Yes Yes Yes Yes Yes Yes	
for violation of any federal laws, any municipality? If yes, describe status of charges per Do you hold, are you making application organization or member/manager/age beverage license or permit? If yes, identify. SEE ATTACHED Do you hold and/or are you an officer member/manager/agent of a limited librewery/winery permit or wholesale lif yes, identify. (Name of Warme	nding. ion for or are you an off ent of a limited liability o (Nam , director, stockholder, a ability company holding quor, manufacturer or re	icer, director or agent of a company holding or applying a consider and Type of License/Peningent or employe of any perior applying for a wholesa actifler permit in the State	corporation/noting for any other corporation/noting for any other corporation or corporation with the corporation of Wisconsin?	ounty or onprofit r alcohol	Yes Yes	

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.

Submit to municipal clerk.

Ind	dividual's Full Name (please print) (last name)		(first name	2)		(middle n	ame)	
ŀ	BEECH	DOU	GLAS		N	//ARSI	HALL	
Ho	me Address (street/route)	Post Office		City		State	Zip Code	
	29 NE BROOKHAVEN DRIVE			ANKENY		IA	50021	
	me Phone Number		Age	Date of Birth		Place of E		
	515-446-6284					FAIRMONT, MN		
The 1. 2.	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 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							
	Are charges for any offenses presently pe for violation of any federal laws, any Wiscomunicipality?	onsin laws, any lav	vs of othe	er states or ordina	nces of any co	unty or		X No
	Do you hold, are you making application for organization or member/manager/agent of beverage license or permit?	a limited liability of	ompany	holding or applyin	g for any othe	r alcohol		No
	Do you hold and/or are you an officer, dire member/manager/agent of a limited liabilit brewery/winery permit or wholesale liquor, If yes, identify. (Name of Wholesa)	y company holding	or apply	ing for a wholesa	le beer permit, of Wisconsin?		· · · Yes	∑ No
6.	Named individual must list in chronologica	,	ployers.		F1001000 E	-, ony and		
1144		yer's Address			Employed From		То	
	CASEY'S 1 SE	CONVENIENC	E BLVI	D, ANKENY IA	1993		CURREN	IT
I		yer's Address			Employed From		То	

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.

Dougles in Beeal

Submit to municipal clerk.

	,	rst name)	,	niddle n	ame)	
JAMES	SAM	UEL		J		
Home Address (street/route)	Post Office	City	1 1		Zip Code	
2501 SE 19TH COURT		ANKENY		IA	50021	
Hame Phone Number	Ag	pe Date of Birth	PI.	Place of Birth		
515-446-6506				WA	TERLOO,	OWA
he <i>above named individual</i> provid	es the following information as	a person who is (check c	ne):			
Applying for an alcohol bevera	-	a person, time to (allegin o	.,,,,,			
	nich is making application for ar	alcohol beverage licen	86			
OFFICER	J	EY'S MARKETIN		IV		
(Officer / Director / Member / Ma		(Name of Corporation, Limite			t Organization)	
which is making application for	an alcohol beverage license.					
he shows seemed is dividual arould	as the following information to	the lieuwoine authority				
he above named individual provid	· ·	·	DECIDENT			
How long have you continuously			RESIDENT			
 Have you ever been convicted or violation of any federal laws, an 				int/		
or municipality?		-			Yes	XN
If yes, give law or ordinance vio					100	
status of charges pending. (If m	· ·		dats, description	GITG		
states of strategies portaining. (" "	ero racimia riceaca, aciminac arric	voice did di and ronni,				
. Are charges for any offenses pr	esently pending against you (of	her than traffic unrelated	to alcohol beve	rades)	
for violation of any federal laws,					r	
municipality?	-				Yes	XN
If yes, describe status of charge						
	plication for or are you an office	er, director or agent of a	corporation/nonp	orofit		
. Do you now, are you making ap						
	er/agent of a limited flability con			Icohol		
organization or member/manage beverage license or permit?		npany holding or applyin	g for any other a			□ N
organization or member/manage beverage license or permit?			g for any other a			_ N
organization or member/manage beverage license or permit?	TACHED	npany holding or applyin	g for any other a			☐ N
organization or member/manage beverage license or permit?	TACHED (Name,)	npany holding or applyin	g for any other a		X Yes	☐ N
organization or member/manage beverage license or permit? If yes, identify. SEE AT. Do you hold and/or are you and member/manager/agent of a lim	TACHED (Name, 1) Officer, director, stockholder, age ited liability company holding o	npany holding or applyin	g for any other a	ion or	X Yes	N
organization or member/manage beverage license or permit? If yes, identify. SEE AT	TACHED (Name, 1) Officer, director, stockholder, age ited liability company holding o	npany holding or applyin	g for any other a	ion or	X Yes	☐ N
organization or member/manage beverage license or permit? If yes, identify. SEE AT. Do you hold and/or are you and member/manager/agent of a lim	TACHED (Name, 1) Officer, director, stockholder, age ited liability company holding o	npany holding or applyin	g for any other a	ion or	X Yes	
organization or member/manage beverage license or permit? If yes, identify. SEE AT Do you hold and/or are you and member/manager/agent of a limbrewery/winery permit or wholes If yes, identify.	TACHED (Name, 1) Officer, director, stockholder, age ited liability company holding o	npany holding or applyin	g for any other a	ion or	Yes	
organization or member/manage beverage license or permit? If yes, identify. SEE AT Do you hold and/or are you and member/manager/agent of a limbrewery/winery permit or wholes If yes, identify.	TACHED (Name, Interpretation of the Company (Name) of the Company (Name) of the Company holding of the Company (Name) of Wholesale Licensee or Permittee)	npany holding or applyin Location and Type of License/Perm ent or employe of any pe r applying for a wholesal lifter permit in the State of	g for any other a	ion or	Yes	
organization or member/manage beverage license or permit? If yes, identify. SEE AT Do you hold and/or are you and member/manager/agent of a limbrewery/winery permit or wholes If yes, identify.	TACHED (Name, Interpretation of the Company (Name) of the Company (Name) of the Company holding of the Company (Name) of Wholesale Licensee or Permittee)	npany holding or applyin Location and Type of License/Perm ent or employe of any pe r applying for a wholesal lifter permit in the State of	g for any other a	ion or	Yes County)	X N
organization or member/manage beverage license or permit? If yes, identify. SEE AT Do you hold and/or are you and member/manager/agent of a limbrewery/winery permit or wholes If yes, identify. (Nai Named individual must list in che	TACHED (Name, Inflicer, director, stockholder, age ited liability company holding of sale liquor, manufacturer or rections of Wholesale Licensee or Permittee) renological order last two employments.	npany holding or applyin acation and Type of License/Perment or employe of any perment or employe of any perment or employing for a wholesal alfier permit in the State of acceptance.	g for any other a	ion or	Yes Yes County)	X N
organization or member/manage beverage license or permit? If yes, identify. SEE AT Do you hold and/or are you and member/manager/agent of a limbrewery/winery permit or wholes If yes, identify. Named individual must list in chilemployer's Name	TACHED (Name, Inflicer, director, stockholder, age ited liability company holding of sale liquor, manufacturer or rections of Wholesale Licensee or Permittee) ronological order last two employer's Address	npany holding or applyin acation and Type of License/Perment or employe of any perment or employe of any perment or employing for a wholesal alfier permit in the State of experience.	g for any other a	ion or	Yes County)	X N
organization or member/manage beverage license or permit? If yes, identify. SEE AT. Do you hold and/or are you an ember/manager/agent of a limbrewery/winery permit or wholes If yes, identify. Named individual must list in chemployer's Name CASEY'S	TACHED (Name, Interpretation of the Company (Name) of the Company holding of the Company of the Comp	npany holding or applyin acation and Type of License/Perment or employe of any perment or employe of any perment or employing for a wholesal alfier permit in the State of experience.	g for any other a	ion or	Yes County) To CURRE	X N

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.

SAMUEL JAMES FOR CASEY'S MARKETING COMPANY

Submit to municipal clerk.

Individual's Full Name (please print) (last na.	me)	(first name) BRIAN	,	e name) OSEPH
Home Address (street/route) 9129 NW 73RD CIRCLE	Post Office	JOHNSTO	N State	Zip Code 50131
Home Phone Number		Age Date of Birth	Place	of Birth
515-446-6587			DE	ES MOINES, IOWA
The above named individual provides t	the following information	as a person who is (check	one):	
Applying for an alcohol beverage I	icense as an individual.			
A member of a partnership which	is making application for	r an alcohol beverage licer	ise.	
X OFFICER		SEY'S MARKETIN		
(Officer / Director / Member / Manage			ed Liability Company or Nonp	rolit Organizatlon)
which is making application for an	alcohol beverage license) ,		
5 .,				
The above named individual provides t	•	- ,		
How long have you continuously re-			RESIDENT	
2. Have you ever been convicted of a				
violation of any federal laws, any W				
or municipality?				
status of charges pending. (If more			date, description an	ш
status of charges pending. (in more	room is needed, commute or	Treverse side di alis lonn.)		
3. Are charges for any offenses prese	ntly pending against you	(other than traffic unrelate	d to alcohol beverage	es)
for violation of any federal laws, any				
municipality?				
If yes, describe status of charges pe	ending.			
4. Do you hold, are you making applic		ficer, director or agent of a	corporation/nonprofi	t
organization or member/manager/a	gent of a limited liability o	company holding or applying	ng for any other alcol	
beverage license or permit?				X Yes No
If yes, identify. SEE ATTAC				
-	,	ne, Location and Type of License/Per	•	
5 _≕ Do you hold and/or are you an office				or
member/manager/agent of a limited				
brewery/winery permit or wholesale	liquor, manufacturer or re	ectifier permit in the State	of Wisconsin?	Yes X No
If yes, identify.				
	Wholesale Licensee or Permittee)		(Address By City a	na County)
3. Named individual must list in chrono		iployers.		
Employer's Name	Employer's Address		Employed From	CUDDENT
CASEY'S		CE BLVD, ANKENY IA	2010	CURRENT
Employer's Name	Employer's Address		Employed From	То

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

Submit to municipal clerk.

		first nøme)		(middle name)		
LARSEN	ER	C	N	//ATTH	EW	
Home Address (street/route)	Post Office	City		State	Zip Code	
4407 NW 5TH ST		ANKENY		IA	50021	
Home Phone Number	Age	Date of Birth		Place of Bi		
515-446-6803				CED	AR FALLS,	IOWA
The above named individual provides the fol	lowing information as a p	erson who is <i>(check c</i>	one):			
Applying for an alcohol beverage license	- '		,			
A member of a partnership which is making application for an alcohol beverage license.						
○ OFFICER		'S MARKETIN				
(Officer / Director / Member / Manager / Agen	()	(Name of Corporation, Limite	ed Liabllity Company	or Nanprafit	Organization)	
which is making application for an alcoh	ol beverage license.					
The above named individual provides the fol	lowing information to the	licensing authority:				
1. How long have you continuously resided	in Wisconsin prior to this	date? IOWA F	RESIDENT			
2. Have you ever been convicted of any offer						
violation of any federal laws, any Wiscon						
or municipality?					X Yes	No
If yes, give law or ordinance violated, tria			date, descript	ion and		
status of charges pending. (If more room i						
Public Intoxication citation and arrest (simple						
3. Are charges for any offenses presently pe						
for violation of any federal laws, any Wisc						570
municipality?					Yes	X No
If yes, describe status of charges pending						
4. Do you hold, are you making application	for or are you an officer, o	lirector or agent of a	corporation/no	onprofit		
organization or member/manager/agent of						
beverage license or permit?		.,		8353	X Yes	No
If yes, identify. SEE ATTACHED						
·	·	tion and Type of License/Perr	,			
5. Do you hold and/or are you an officer, dir	ector, stockholder, agent	or employe of any pe	erson or corpo	ration or		
member/manager/agent of a limited liabil						
brewery/winery permit or wholesale liquo	r, manufacturer or rectifie	r permit in the State	of Wisconsin?		Yes	X No
If yes, identify.						
·	ale Licensee or Permittee)		(Address	By City and C	County)	
6. Named individual must list in chronologic		rs.	Te . L. vie		-	
	loyer's Address	\/D	Employed From	-	CURRE	NΤ
	E CONVENIENCE BI	VD, ANKENY IA	2015		To	
Employer's Name	loyer's Address		Employed From		10	

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 inconnection with this application. Any person who knowingly provides materially false information on this application may be required to orfeit not more than \$1,000.

ERIC LARSEN FOR CASEY'S MARKETING COMPANY

Wisconsin Department of Revenue

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first name)		(middle name)			
LARSEN	ERIC		N	/ATTH	IEW	
Home Address (street/route)	Post Office	City		State	Zip Code	
4407 NW 5TH ST		ANKENY		IA	50021	
Home Phone Number	Age	Date of Birth		Place of B	irth	
515-446-6803				CED	AR FALLS, IO	WA
The above named individual provides the folio	wing information as a per	son who is <i>(check</i> o	ne);			
Applying for an alcohol beverage license	,	·	,			
A member of a partnership which is mak	ing application for an alco	hol beverage licen	se.			
○ OFFICER	of CASEY'S	MARKETIN	G COMPA	ANY		
(Officer / Director / Member / Manager / Agent)	(Na	ame of Corpor <mark>ation, Limit</mark> e	d Liability Company	or Nonprofit	Organization)	
which is making application for an alcohol	beverage license.					
The above named individual provides the follow	wing information to the lice	ensing authority:				
1. How long have you continuously resided in	Wisconsin prior to this da	ite? IOWA F	RESIDENT			
2. Have you ever been convicted of any offer						
violation of any federal laws, any Wisconsi					,	_
or municipality?					Yes	_ No
If yes, give law or ordinance violated, trial of	•		date, descripti	ion and		
status of charges pending. (If more room is	·					
Public Intoxication citation and arrest (simple						
3. Are charges for any offenses presently per						
for violation of any federal laws, any Wisco					Voc. V	No
municipality?					[] res Z	Z IVO
If yes, describe status of charges pending. 4. Do you hold, are you making application for		otor or agent of a	corporation/no	norofit		
organization or member/manager/agent of	a limited liability company	holding or analyin	a for any othe	r alcopol		
beverage license or permit?					Yes	No
If yes, identify. SEE ATTACHED					A les	
If yes, identify. SEE ATTACHED	(Name, Location	and Type of License/Pern	rit)			
5. Do you hold and/or are you an officer, direct	ctor, stockholder, agent or	employe of any pe	rson or corpo	ration or		
member/manager/agent of a limited liability						
brewery/winery permit or wholesale liquor,					Yes X	(No
If yes, identify.						
(Name of Wholesal	e Licensee or Permittee)		(Address i	By City and t	County)	_
6. Named individual must list in chronological						
	ver's Address		Employed From			-
	CONVENIENCE BLV	D, ANKENY IA	2015		CURRENT	
Employer's Name Employ	ver's Address		Employed From		То	

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.

ERIC LARSEN FOR CASEY'S MARKETING COMPANY

Wisconsin Department of Revenue

Submit to municipal clerk.

	name)	(first name)	()	middle name)
FABER		SCOTT	Α	LLEN
Home Address (street/route)	Post Office	City		State Zip Code
6749 CARDIFF CT		JOHNSTO	N	IA 50131
Home Phone Number		Age Date of Birth	P	Place of Birth
515-963-3802				SPENCER, IOWA
The <i>above named individual</i> provide	es the following information	as a person who is (check	one):	
Applying for an alcohol beverag	-	·		
A member of a partnership wh	ich is making application fo	r an alcohol beverage licer	ise.	
X OFFICER		ASEY'S MARKETIN		NY
(Officer / Director / Member / Mar	nager / Agent)	(Name of Corporation, Limit	ed Liability Company or	r Nonprolit Organization)
which is making application for	an alcohol beverage licens	e.		
The above named individual provide	es the following information	to the licensing authority:		
How long have you continuously	-		RESIDENT	
2. Have you ever been convicted of	,			
violation of any federal laws, any				unty
or municipality?		-		
If yes, give law or ordinance viola	ated, trial court, trial date ar	nd penalty imposed, and/or	date, description	n and
status of charges pending. (If mo	ore room is needed, continue o	on reverse side of this form.)		
* '				
A		/	d to alookal bays	
for violation of any federal laws,	any Wisconsin laws, any la	ws of other states or ordina	ances of any cou	nty or
for violation of any federal laws, a municipality?	any Wisconsin laws, any la	ws of other states or ordina	ances of any cou	nty or
for violation of any federal laws, a municipality?	any Wisconsin laws, any la	ws of other states or ordina	ances of any cou	nty or Yes 🔀
for violation of any federal laws, a municipality?	any Wisconsin laws, any la s pending, lication for or are you an oragent of a limited liability	ws of other states or ordination flicer, director or agent of a company holding or applying	corporation/non	nty or Yes X profit alcohol
for violation of any federal laws, a municipality?	any Wisconsin laws, any la s pending. Dication for or are you an o r/agent of a limited liability	ws of other states or ordination flicer, director or agent of a company holding or applying	corporation/non	nty or Yes X profit alcohol
for violation of any federal laws, a municipality?	any Wisconsin laws, any la s pending, dication for or are you an o r/agent of a limited liability	ws of other states or ordina fficer, director or agent of a company holding or applyin	corporation/non	nty or Yes X profit alcohol
for violation of any federal laws, a municipality? If yes, describe status of charges. Do you hold, are you making approganization or member/manage beverage license or permit? If yes, identify. SEE ATT	s pending. Dication for or are you an oragent of a limited liability	ws of other states or ordination of discer, director or agent of a company holding or applying the control of t	corporation/noning for any other a	profit alcohol
for violation of any federal laws, a municipality? If yes, describe status of charges Do you hold, are you making approgranization or member/manage beverage license or permit? If yes, identify. SEE ATT Do you hold and/or are you an of	s pending, blication for or are you an oragent of a limited liability TACHED (Na.) (Na.)	ws of other states or ordination of discer, director or agent of a company holding or applying the control of any possible of any	corporation/noning for any other a	profit alcohol
for violation of any federal laws, a municipality? If yes, describe status of charges Do you hold, are you making apporganization or member/manage beverage license or permit? If yes, identify. SEE ATT Do you hold and/or are you an of member/manager/agent of a limit	s pending. blication for or are you an oragent of a limited liability FACHED (Na.) fficer, director, stockholder, ted liability company holding	ws of other states or ordinal flicer, director or agent of a company holding or applying the control of the con	corporation/noning for any other a	profit alcohol
for violation of any federal laws, a municipality? If yes, describe status of charges. Do you hold, are you making approganization or member/manage beverage license or permit? If yes, identify. SEE ATT Do you hold and/or are you an of member/manager/agent of a limit brewery/winery permit or wholes:	s pending. blication for or are you an oragent of a limited liability FACHED (Na.) fficer, director, stockholder, ted liability company holding	ws of other states or ordinal flicer, director or agent of a company holding or applying the control of the con	corporation/noning for any other a	profit alcohol
for violation of any federal laws, a municipality? If yes, describe status of charges. Do you hold, are you making apporganization or member/manage beverage license or permit? If yes, identify. Do you hold and/or are you an of member/manager/agent of a limit brewery/winery permit or wholesalf yes, identify.	any Wisconsin laws, any la s pending. olication for or are you an o r/agent of a limited liability FACHED (Na. fficer, director, stockholder, ted liability company holdin ale liquor, manufacturer or	ws of other states or ordinal flicer, director or agent of a company holding or applying the control of the company holding of the control of	corporation/noning for any other a	profit alcohol tion or Yes X Yes X
for violation of any federal laws, a municipality? If yes, describe status of charges. Do you hold, are you making approgranization or member/manage beverage license or permit? If yes, identify. Do you hold and/or are you an of member/manager/agent of a limit brewery/winery permit or wholess If yes, identify.	any Wisconsin laws, any lasses pending. Dilication for or are you an orangement of a limited liability ACHED (Na.) Ficer, director, stockholder, ted liability company holding ale liquor, manufacturer or the of Wholesale Licensee or Permittee,	ws of other states or ordinal flicer, director or agent of a company holding or applying the control of the company holding or applying agent or employe of any program or applying for a wholesa rectifier permit in the State	corporation/noning for any other a	profit alcohol
for violation of any federal laws, a municipality? If yes, describe status of charges. Do you hold, are you making approgranization or member/manage beverage license or permit? If yes, identify. Do you hold and/or are you an of member/manager/agent of a limit brewery/winery permit or wholess If yes, identify.	any Wisconsin laws, any lasses pending. Dilication for or are you an orangement of a limited liability ACHED (Na.) Ficer, director, stockholder, ted liability company holding ale liquor, manufacturer or the of Wholesale Licensee or Permittee,	ws of other states or ordinal flicer, director or agent of a company holding or applying the control of the company holding or applying agent or employe of any program or applying for a wholesa rectifier permit in the State	corporation/noning for any other a	profit alcohol tion or City and County)
for violation of any federal laws, a municipality? If yes, describe status of charges. Do you hold, are you making apporganization or member/manage beverage license or permit? If yes, identify. SEE ATT Do you hold and/or are you an of member/manager/agent of a limit brewery/winery permit or wholese If yes, identify. (Name) Named individual must list in chro	any Wisconsin laws, any lass pending. Spending. Spending. Spending. Spending. Spending. (Na. (N	ws of other states or ordinal flicer, director or agent of a company holding or applying the control of the company holding or applying agent or employe of any program or applying for a wholesa rectifier permit in the State	corporation/noning for any other a mill erson or corporation of Wisconsin?	profit alcohol tion or City and County)
municipality?	any Wisconsin laws, any lass pending. Spending. Spending. Spending. Spending. Spending. (Na. (N	ws of other states or ordinal flicer, director or agent of a company holding or applying the company holding or applying agent or employe of any page or applying for a wholesa rectifier permit in the State of the company page of applying for a wholesa rectifier permit in the State of the company page of t	corporation/noning for any other and the beer permit, of Wisconsin? (Address By	profit alcohol tion or City and County)

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 ferfeit not more than \$1,000.

(digitality of reality instrument)

SCOTT FABER FOR CASEY'S MARKETING COMPANY

Casey's WI Locations

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
ТОМАН
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

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

PETMIT 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
- · If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type **Account Type** Sales & Use Tax

Account Number

Seller's Permit

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.

		Town				
To the gov	verning body of:	✓ Village	of RANDOM LAK	E	County of _S	SHEBOYGAN
		City				
The under	signed duly autho	rized officer/m	nember/manager o	CASEY'S	MARKETING COM	PANY
						ganization or Limited Liability Company)
			y company making	application for ar	alcohol beverage licer	nse for a premises known as
CASEY'S C	SENERAL STORE #	3794				
located at	580 ORTH DRIVE	, RANDOM LAK	E, WI 53075	(Trade Name)		
appoints	ANTHONY H	AWKS				
	ESO DIDOR	CHDEFE		e of Appointed Agent)		
	230 PIESE	SIKEEI,	COMBINED I	dress of Appointed A		
to alcohol	beverages conduc	cted therein. Is	applicant agent pr	esently acting in	y and control of the pre that capacity or reques r license for any other lo	emises and of all business relative sting approval for any corporation ocation in Wisconsin?
√ Yes	☐ No If so	, indicate the o	corporate name(s)/l	imited liability cor	mpany(ies) and municip	pality(ies).
CASEY	S MARKETIN					
ls applican	t agent subject to	completion of	the responsible bev	erage server trai	ning course? / Ye	es No
						Wisconsin? 32 YEARS
				-	LOCKS, WI 531	
	For:	CASEY'S	MARKETING	COMPANY		
	By:		(Name	of Comporation / Org	anization / Limited Liability Co	ompany)
			que	(Signature of Of	ficer / Member / Manager)	
Any persor \$1,000.	ı who knowingly p	rovides materia	ally false informatio	in in an applicatio	n for a license may be	required to forfeit not more than
			ACCEP	TANCE BY AGE	NT	
ANTHC	NY HAWKS	(Print / Time	Agent's Name)			t this appointment as agent for the
			,			
		premises for	the corporation/org	janization/limited		f all business relative to alcohol
Antho	ny Hawks		gned by Anthony Haw .03.25 09:36:05 -05'00'	rks		Agent's age _
	· -	nature of Agent)			(Date)	Agent's age_
538 BI	ESE STREET		<u>`</u>	WI 53114		Date of birth_
		(Homi	e Address of Agent)			
			PROVAL OF AGE lerk cannot sign o			
hereby ce he charact	rtify that I have ch	necked municipoutation are sa	oal and state criminatisfactory and I ha	nal records. To the	ne best of my knowledgo the agent appointed.	ge, with the available information,
Approved o		by M				linece Pros dest

(Signature of Proper Local Official)

(Date)

(Town Chair, Village President, Police Chief)



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:

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 B	_		lication	Applicant's Wisconsin Seller's Perr	182 - 02
(Submit to municipal clerk. R				FEIN Number 23 - 744 85	
For the license period beginning	ng: 07 01 2023 (mm dd yyyy)	ending: 06	30 2024 (mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of)	ndam Laka		Class A beer	\$ 100
To the Governing Body of the:	✓ Village of	ndom Lake		Class B beer	\$ 100
	City of			Class C wine	\$ 100
County of Sheboygan		Aldermani	c Dist. No.	☐ Class A liquor	\$ 300
			by ordinance)	Class A liquor (cider only)	\$ N/A
		` '	,	☐ Class B liquor	\$ 350
Check one: Individual	Limited Liability			Reserve Class B liquor	\$
☐ Partnership	✓ Corporation/Nor	iprofit Organizat	ion	Class B (wine only) winery	
Complete A B All				Publication fee	\$ 15
Complete A or B. All must c	omplete C.			TOTAL FEE	\$ 115
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 a	Agent):				
Full Legal Name of Corporation / Nonp		Liability Company	Address of Corporation /)	imited Lighility Company (if different fro	m licensed premises)
Random Lake Athlet		Liability Company 7		Are Random Lake wi	
All corporations/organizations		mpanies applying			
liquor must appoint an agent.		i			
Agent Last Name Krahenbuh	(First) Rachel	(Middle Name)	Home Address (Street, 74 Stark	City or Post Office, & Zip Code) Red Randon Lake W	VI 53075
All Officer(s) Director(s) of C	orporation and Me	mbers / Manage	ers of Limited Liab	nility Company:	
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Dimmer	Cory			Idk Random Lable City of Post Office, & Zip Code)	W7 53075
Vice President/Member Last Name	Jod!	(Middle Name)	11	City or Post Office, & Zip Code) Fredonia WIS	
Secretary / Member Last Name	(First) / /	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Krahen bah /	Kachel	(6 k' 1 II - 51 -)		(Rd Randon Lake	, W 1005
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)	
	Lake Athletic			one Number 262. 689	9-4253
2. Address of Premises 60	O Grand Av Ra	ndomlake 5	Post Office &	Zip Code Random La Ke	53075
3. Does the applicant understand brewpubs?					eweries
Premises description: De include all rooms including records. (Alcohol beverage)	living quarters, if us	sed, for the sale:	s, service, consum _i	ption, and/or storage of alcoho	e applicant must of beverages and
1					

5.	 Legal description (omit if street address is given on pre 	evious page):			
6.	member, officer, director, manager or agent for eigorganization licensee been convicted of any officers for violation of any federal laws, any Wisconsin la	ither a limited liability company fenses (excluding traffic offens lws, any laws of other states, o	licensee, or nonprofit es not related to alcohol) r ordinances of any county	☐ Yes	∑ No
				□ V	Na Na
	the named licensee or any other persons affiliated	i with this license? It yes, expi	ain fully on page 3	☐ Yes	X NO
7.				☐ Yes	No
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			
	T .				
9.	Does the applicant understand they must hold a Wisc [phone (608) 266-2776]	consin Seller's Permit?	NE MANUALINA DISCOLES	Yes	□ No
10.				Yes	☐ No
11.	. Is the applicant indebted to any wholesaler beyond 15	5 days for beer or 30 days for I	iquor?	☐ Yes	₩No
12.	(Note: Renewal of licenses may be denied pursuant			☐ Yes	⊠No
bee app and void this	en truthfully answered to the best of the knowledge of the plication; that the applicant has read and made a comp d correct. The undersigned further understands that an id, and under penalty of state law, the applicant may be s application. Any person who knowingly provides mate	he signer. The signer agrees that olete answer to each question, a my license issued contrary to Cl e prosecuted for submitting fals	at he/she is the person name and that the answers in each hapter 125 of the Wisconsin e statements and affidavits i	d in the fo instance : Statutes : n connect	regoing are true shall be ion with
W	7. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Sanlage	Date 4-1-20	23	
		Phone Number	Email Address	.1.	4
	Larry 1 history	1 8 (24, 48) 2 (2)	o maasegi	Mail- Col	71
— то	BE COMPLETED BY CLERK				
_		o council / board	Date license granted		
Lice	cense number issued Date license iss	sued	Signature of Clerk / Deputy Clerk		

Submit to municipal clerk.

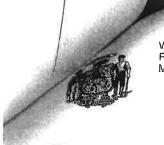
Individual's Full Name (please print) (last name	1	(first nai	me)		(middle name)	
	,	' /	,			
Eder		Bro			Lec	
Home Address (street/route) N826 Allen Rd	Post Office Random	inKe	City	1 K	State Zip C	
Home Phone Number	K AMCOSAC (1 Came		3075
7 (S4) (S9)		Age	Date of Birth	/	Place of Birth	
920-980-2851			1 /	e. 14	OZavka	ce County
The above named individual provides the	following information	n as a pe	rson who is (check	one):		
Applying for an alcohol beverage lice			•	1 .2		
A member of a partnership which is Amenber Maney Manager (Officer Director Member Manager	making application fo		ohol beverage licen	alle Ath	Lic Is or Nonprotit Organ	/ SSOC
which is making application for an al	cohol beverage licens		and a section to the artist of the section of the s		ing and continue and Continue	
The above named individual provides the	following information	n to the lie	censing authority:			
1. How long have you continuously resid						
2. Have you ever been convicted of any	offenses (other than	traffic un	related to alcohol b	everages) for		
violation of any federal laws, any Wisc	consin laws, any laws	of any o	ther states or ordin	ances of any c	ounty	
or municipality?				anoco or arry o	ounty	Yes X No
If yes, give law or ordinance violated,	trial court, trial date a	nd penal	tv imposed and/or	date description	on and	_ ies Mildo
status of charges pending. (If more roo	om is needed, continue	on reverse	e side of this form)	date, description	Jii aliu	t
			orac or ano ronni,			
Are charges for any offenses presentl	y pending against you	u (other t	han traffic unrelate	d to alcohol be	/erages)	
for violation of any federal laws, any V	Visconsin laws, any la	aws of ot	her states or ordina	inces of any co	untv or	
municipality?						Yes 🕅 No
If yes, describe status of charges pend	ding.					
Do you hold, are you making applicati	on for or are you an o	officer, di	rector or agent of a	corporation/no	nprofit	
organization or member/manager/age	nt of a limited liability	compan	y holding or applyir	ng for any other	alcohol	
heverage license or permit?						Yes No
If yes, identify. T.W. Coce Valde	1 NIN39 SLL 1	121 20.	ALON WT 53	ent Box	lond o.c	70 · · · · · · · · · · · · · · · · · · ·
If yes, identify. J.W. Crccksdc	(Na	ame, Locatio	n and Type of License/Peri	nit)	PCF (G2Cy	
5. Do you hold and/or are you an officer,	director, stockholder,	agent or	emplove of any pe	erson or corpor	ation or	
member/manager/agent of a limited lia	ability company holding	ng or app	lving for a wholesa	le beer permit		
brewery/winery permit or wholesale lig	uor, manufacturer or	rectifier	permit in the State	of Wisconsin?	882.50	ON TO SAY
If yes, identify.						
(Name of Wr	olesale Licensee or Permittee	9)		(Address B	y City and County)	
6. Named individual must list in chronolo	gical order last two e	, mplovers		(Address E	y ony and county)	
	Employer's Address	проуста		Employed From	ITo	
J. W. Creckside	N1439 State R	d 28	Adell WI Sign	2015	P	(Csent
Employer's Name	Employer's Address		. 0300	Employed From	То	70. 1
Employer's Name Affectable fire Polection	NY25 Camp Au	jane R	1 Rundom Lake			2015
			WI, 5307	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			1 -/-/3			

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)

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	Q (first na	me)	(middle n	ame)
Home Address (street/route)	Post Office	City	State	Zip Code
74 Stork Rol	Random Lake	Random Lake	State	53075
Home Phone Number 262-483-1358	Age	Date of Birth	Wes	of Bend
The above named individual provides the following	llowing information as a ne	reon who is (abook and):		
Applying for an alcohol beverage licens	-	ison with is (check the).		
A member of a partnership which is ma		abal bayaran liasasa		
Secretary	0	onol beverage license.	111. 1	. /.
(Officer / Director Member / Manager / Ager	ofKa	Name of Corporation, Limited Liability	Company or Nonprof.	OCIODON
which is making application for an alcoh		*		
The above named individual provides the following	llowing information to the li	censing authority:		
1. How long have you continuously resided	in Wisconsin prior to this	date? 41		
Have you ever been convicted of any office violation of any federal laws, any Wiscon	enses (other than traffic un	related to alcohol beverage	•	
or municipality?			.,,,	Yes No
If yes, give law or ordinance violated, tria status of charges pending. (If more room a			escription and	
3. Are charges for any offenses presently p)
for violation of any federal laws, any Wise municipality?				☐ Yes 🔀 No
If yes, describe status of charges pending	9.			CHING LINES INC
4. Do you hold, are you making application		rector or agent of a corpora	tion/nonprofit	
organization or member/manager/agent of beverage license or permit?				
If yes, identify.			- CENTR 19	les 🔀 No
· · · · · · · · · · · · · · · · · · ·	(Name, Locati	on and Type of License/Permit)		
5. Do you hold and/or are you an officer, dir				r
member/manager/agent of a limited liabil				
brewery/winery permit or wholesale liquo	r, manufacturer or rectifier	permit in the State of Wisco	onsin?	etitett Yes X No
If yes, identify.				
	sale Licensee or Permittee)	-	Address By City and	County)
Named individual must list in chronologic Employer's Name	al order last two employers lloyer's Address	S. Employed	I Seem	Tr _o
School District of Randon Lake Co	15 0 1 1 1 h 6	2/	7/2/	To Dan +
Employer's Name Employer's Name	lover's Address	Employed	From	To To
Go Rikway	05 Random Lake Ka Mologer's Address Cederbay WJ	0	118	7/20
00 10.	, ego beig	- 6/	78	1/00
DE 1 D 0 1 D 2 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D				
READ CAREFULLY BEFORE SIGNING: U been truthfully answered to the best of the ki	nder penalty provided by I	aw, the undersigned states	that each of th	e above questions has
application; that the applicant has read and m	lade a complete answer to	e signer agrees that he/she each question, and that the	answers in ear	named in the foregoing
correct. The undersigned further understands	s that any license issued co	intrary to Chapter 125 of the	Wisconsin Sta	tutes shall be void, and
under penalty of state law, the applicant may	be prosecuted for submitt	ing false statements and aff	idavits in conne	ection with this applica-
tion. Any person who knowingly provides ma	terially false information or	this application may be	quited to forfeit	not roore than \$1,000.
		1//	1 / 1/1/	
		- 19 M	ignature of Named In	dividual)



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	Read /	K	County of	Shahara	
	City		01	1 1 1	111 1. 1.	. /
The undersigned duly auth	orized officer/mem	ber/manager of	(Registered Nan	ne of Corporation / Or	nlesic 4550 ganization or Limited L	iability Company)
					nse for a premises	s known as
located at	siand Are	Randon Lahre	Name) ひろ 5307.	^		
appoints		Bachel	Krahen bu	h/		
		Warne of App	ointed Agent) /		53775	
(91		(Home Address of		LAPR WIL	3 70 . 5	
to alcohol beverages condi	ucted therein. Is ap	plicant agent presentl	y acting in that	capacity or reque	sting approval for	any corporation/
Yes No If s	o, indicate the com	oorate name(s)/limited	liability compan	y(ies) and munici	pality(ies).	
Is applicant agent subject to	completion of the	responsible beverage	server training of	course? Y	′es ☑ No Wisconsin?	——— 41
			ld Rang	fon Lake S	3075	
Fo	r:	Randon Lake,	Whilehic Ass	paision		
Ву	y :	Rachel 1	Walker	/ Limited Liability (Company)	
Any person who knowingly \$1,000.	provides materially			• ,	required to forfeit	: not more than
<u> </u>	Parkel Krah	ACCEPTANC		.		
, —————————————————————————————————————	(Print / Type Age	nt's Name)		, nereby accep	ot this appointment	as agent for the
					of all business re	lative to alcohol
Kal	Mr. Model		4-1-2	2023	Agent's age	
To the governing body of: Village of Mandam Lake County of She bog gan The undersigned duly authorized officer/member/manager of Registered Name of Corporation / Organization or limited liability company making application for an alcohol beverage license for a premises known as Random Lake Athelie Speciation - Krischer Lake Known as Name of Reposition of the Name of Reposition	•					
hereby certify that I have on the character, record and re	checked municipal eputation are satis	and state criminal red factory and I have no	cords. To the be objection to the	st of my knowled agent appointed	lge, with the availa	able information,
Approved on(Date)	by	(Signature of Proper L	noal Official	Title	Town Chair, Village Pre	aident Delles Oli n
(Date)		countainte of Probert	cicat Cinicial)	11	rown Chair Village Pre	ISIDENT POLICE Chieft



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:

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 III.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	_		olication	Applicant's Wisconsin Seller's Peri	mit Number
(Submit to municipal clerk.	lead instructions	on page 3.)		FEIN Number	13 212
For the license period beginni	ng: 07 01 2023	ending: 06	30 2024	20,001	2015
	(mm dd yyyy		(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Coverning Dady of the	Town of	Random Lake		Class A beer	\$ 100
To the Governing Body of the	. provinage of	tandom Lake		Class B beer	\$ 100
	City of			Class C wine	\$ 100
County of Sheboygan		Alderman	ic Dist. No.	☐ Class A liquor	\$ 300
	,	1 0002	d by ordinance)	Class A liquor (cider only)	\$ N/A
18-138-00	\/	0. * 0.0 * 0	,	Class B liquor	\$ 350
check one: 🔲 Individual	Limited Liabil	Control of the Control Control		☐ Reserve Class B liquor	\$
☐ Partnership	☐ Corporation/I	Nonprofit Organiza	tion	Class B (wine only) winery	\$
	1.4.6			Publication fee	\$ 15
complete A or B. All must o	omplete C.			TOTAL FEE	\$4/05
. 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)	
	, naty	(windule ivalile)	nome Address (Street,	, Only of Fusi Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address /Street	City or Post Office, & Zip Code)	
	(1.1131)	(widdle Name)	Tiorne Address (Street,	City of Post Office, & Zip Code)	
	4				
. LLC or Corporation (and					
uli Legal Name of Corporation / None	profit Organization / Lim	ited Liability Company	Address of Corporation / I	Lighted Liability, Company (if different fro	m licensed premises)
Sore	LanesL	10	119 Den	tertot KLC	ا (رو
Il corporations/organizations quor must appoint an agent.	or limited liability	(Middle Name)		ell fermented malt beverages a	nd/or intoxicating
Cauawalah	Trappi	Timothy	11/5599	Coloni De KL	WI 530
II Officer(s) Discrete (s) of 6	V-1111-1		W 0 0	200700 11-	1 , , ,
II Officer(s) Director(s) of C resident / Member Last Name	(First)				
resident / Weimber Last (Valle	(r ii st)	(Middle Name)	nome Address (Street,	City or Post Office, & Zip Code)	
/ice 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)	
reasurer / 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)	Hame Address (Street,	City or Post Office, & Zip Code)	
Business Information	zelane	25	Business Pho	one Number 920 99	4 482
. Address of Premises	9 Bente	F3+	Post Office &	777 725	x365.5
. Does the applicant unders and brewpubs?			of beverages only fro	om Wisconsin wholesalers, bre	eweries
Premises description: De include all rooms including records. (Alcohol beverag	escribe building or gliving quarters, it	buildings where a	alcohol beverages a	are to be sold and stored. The ption, and/or storage of alcoho	e applicant must
11900	nterto	T Del	and Bar	-Cooler	
	DACK	9589			

5.	Legal description (omit if street address	is given on previous page	e):			
6.	a. Since filing of the last application, had member, officer, director, manager of organization licensee been convict for violation of any federal laws, any or municipality? If yes, complete p	or agent for either a limit ed of any offenses (ex Wisconsin laws, any law	ed liability company cluding traffic offensows of other states, or	licensee, or nonprofit es not related to alcohol) r ordinances of any county	☐ Yes	⊠ (No
	b. Are charges for any offenses prese the named licensee or any other per				☐ Yes	No
7.	Except for questions 6a and 6b, have t by you on your last application for this	here been any changes license? If yes, explair	in the answers to th	e questions as submitted	☐ Yes	₽ ₩•
8.	Was the profit or loss from the sale of ald or Franchise Tax return of the licensee?	cohol beverages for the p	revious year reported	d on the Wisconsin Income	Yes	□ No
0.	Does the applicant understand they mus [phone (608) 266-2776] Does the applicant understand that alcol from the date of invoice and made availa	nol beverage invoices m	ust be kept at the lice	ensed premises for 2 years	Yes Yes	□ No
	Is the applicant indebted to any wholesa				Yes	
	Does the applicant owe municipal prope (Note: Renewal of licenses may be derassessments or other fees).	rty taxes, assessments, ied pursuant to a local c	or other fees? ordinance, if the licen	see owes municipal taxes,	☐ Yes	60 (M) (A)
ee pp nd oid nis nar	AD CAREFULLY BEFORE SIGNING: Un truthfully answered to the best of the krication; that the applicant has read and recorrect. The undersigned further unders, and under penalty of state law, the appapplication. Any person who knowingly processes \$1,000.	nowledge of the signer. T made a complete answe stands that any license is licant may be prosecute provides materially false	he signer agrees tha r to each question, a ssued contrary to Ch d for submitting false information on this a	t he/she is the person name nd that the answers in each apter 125 of the Wisconsin statements and affidavits in pplication may be required t	d in the fo instance : Statutes : connect	regoing are true shall be on with
Sign	act Person's Name (Last, First, M.I.) About Daniel apure	1	itle / Member Where Phone Number	Date 5-13 Email Address 787 9/00/6	gnes.	; 99)
— о і	BE COMPLETED BY CLERK					
	received and filed with municipal clerk 5/15/2023	Date reported to council / boar $\frac{\omega}{5}$ / $\frac{2023}{5}$	rd	Date license granted		
_ice	se number issued	Date license issued		Signature of Clerk / Deputy Clerk		
_						

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name)	
Cayanayah Janjel Timothy	
Home Address (street/route) Post Office City State Zip Code	
2506 Colony Dr Kandom Lake Kandom Lake W1 53079	5
Home Phone Number Age Date of Birth Place of Birth	
920 2521 2782 Milwaukee	
The above named individual provides the following information as a person who is (check one):	
Applying for an alcohol beverage license as an individual.	
A member of a partnership which is making application for an alcohol beverage license.	
OfOf	
(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?	
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?	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?	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 	1
beverage license or permit?	No
If yes, identify.	4.0
(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?	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 Mame	
Employer's Name Employer's Address Employer's Address Employer's Address To 5-97	>
Employer's Name Employer's Address	
FMC Palens Portugghinaton W/ 8-78 3-80	0
7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions	e hae
been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foreg	poina
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, under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this app	, and
tion. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,	JIIUG-
y provides materially raise and an are application and addition to indicate the more than \$1.	000.

(Signature of Named Individual)



WISCONSIN DEPARTMENT OF REVENUE PO BOX 8902 MADISON, WI 53708-8902

DANIEL T CAVANAUGH 119 BENTERT ST RANDOM LAKE WI 53075

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

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.

Тах Туре	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. Town To the governing body of: The undersigned duly authorized officer/member/manager of a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as located at ___ appoints (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 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? How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin' Place of residence last year d Liability Company) By: (Signature of Officer / Membe 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** , 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. Agent's age Date of birtl 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	oy	Title
(Date)	(Signature of Proper Local Official)	(Town Chair, Village President, Police Chief)



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:

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:

- 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

Kenewai Alconoi	Applicant's Wisconsin Seller's Permit Number 456-102815387502					
(Submit to municipal clerk.	tead instructions	on page 3.)		FEIN Number 46-46		
For the license period beginni	TYPE OF LICENSE REQUESTED		FEE			
	☐ Town of)	Dandon Lole		Class A beer	\$	100
To the Governing Body of the	: 🔽 Village of 🕌	Random Lake		Class B beer	\$	100
	☐ City of 】			Class C wine	\$	100
County of Sheboygan		A lele mes e e	ic Dist. No.	Class A liquor	\$	300
County of			d by ordinance)	Class A liquor (cider only)	_	N/A
		(ii require	a by orallianoc,	Class B liquor	\$	350
Check one: 🔲 Individual	Limited Liabil	ity Company		Reserve Class B liquor	\$	
☐ Partnership	☐ Corporation/N	Nonprofit Organiza	tion	Class B (wine only) winer	y \$	
				Publication fee	\$	15
Complete A or B. All must of	complete C.			TOTAL FEE	\$	415
A. Individual or Partnership	:					1.3.2
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):					
All corporations/organizations liquor must appoint an agent.	or limited liability ((Middle Name)	g for a license to se	, City or Post Office, & Zip Code)	and/or	intoxicating
Mole	Thomas	Eden		one lone, R.L., L	/1· }	3075
All Officer(s) Director(s) of C						
President / Member Last Name Vice President / Member Last Name	(First)	(Middle Name) (Middle Name)	933 Jus	, City or Post Office, & Zip Code) (1) (Lant , Land) , City or Post Office, & Lip Code)	Lol	[h. 5.
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)		
records. (Alcohol beverag	tand that they must escribe building or gliving quarters, it es may be sold a	st purchase alcoho r buildings where f used, for the sale nd stored only on	ol beverages only from the control of the control o	om Wisconsin wholesalers, be Yes are to be sold and stored. The ption, and/or storage of alcohibed.)	he app	□ No olicant must erages and

5.	Legal description (omit if street address is given	on previous pag	e):				
6.	a. Since filing of the last application, has the namember, officer, director, manager or agent organization licensee been convicted of an for violation of any federal laws, any Wisconsor municipality? If yes, complete page 3	for either a limity offenses (ex sin laws, any la	ted liability company cluding traffic offens ws of other states, o	y licensee, or ses not relate or ordinances	nonprofit d to alcohol) of any county	☐ Yes	DN:
	b. Are charges for any offenses presently pen the named licensee or any other persons affil	i ding (excluding liated with this l	traffic offenses not cense? If yes, exp	related to ald	ohol) against page 3	☐ Yes	₹No
7.	Except for questions 6a and 6b, have there been by you on your last application for this license?	en any changes If yes, explai	in the answers to t	he questions	as submitted	☐ Yes	13/40
8.	Was the profit or loss from the sale of alcohol betor Franchise Tax return of the licensee? If not, e					Ves	□ No
	Does the applicant understand they must hold a [phone (608) 266-2776]	Wisconsin Sell	er's Permit?	WORLD FOR FREE		Yes	□No
	Does the applicant understand that alcohol beve from the date of invoice and made available for it					∑ /Yes	□ No
1.	Is the applicant indebted to any wholesaler beyo	and 15 days for	beer or 30 days for	liquor?		☐ Yes	□XN0
	Does the applicant owe municipal property taxes (Note: Renewal of licenses may be denied purs assessments or other fees).					☐ Yes	Ľ X N₀
pee ind roic his har	AD CAREFULLY BEFORE SIGNING: Under penent ruthfully answered to the best of the knowledge blication; that the applicant has read and made a correct. The undersigned further understands the did and under penalty of state law, the applicant mapplication. Any person who knowingly provides in \$1,000.	e of the signer. To complete answe nat any license ay be prosecute materially false	The signer agrees the er to each question, a ssued contrary to C ed for submitting fals	at he/she is the and that the a hapter 125 of se statements	ne person name inswers in each f the Wisconsin and affidavits ir	d in the fo instance Statutes : connect	regoing are true shall be ion with
_	Thomas Mble		owner		4/1/	23	
Sign	2 mature		Phone Number	1725	Tomen l	10 7.	السا
						7	
0	BE COMPLETED BY CLERK						
	e received and filed with municipal clerk Date repr Ou	orted to council / box	ard	Date license g	ranted	-	
Lice	3413	nse issued		Signature of C	lerk / Deputy Clerk		

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print)	(last name)	(first name	e)	(n	niddle name)	
	Mole	Tho,	√A-1		Edwin'	
Home Address (street/route) 933 Jessie Lan	Post Off	ice	Pardon	Lax 1	zitate Zip Code	
Home Phone Number 920-912-77	25	Age 3	Date of Birth	69 PI	SMS DSA	PINASS N
Applying for an alcohol be A member of a partnersh (Officer / Director / Member)	everage license as an i	individual. Discation for an alcolution of Rule	nol beverage lice الاحال ــــ	•		
which is making application	on for an alcohol bever	age license.		NOTE OF THE PARTY	2	
The above named individual promote. How long have you continute. Have you ever been convice.	ously resided in Wisco	onsin prior to this da	ite? 29	y EXXLS		
violation of any federal laws or municipality?	s, any Wisconsin laws, e violated, trial court, t	, any laws of any otl	her states or ordin	nances of any cou	Yes	s Kno
for violation of any federal I municipality? If yes, describe status of ch	laws, any Wisconsin la	ws, any laws of oth	er states or ordin	ances of any cou	nty or	s XNo
 Do you hold, are you makir organization or member/ma beverage license or permit' If yes, identify. 	anager/agent of a limit	ed liability company	holding or applyi	ng for any other a	alcohol	s Xno
			and Type of License/Pe	•		==
 Do you hold and/or are you member/manager/agent of brewery/winery permit or w If yes, identify. 	a limited liability comp	any holding or appl	ying for a wholes	ale beer permit,		s No
Name of State State of Control of State	(Name of Wholesale License	,		(Address By	City and County)	
Named individual must list	Employer's Add			Employed From	То	
Employer's Name	Employer's Add	ress		Employed From	То	
EEAD CAREFULLY BEFORE een truthfully answered to the pplication; that the applicant h orrect. The undersigned furthe	e best of the knowledg as read and made a co	e of the signer. The omplete answer to e y license issued con	signer agrees that ach question, and trary to Chapter 1	at he/she is the po I that the answers 25 of the Wiscons	erson named in the in each instance a	e foregoing re true and e void, and

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.

	Town	David	1 10		-1 1	
To the governing body of	_	1 caros m	lake	County of	Shebung 1	-
The undersigned duly aut	☐ City thorized officer/membe			la la of Corporation / Or	Preuss ganization or Limited Lie	LLL (ability Company)
a corporation/organization	or limited liability comp		-			,
	Zand	- lake	D1 22	MIA	F	
located at	2 507 24	rec (Trade Nam	ne)			
appoints 100	n Edmin	Mh				
933 5	essie Lone	(Home Address of App	Cath	Wi	53675	
to act for the corporation/o to alcohol beverages cond organization/limited liability	ducted therein. Is appli	cant agent presently a	cting in that ca	pacity or reque	sting approval for a	any corporation/
Yes No If	so, indicate the corpora	ate name(s)/limited liab	bility company(i	es) and munici	pality(ies).	
Is applicant agent subject	to completion of the res	sponsible beverage se	rver training co	urse? Y	es No	
How long immediately price	or to making this applica	ation has the applicant	agent resided	continuously in	Wisconsin?	T)_
Place of residence last ye	ear Land	- Culle	<u>ر</u>			
F	or: Rad	in lathe	Pizze	rin (
E		(Name of Corpora	tion / Organization	/ Limited Liability C	Company)	
		(Signal	ture of Officer / Me	mber / Manager)		
Any person who knowingly \$1,000.	y provides materially fa	lse information in an ap	oplication for a	license may be	required to forfeit	not more than
. Non	Mu	ACCEPTANCE B	BY AGENT	, hereby accep	t this appointment	as agent for the
corporation/organization/li	(Print / Type Agent's	· ·	enancibility for	the conduct of	of all business rate	otivo to plankal
beverages conducted on t	the premises for the co	prporation/organization	/limited liability	company.	or all business rela	To alcohol
	Signatury of Agent)		1/6/ (Date)	25	Agent's age	
933 Jersi		ess of Agent)	(Date)		Date of birth	4-16-60
	APPROV	AL OF AGENT BY M				
		annot sign on behalf	•	•		
hereby certify that I have the character, record and	checked municipal an reputation are satisfac	id state criminal record tory and I have no obj	ds. To the best ection to the ac	of my knowled gent appointed	ge, with the availal	ble information,
Approved on	by			Title		
(Date)		(Signature of Proper Local	l Official)	(1	own Chair, Village Pres	ident, Police Chief)

cloke rudu lekur, ism

State of Wisconsin . DEPARTMENT OF REVENUE

Personal Wallet Copy

Seller's Permit. 456-1028153875-02 Legal/Real Name: RANDOM LAKE PIZZERIA LLC

Signature



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 III.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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(Submit to municipal clerk. Refer the license period beginning			plication	Applicant's Wisconsin Seller's Peri	
For the license period beginning	ead instructions			1 456-1030782	264-02
Tor the license period beginning	- 07 01 2022			FEIN Number 87- 6358	495
	1g: 07 01 2023 (mm dd yyyy)	ending: <u>0</u> 6	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of)			Class A beer	
To the Governing Body of the:		Random Lake		Class B beer	\$ 100 \$ 100
	☐ City of			Class C wine	
County of Sheboygan		Aldomon	via Diat Ala	Class A liquor	200
			nic Dist. Noed by ordinance)	Class A liquor (cider only)	
		(ii require	o by ordinance)	Class B liquor	\$ N/A \$ 350
Check one: Individual	Limited Liabili	ty Company		Reserve Class B liquor	\$ 330
☐ Partnership Corporation/Nonprofit Organization			Class B (wine only) winery	\$	
_	•			Publication fee	
Complete A or B. All must co	omplete C.			TOTAL FEE	
A. Individual or Partnership:				TOTALTEE	\$ 46500
Full Name (Last)	(First)	(Middle Name)	Home Address /Ctreet	City - P. 105 - 17: D. 1	
·	((widde Maile)	nome Address (Street,	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	/84:4-N - N - 1			
- Landy	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Sull Name (Lach)	450				
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
2 110 0	N 24				
3. LLC or Corporation (and A	igent):				
Full Legal Name of Corporation / Nonpr	ofit Organization / Limit	ed Liability Company	Address of Corporation / L	imited Liability Company (if different from	n licensed premises)
Irustees of the Rande	om Loder Fine	Descritment	718 N. Sprin	9 St Random Lake	40 53075
All corporations/organizations of	r limited liability o	companies applying	1 0 70. Opini	TOT ROTONIE CANA	101 200 15
	a mined hability c	ompanies applyin	ig for a license to se	ill termented malt beverages ar	nd/or intoxicating
quor must appoint an agent.					
The state of the s	(First)	(Middle Name)			
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Agent Last Name SCHMIT	Amy	E	Home Address (Street,	City or Post Office, & Zip Gode)	
Agent Last Name SCHMIT All Officer(s) Director(s) of Co	Amy	E	Home Address (Street,	City or Post Office, & Zip Gode)	
Agent Last Name SCHMIT All Officer(s) Director(s) of Co President / Member Last Name	Amy	E	Home Address (Street,	City or Post Office, & Zip Code) 19 St Landom Lake illity Company:	
Agent Last Name SCHMIT All Officer(s) Director(s) of Co President / Member Last Name	orporation and M	E. lembers / Manag (Middle Name)	Home Address (Street,	City or Post Office, & Zip Code) 19 St Landom Lake illity Company: City or Post Office, & Zip Code)	WI 53075
Agent Last Name SCHMIT All Officer(s) Director(s) of Co President / Member Last Name PEPIES	Amy orporation and M (First) Patrick	lembers / Manag (Middle Name)	Home Address (Street, 1014 N. Springers of Limited Liab Home Address (Street, N7045 Ka	City or Post Office, & Zip Code) 19 St Random Lake 11 St Company: City or Post Office, & Zip Code) LU-K Rd Belgium	WI 53075
Agent Last Name SCHMIT All Officer(s) Director(s) of Co President / Member Last Name	Amy orporation and M (First) Patrick (First)	E. lembers / Manag (Middle Name)	Home Address (Street, LIH N. Sprin Liers of Limited Liab Home Address (Street, N 7045 Ka Home Address (Street,	City or Post Office, & Zip Code) 19 St Landom Lake 10 St Company: City or Post Office, & Zip Code) LY-K Rd Belgium City or Post Office, & Zip Code)	W153075
Agent Last Name SCHMIT All Officer(s) Director(s) of Co President / Member Last Name DEPIES Vice President / Member Last Name SCHMIT	Amy orporation and M (First) Patrick (First) Aaron	lembers / Manag (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, LIL N. Spring Jers of Limited Liab Home Address (Street, N7045 Ka Home Address (Street, LIL N. Sor	City or Post Office, & Zip Code) 19 St Landom Lake 10 St Company: City or Post Office, & Zip Code) LY-K Rd Belgium City or Post Office, & Zip Code) LY-K Rd Belgium City or Post Office, & Zip Code)	W153075
Agent Last Name SCHMIT All Officer(s) Director(s) of Co President / Member Last Name DEPIES Vice President / Member Last Name SCHMIT	Amy orporation and M (First) Patrick (First)	lembers / Manag (Middle Name)	Home Address (Street, LIL N. Spring Jers of Limited Liab Home Address (Street, N7045 Ka Home Address (Street, LIL N. Sor	City or Post Office, & Zip Code) 19 St Landom Lake 10 St Company: City or Post Office, & Zip Code) LY-K Rd Belgium City or Post Office, & Zip Code)	W153075
Agent Last Name SCHMIT All Officer(s) Director(s) of Co President / Member Last Name DEPIES Vice President / Member Last Name SCHMIT Secretary / Member Last Name	Amy orporation and M (First) Patrick (First) Aavon (First)	lembers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, LILY N. SOULA Home Address (Street, N7045 Ka Home Address (Street, LILY N. SOULA Home Address (Street, Home Address (Street,	City or Post Office, & Zip Code) 19 St Landom Lale 10 St Landom Lale 11 City or Post Office, & Zip Code) 11 City or Post Office, & Zip Code) 12 St Random City of Post Office, & Zip Code)	W153075
Agent Last Name SCHMIT All Officer(s) Director(s) of Co President / Member Last Name DEPIES Vice President / Member Last Name SCHMIT Secretary / Member Last Name	Amy orporation and M (First) Patrick (First) Aaron	lembers / Manag (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, LILY N. SOULA Home Address (Street, N7045 Ka Home Address (Street, LILY N. SOULA Home Address (Street, Home Address (Street,	City or Post Office, & Zip Code) 19 St Landom Lale 19 St Landom Lale 19 City or Post Office, & Zip Code) 19 St Random City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code)	W153075 n W1530 Lake W153
Agent Last Name SCHMIT All Officer(s) Director(s) of Co President / Member Last Name PEPIES Vice President / Member Last Name SCHMIT Secretary / Member Last Name Treasurer / Member Last Name SCHMIT	Amy orporation and M (First) Patrick (First) Aavon (First)	lembers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, LILY N. SOULA Home Address (Street, N7045 Ka Home Address (Street, LILY N. SOULA Home Address (Street, Home Address (Street,	City or Post Office, & Zip Code) 19 St Landom Lale 19 St Landom Lale 19 City or Post Office, & Zip Code) 19 St Random City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code)	W153075 n W1530 Lake W153
Agent Last Name SCHMIT All Officer(s) Director(s) of Co President / Member Last Name DEPLES Vice President / Member Last Name SCHMIT Secretary / Member Last Name Freasurer / Member Last Name SCHMIT	Amy orporation and M (First) Patrick (First) Aavon (First)	lembers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, 1914 N. Sprill 1915 Pers of Limited Liab Home Address (Street, 1914 N. Sprill Home Address (Street, Home Address (Street, 1914 N. Sprill	City or Post Office, & Zip Code) 19 St Landom Lake 19 St Landom Lake 19 City or Post Office, & Zip Code) 19 St Random 19 St Random 10 City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code)	W153075 n W1530 Lake W153
Agent Last Name SCHMIT All Officer(s) Director(s) of Co President / Member Last Name DEPIES Vice President / Member Last Name SCHMIT Secretary / Member Last Name	Amy orporation and M (First) Patrick (First) Aavon (First) (First)	lembers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, 1914 N. Sprill 1915 Pers of Limited Liab Home Address (Street, 1914 N. Sprill Home Address (Street, Home Address (Street, 1914 N. Sprill	City or Post Office, & Zip Code) 19 St Landom Lale 19 St Landom Lale 19 City or Post Office, & Zip Code) 19 St Random City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code)	W153075 n W1530 Lake W153
Agent Last Name SCHMIT All Officer(s) Director(s) of Co President / Member Last Name DEPIES Vice President / Member Last Name SCHMIT Secretary / Member Last Name Freasurer / Member Last Name SCHMIT Directors / Managers Last Name	Amy orporation and M (First) Patrick (First) Aavon (First) (First)	lembers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, NTO 45 Ka)	City or Post Office, & Zip Code) 19 St Landom Lake 19 St Landom Lake 19 City or Post Office, & Zip Code) 19 St Random 19 St Random 10 City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code)	W153075 n W1530 Lake W153

5.	Legal description (omit if street address is gir	ven on previous page):			
6.	a. Since filing of the last application, has the member, officer, director, manager or agorganization licensee been convicted of for violation of any federal laws, any Wistor municipality? If yes, complete page	ent for either a limited liability compan of any offenses (excluding traffic offens occonsin laws, any laws of other states, of	y licensee, or nonprofit ses not related to alcohol) or ordinances of any county	∐ Yes	₽ No
	b. Are charges for any offenses presently the named licensee or any other persons	pending (excluding traffic offenses not affiliated with this license? If yes, exp	related to alcohol) against lain fully on page 3	☐ Yes	No
7.	Except for questions 6a and 6b, have there by you on your last application for this licer	been any changes in the answers to the see? If yes, explain	he questions as submitted	☐ Yes	No
R	Was the profit or loss from the cale of clocks				
J.	Was the profit or loss from the sale of alcoho or Franchise Tax return of the licensee? If no	ot, explain		Yes	□No
9.	Does the applicant understand they must he [phone (608) 266-2776]	old a Wisconsin Seller's Permit?	CONTRACTOR DELIANT DELLA	Yes	□ No
	Does the applicant understand that alcohol to from the date of invoice and made available	for inspection by law enforcement?		Yes Yes	
11.	Is the applicant indebted to any wholesaler b	peyond 15 days for beer or 30 days for	iquor?	☐ Yes	No
12.	Does the applicant owe municipal property t (Note: Renewal of licenses may be denied assessments or other fees).	axes, assessments, or other fees? pursuant to a local ordinance, if the lice	nsee owes municipal taxes,	☐ Yes	No
app and voic this thar	AD CAREFULLY BEFORE SIGNING: Under n truthfully answered to the best of the knowle fication; that the applicant has read and mad correct. The undersigned further understand, and under penalty of state law, the applicant application. Any person who knowingly proving \$1,000.	edge of the signer. The signer agrees the e a complete answer to each question, a ds that any license issued contrary to C nt may be prosecuted for submitting fals	at he/she is the person name and that the answers in each hapter 125 of the Wisconsin e statements and affidavits in	d in the for instance a Statutes s	regoing are true shall be
	tact Person's Name (Last, First, M.I.) SCHMIT, Amy E.	Title / Member TVLASUTU Phone Number	Date 4/30	23	
	Many Shat	920-207-51		surer ₍	o g mai
то	BE COMPLETED BY CLERK		demonstration and discount		
_	e received and filed with municipal clerk Date	e reported to council / board	Date license granted		
5/1/2023 License number issued Date license issued Signature of Clerk / Deputy Cle					



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

Account Type

Account Number

Sales & Use Tax

Seller's Permit

456-1030782264-02

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last n	name)	(first name)		
	HMIT	(first name)		(middle name)
Home Address (street/route)	Post Office	Amy		t
1 1 1 1 1	1 22	City		State Zip Code
Hame Phone Number	Random	Like Mand	om Lake	WI 53075
970 207 FIRE		Age Date of Birth	1, , , ,	Place of Birth
920-207-5195		142 2/15	11981	Shebougan NI
The above named individual provides	that is a second	1-1		Stately Jari 101
The above named individual provides	the following informati	ion as a person who is (c	heck one):	
Applying for an alcohol beverage	license as an individu	ıal.		
A member of a partnership whic	h is making application	for an alcohol beverage	license	
X OTTION	OF TO	ustees of the B	andom labe C	ire Dunk
(Officer / Director / Member / Manag	, and	(Name of Corporation	n, Limited Liability Company o	r Nonprofit Olganization)
which is making application for ar	n alcohol beverage lice	nse.	· · · · · · · · · · · · · · · · · · ·	
The above named individual provides	the following informati	on to the December of	T.	
How long have you continuously re	esided in Wisconsin no	ior to the licensing author	nty:	
Have you ever been convicted of a violation of any federal laws, and the convicted of a violation of any federal laws.	any offenses (other the	n terfer wester	42 years	<i>)</i> *
violation of any lederal laws, any v	VISCONSIN (AWS any las	UR of any other states	P •	
	ea, mai court, mai nais	ADD Denotty improced		Yes No
status of charges pending. (If more	room is needed, continu	e on reverse side of this for	nuvui date, descriptioi	n and
-				
Are charges for any offenses prese for violation of any federal laws, an	ently pending against y	ou (other than traffic unre	elated to alcohol heve	Prance)
any loadid lava, all	iv vyosconsin iaws anv	12)MC of other states	1'	
				Yes XINO
Do you hold, are you making applic organization or member/manager/s	cation for or are you an	officer, director or agent	of a corporation/non	profit
organization or member/manager/a beverage license or permit?	igent of a limited fiabilit	ly company holding or ap	plying for any other a	alcohol
beverage license or permit? If yes, identify.	**************			Yes No
-		Name, Location and Type of Licens	ne/Parmit)	•
Do you hold and/or are you an office member/manager/agent of a limited	er director stockholde	r agent er emelesse et e	F1	
and the same of the same of the same	liquor, manufacturer o	r rectifier permit in the S	tate of Wisconsin?	TV- W
If yes, identify.			TO DI PRIGODINANTI	Tes No
(Name of	f Wholesale Licensee or Permitt	ce)	(Address By)	City and County)
Named individual must list in chrono Employer's Name	ological order last two	employers.		ony and Goungy
MI DAC	Emplayer's Address	Washington Rd	Employed Front	To
1 11 - 101	Flendale	WI 53212	1/24/200	10 precent
Employer's Name				
Employer's Name Homeland	Employer's Address	tomal Wast	Employed Fram	To
	270 Internal	tronal Way	Employed From	07/24/010
US Dept of Homeland	2701 Interpa	tronal Way	06/200	04 07/24/06
US Dupt of Security READ CAREFULLY BEFORE SIGNIN	G. Under penalty	tronal Way	06/200	04 10 07/24/0Le
READ CAREFULLY BEFORE SIGNIN been truthfully answered to the best of	G: Under penalty prov	rided by law, the undersi	gned states that each	$\frac{\sqrt{24/000}}{\sqrt{24/000}}$
READ CAREFULLY BEFORE SIGNIN been truthfully answered to the best of application; that the applicant has read a	G: Under penalty provide knowledge of the s	signer. The signer agrees	gned states that each that he/she is the pe	erson named in the foregoing
READ CAREFULLY BEFORE SIGNIN been truthfully answered to the best of application; that the applicant has read a correct. The undersigned further undersigned	G: Under penalty provide knowledge of the sand made a complete a	nswer to each question,	gned states that each that he/she is the peand that the answers	erson named in the foregoing in each instance are true and
READ CAREFULLY BEFORE SIGNIN been truthfully answered to the best of application; that the applicant has read a correct. The undersigned further undersunder penalty of state law, the applicant	G: Under penalty provide knowledge of the sand made a complete a tands that any license	nswer to each question, a issued contrary to Chapte	gned states that each that he/she is the pe and that the answers er 125 of the Wiscons	erson named in the foregoing in each instance are true and in Statutes shall be void, and
READ CAREFULLY BEFORE SIGNIN been truthfully answered to the best of application; that the applicant has read a correct. The undersigned further undersunder penalty of state law, the applicant	G: Under penalty provide knowledge of the sand made a complete a tands that any license	nswer to each question, a issued contrary to Chapte	gned states that each that he/she is the pe and that the answers er 125 of the Wiscons	erson named in the foregoing in each instance are true and in Statutes shall be void, and
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READ CAREFULLY BEFORE SIGNIN been truthfully answered to the best of application; that the applicant has read a correct. The undersigned further undersunder penalty of state law, the applicant	G: Under penalty provide knowledge of the sand made a complete a tands that any license	nswer to each question, a issued contrary to Chapte	gned states that each that he/she is the period and that the answers and that the answers are 125 of the Wiscons ents and affidavits in a gray be required to	erson named in the foregoing in each instance are true and in Statutes shall be void, and
READ CAREFULLY BEFORE SIGNIN been truthfully answered to the best of application; that the applicant has read a correct. The undersigned further undersunder penalty of state law, the applicant	G: Under penalty provide knowledge of the sand made a complete a tands that any license	nswer to each question, a issued contrary to Chapte	gned states that each that he/she is the peand that the answers er 125 of the Wiscons ents and affidavits in a may be required to	erson named in the foregoing in each instance are true and in Statutes shall be void, and
READ CAREFULLY BEFORE SIGNIN been truthfully answered to the best of application; that the applicant has read a correct. The undersigned further undersunder penalty of state law, the applicant	G: Under penalty provide knowledge of the sand made a complete a tands that any license	nswer to each question, a issued contrary to Chapte	gned states that each that he/she is the peand that the answers er 125 of the Wiscons ents and affidavits in a may be required to	in each instance are true and in Statutes shall be void, and connection with this applicatorfeit not more than \$1,000.

Wisconsin Department of Revenue



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:

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 III.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)			
SCHMIT	(first name)	(middle name)	
Home Address (street/route)	Post Office City	K	
614 N. Spring St	Random Lake Randon	1 Lake WI 530	75
920-254-6047	Age Date of Birth	1983 Port Wash	nina ton
The above named individual provides the folio	wing information as a person who is (check	(one):	W
Applying for an alcohol beverage license	as an individual.		
A member of a partnership which is mak (Officer/Director/Member/Manager/Agent)	ing application for an alcohol beverage lice	dom Lula Fire Dem	atment
which is making application for an alcoho	beverage license.	ited Liability Company or Nonprofit Organization	n)
The above named individual provides the folloon. How long have you continuously resided in the converse of any offen convicted convicted of any offen convicted	wing information to the licensing authority: Wisconsin prior to this date?	1 years	
A COLOR OF ALLY ICACIAN IDARS, MILY VAISCOUSI	N IAWS ANY IAWS of any other states:		
or municipality? If yes, give law or ordinance violated, trial of status of charges pending.	Court trial date and penalty impressed		Yes No
status of charges pending. (If more room is	needed, continue on reverse side of this form	r date, description and	•
 Are charges for any offenses presently pen for violation of any federal laws, any Wisco municipality? If yes, describe status of charges pending. 	nsin laws, any laws of other states or ordin	-	Yes A No
4. Do you hold, are you making application for	Of are you an officer director f		
- 3 Strong of the indentification of the strong of th	3 UMBA liability composit by (-):	_	
beverage license or permit?			Yes No
5. Do you hold and/or are you an officer direc	(Name, Location and Type of License/Per	rmit)	
 Do you hold and/or are you an officer, direct member/manager/agent of a limited liability brewery/winery permit or wholesale limited. 	COMPANY Holding or applying for a sub-t-		
brewery/winery permit or wholesale liquor, r If yes, identify.	nanufacturer or rectifier permit in the State	of Wisconsin?	res No
(Name of Wholesale	Licensee or Permittee)		
 Named individual must list in chronological 	order last two employers.	(Address By City and County)	
Employer's Name Employer	er's Address Address	Employed From To	
Employer's Name	1300 Yellshelk Rd WI	3/2008 pres	ent
Bay Area Industries 20	5 S. Sorng St Random Lake	Employed From To 10 /	2007
PEAD CAREEU LY DESCRIPTION		<i>I</i> — <i>T</i>	
READ CAREFULLY BEFORE SIGNING: Undition the best of the known process of	er penalty provided by law, the undersigne	d states that each of the above q	uestions has
ipplication; that the applicant has read and mad	e a complete apprent	it ne/sne is the person named in t	he foregoing
orrect. The undersigned further understands th	at any license issued contrary to Chapter 1:	unature 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.



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 <u>Statute 111.335</u> and the Department of Workforce Development's publication, Arrest and Conviction Records Under the Law.

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

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

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

NO RECORD FOUND

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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.

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Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

must appoint an agent. Th	ons or limited liability companies applying for a license to sell forms.
corporation/organization or	ons or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquone following questions must be answered by the agent. The appointment must be signed by an officer of the member/manager of a limited liability company and the recommendation made by the proper local official
	Town
To the governing body of:	
to the governing body of.	County of Sha ballot to
	City
The undersigned duly auth	porized officer/member/manager of Trustees of the Pandom Lake Fire Dent
	(Registered Name of Co.
a corporation/organization of	or limited liability company making application for an alcohol beverage license for a premises known as
Trus	The A H D Haking application for an alcohol beverage license for a premises known as
Tiuo	100 01 The Fandows Care Fire Print
located at	(Trade Name)
	10 W Ching St
appoints	Amy Schmit
	(Name of Appointed Appoint
	(Holme Address of Appointed Agent) Lake W1, 53075
to not facility	P. Marine J. Gardy
act for the corporation/org	ganization/limited liability company with full authority and control of the premises and of all business relative
organization/limited liability	icted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/ company having or applying for a beer and/or liquor license for any other least in the for any corporation/
	company having or applying for a beer and/or liquor license for any other location in Wisconsin?
Yes No If so	o, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
	manufactured hability company(les) and municipality(les).
S applicant agent subject to	
o applicant agent subject to	completion of the responsible beverage server training course? Yes X No
How long immediately prior to	to making this application has the applicant agent resided continuously in Wisconsin? 42 years
Diagn of rocidence to t	spending agent resided continuously in Wisconsin? 42 years
race of residence last year	19 N. Doring of Rundom I doe WI 52075
	1614 N. Spring St Random Luke WI 53075
For:	Trustles of the Random Lake Fire Dept
	Trustles of the Random Lake Fire Dept (Name of Corporation / Organization / Limited Liability Company)
For: By:	Trustees of the Random Lake Fire Dept (Name of Corporation / Organization / Limited Etability Company) (Signature of Officer / Member (Manager)
For: By:	Trustees of the Random Lake Fire Dept (Name of Corporation / Organization / Limited Etability Company) (Signature of Officer / Member (Manager)
For: By:	Trustees of the Random Lake Fire Dept (Name of Corporation / Organization / Limited Etability Company) (Signature of Officer / Member (Manager)
For: By:	Truster of the Random Lake Fire Dept (Name of Corporation / Organization / Limited Liability Company) (Signature of Officer / Member / Manager) rovides materially false information in an application for a license may be required to forfeit not more than
For: By: Iny person who knowingly pr 1,000.	Truster of the Random Lake Fire Dept (Name of Corporation / Organization / Limited Liability Company) (Signature of Officer / Member / Manager) rovides materially false information in an application for a license may be required to forfeit not more than
For: By: any person who knowingly pr 1,000.	Truster of the Random Lake Fire Dept (Name of Corporation / Organization / Limited Liability Company) (Signature of Officer / Member / Manager) rovides materially false information in an application for a license may be required to forfeit not more than ACCEPTANCE BY AGENT
By: ny person who knowingly pr 1,000.	Truster of the Random Lake Fire Dept (Name of Corporation / Organization / Limited Liability Company) (Signature of Officer / Member / Manager) rovides materially false information in an application for a license may be required to forfeit not more than ACCEPTANCE BY AGENT
For: By: ny person who knowingly pr 1,000. Amy Suk	Trustes of the Pandom Lake Fire Dept (Name of Corporation / Organization / Limited Liability Company) (Signature of Officer / Member / Manager) rovides materially false information in an application for a license may be required to forfeit not more than ACCEPTANCE BY AGENT (Print / Type Agent's Name) hereby accept this appointment as agent for the
For: By: Iny person who knowingly proposed to the proposed t	Truster of the Pandom Lake Fire Dept (Name of Corporation / Organization / Limited Etability Company) (Signature of Officer / Member / Manager) rovides materially false information in an application for a license may be required to forfeit not more than ACCEPTANCE BY AGENT (Print / Type Agent's Name) The description of the license may be required to forfeit not more than the license may be requ
For: By: Iny person who knowingly proposed to the proposed formula in the pr	Trustees of the Pandom Lake Fire Dept (Name of Corporation / Organization / Limited Etability Company) (Signature of Officer / Member / Manager) rovides materially false information in an application for a license may be required to forfeit not more than ACCEPTANCE BY AGENT (Print / Type Agent's Name) The description of the license may be required to forfeit not more than the license may be req
For: By: ny person who knowingly produced to the second	Trustes of the Pandom Lake Fire Dept (Name of Corporation / Organization / Limited Etability Company) (Signature of Officer / Member / Manager) rovides materially false information in an application for a license may be required to forfeit not more than ACCEPTANCE BY AGENT (Print / Type Agent's Name) , hereby accept this appointment as agent for the
Processor who knowingly programs and the processor who knowingly programs are supported by the processor of the processor of the severages conducted on the severages conducted on the severages.	Trustees of the Pandom Lake Fire Dept (Name of Corporation / Organization / Limited Elability Company) (Signature of Officer / Member / Manager) rovides materially false information in an application for a license may be required to forfeit not more than ACCEPTANCE BY AGENT (Print / Type Agent's Name) ted liability company and assume full responsibility for the conduct of all business relative to alcohologoremises for the corporation/organization/limited liability company.
For: By: ny person who knowingly proporation/organization/limite everages conducted on the	Trustes of the Pandom Lake Fire Dept (Name of Corporation / Organization / Limited Etability Company) (Signature of Officer / Member / Manager) rovides materially false information in an application for a license may be required to forfeit not more than ACCEPTANCE BY AGENT (Print / Type Agent's Name) The description of the license may be required to forfeit not more than the license may be requ
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ny person who knowingly proporation/organization/limite	Trustees of the Pandom Lake Fire Dept (Name of Corporation / Organization / Limited Liability Company) (Signature of Officer / Member / Manager) rovides materially false information in an application for a license may be required to forfeit not more than ACCEPTANCE BY AGENT (Print / Type Agent's Name) ted liability company and assume full responsibility for the conduct of all business relative to alcohologoremises for the corporation/organization/limited liability company.
ny person who knowingly proporation/organization/limite	Trustes of the Pandom Are Fire Dept (Name of Corporation / Organization / Limited Liability Company) (Signature of Officer / Member / Manager) rovides materially false information in an application for a license may be required to forfeit not more than ACCEPTANCE BY AGENT (Print / Type Agent's Name) (red liability company and assume full responsibility for the conduct of all business relative to alcohol premises for the corporation/organization/limited liability company. 4 30 23 Agent's age 42 Agent's age 42 (Home Address of Agent) Date of birth 2 15 1981
ny person who knowingly proporation/organization/limite	Trustles of the Pandom ahe Fire Dept
ny person who knowingly proporation/organization/limite everages conducted on the	(Name of Corporation / Organization / Limited Liability Company) (Signature of Officer / Member / Manager) rovides materially false information in an application for a license may be required to forfeit not more than ACCEPTANCE BY AGENT (Print / Type Agent's Name) (Ided liability company and assume full responsibility for the conduct of all business relative to alcohol premises for the corporation/organization/limited liability company. (Print / Type Agent's Name) Agent's age 42 Agent's age 42 Agent's age Agent's age Approval Of Agent) Approval Of Agent By MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)
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ny person who knowingly proporation/organization/limite everages conducted on the sereby certify that I have che	(Name of Corporation / Organization / Limited Liability Company) (Signature of Officer / Member / Manager) rovides materially false information in an application for a license may be required to forfeit not more than ACCEPTANCE BY AGENT (Print / Type Agent's Name) ided liability company and assume full responsibility for the conduct of all business relative to alcohol premises for the corporation/organization/limited liability company. 430 23 Agent's age 42 LIH N. Sonna CH Ruman All WI (Home Address of Agent) APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)
progration/organization/limite everages conducted on the second cereby certify that I have che e character, record and reput	(Name of Corporation / Organization / Limited Liability Company) (Signature of Officer / Member / Manager) rovides materially false information in an application for a license may be required to forfeit not more than ACCEPTANCE BY AGENT (Print / Type Agent's Name) (the liability company and assume full responsibility for the conduct of all business relative to alcohol premises for the corporation/organization/limited liability company. 4 30 23 Agent's age 42 (Home Address of Agent) APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official) acked municipal and state criminal records. To the best of my knowledge, with the available information, utation are satisfactory and I have no objection to the agent appointed.
proved on	(Name of Corporation / Organization / Limited Liability Company) (Signature of Officer / Member / Manager) rovides materially false information in an application for a license may be required to forfeit not more than ACCEPTANCE BY AGENT (Print / Type Agent's Name) ACCEPTANCE BY AGENT (Print / Type Agent's Name) (Indicate of Agent) Agent's age Agent's age Agent's age Agent's age Approval Of Agent) APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official) acked municipal and state criminal records. To the best of my knowledge, with the available information, when the control of the cannot sign on objection to the agent appointed.
Enry person who knowingly program of the properties of the propert	(Name of Corporation / Organization / Limited Liability Company) (Signature of Officer / Member / Manager) rovides materially false information in an application for a license may be required to forfeit not more than ACCEPTANCE BY AGENT (Print / Type Agent's Name) (the liability company and assume full responsibility for the conduct of all business relative to alcohol premises for the corporation/organization/limited liability company. 4 30 23 Agent's age 42 (Home Address of Agent) APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official) acked municipal and state criminal records. To the best of my knowledge, with the available information, utation are satisfactory and I have no objection to the agent appointed.

Application for Cigarette and MUNICIPAL USE ONLY License Number **Tobacco Products Retail License** Period Covered Submit to municipal clerk. Applicant's Wisconsin 15-digit Sales Tax Account Number Date of Issuance ← This must be issued in the same 156-1030842319*-0*4 Legal Name of the licensee below. Federal Employer Identification No. (FEIN) Legal Name (corporation limited liability company, partnership or sole proprietorship) Trade or Business Name (if different than Legal Name) 920) 2261 Business Address (License Loca Business Located In Business Telephone City Zip Code State County 5 30° Mailing Address (if different Ollr Organization (check one) Sole Proprietor Wisconsin Corporation - Enter date incorporated: Out-of-State Corporation - Are you registered to do business in Wisconsin? Partnership No Cther (describe) X 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 Nο 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/dorforms/cto-129.pdf.) V 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? 4. Does the applicant understand that they must provide employees with tobacco sales training approved 'y' Yes 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 6. Does the applicant understand that they may not sell single cigarettes? Yes 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? 10 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 may be sold in Wisconsin? Cigarettes / Tobacco will be sold X 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

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 por-tion 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 MUNICIPAL USE ONLY License Number Tobacco Products Retail License Period Covered Submit to municipal clerk. Applicant's Wisconsin 15-digit Sales Tax Account Number Date of Issuance This must be issued in the same 456-1027453492-04 Legal Name of the licensee below. Legal Name (corporation, limited liability company, partnership or sole proprietorship) Federal Employer Identification No. (FEIN) BURMESCH VARIETY STORE 45-24252-52 Trade or Business Name (if different than Legal Name) Business Address (License Location) Business I ocated In Village City Town Zip Code State WI 53075 NDOM ng Address (if different than Business Address) BOX 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 LLC Other (describe) X 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? X 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/dorforms/ctp-129.pdf.) **X** Yes 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products No from another retailer, including transferring existing stock to a new owner? Yes 4. Does the applicant understand that they must provide employees with tobacco sales training approved No by the Wisconsin Department of Health Services? (https://witobaccocheck.org) X Yes 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)? **X** Yes 6. Does the applicant understand that they may not sell single cigarettes? **X** 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? X Yes 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on No the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at 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 por-tion 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

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(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

	ication f	MUNICIPAL USE ONLY License Number			
Toba	cco Pro	ducts Retail License			
5	Submit to	municipal clerk.	Period Covered		
Applicant'	's Wisconsin 15-c	digit Sales Tax Account Number	Date of Issuance		
THE PROPERTY OF STREET	00602957-03	← This must be issued in the same Legal Name of the licensee below.			
		nited liability company, partnership or sole proprietorship)	Federal Employer Identification No. (FEIN)		
	S MARKETING Business Name (i	42-1435913			
1	S GENERAL S	Telephone Number (920) 245-5253			
Business Address (License Location) 580 ORTH DRIVE Business Located in City Village Town			Business Telephone (515) 381-5109		
Municipali RANDO	M LAKE	State Zlp Code WI 53536 State Zlp Code of: RANDOM LAKE	County SHEBOYGAN		
		It than Business Address) Municipality NE SE CONVENIENCE BLVD ANKENY	State Zip Code IA 50021		
	ation (check o		[,,,]		
Sole	Proprietor	Wisconsin Corporation – Enter date incorporated:			
☐ Partr	nership	Out-of-State Corporation – Are you registered to do business	in Wisconsin? ✓ Yes ☐ No		
Othe	er (describe)				

√ Yes	☐ No	 Does the applicant understand that they must purchase cigare who hold a permit with the Wisconsin Department of Revenue? 	ttes only from distributors or jobbers		
✓ Yes	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/forms/excise/ctp-129.pdf.)				
√ Yes	☐ No	Does the applicant understand that they cannot purchase/exch from another retailer, including transferring existing stock to a re	nange cigarettes or tobacco products new owner?		
✓ Yes					
✓ Yes					
✓ Yes	☐ No	6. Does the applicant understand that they may not sell single cig	arettes?		
✓Yes	☐ No	7. Does the applicant understand that cigarette and tobacco pro- licensed premises for two years from the date of the invoice a Wisconsin Department of Revenue/law enforcement and that fa penalties, including loss of cigarettes/tobacco products?	nd be available for inspection by the		
✓ Yes	Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed of the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?				
Cigarette	es / Tobacco	will be sold vending ma	chine		
oeen trutl	hfully answer	BEFORE SIGNING: Under penalty provided by law, the applicant states red to the best of the knowledge of the applicant. Applicant agrees to oper sponsibilities conferred by the license(s), if granted, cannot be assigned to	rate this business according to law and		
Any lack s a misd	of access to emeanor and	any portion of a licensed premises during inspection will be deemed a red grounds for revocation of this license. Any person who knowingly provinguired to forfeit not more than \$1,000.	fusal to permit inspection. Such refusal		

Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual) DOUGLAS BEECH, ASSISTANT SECRETARY FOR CASEY'S MARKETING COMPANY