PERSONNEL AND LICENSE COMMITTEE MEETING AGENDA
TUESDAY JULY 21, 2020

A Personnel and License Committee Meeting is scheduled for Tuesday, JULY 21, 2020, at 4:45 p.m., or immediately following, the regular City of Marinette Board of Public Works meeting, whichever is later within the Common Council Chambers at Marinette City Hall, 1905 Hall Avenue.

1. Call the meeting to order.
2. Roll Call.
3. Consideration of Personnel and License Committee meeting minutes from June 16, 2020.
5. Consideration of Late Renewal Alcohol Beverage License Application for Cactus Bar for Class B fermented malt beverage and liquor.
6. Consideration of Sign Erector License for 2020
   • Quick Signs
7. Consideration of twenty-six (26) renewal Operator license applications.
8. Consideration of fourteen (14) new operator license applications.
9. Items for next agenda.
10. Adjournment.

Ken Keller, Personnel & License Committee Chairperson

A possible quorum of Common Council members may be present at this meeting.

Requests from individuals with disabilities who need special accommodations to participate in this meeting or hearing should be made to the City Clerk’s Office at 1-715-732-5140 with as much advance notice prior to the meeting as possible.

cc: Personnel & License Committee Members (with enclosures) City Attorney (with enclosures) Mayor (with enclosures), Council Members, Department Heads, EagleHerald, Peshtigo Times, Bay Cities Radio, City Hall Bulletin Board.
1. Committee Chairperson, Ken Keller, called the regular Personnel and License Committee Meeting to order at 05:02 PM in the Common Council Chambers at Marinette City Hall, 1905 Hall Ave.

2. Upon a call of the roll, it was determined, a quorum of Committee members were present and their attendance was documented as follows:
   Present: Alderpersons Keller, Kowalski, Skorik, Polzin & Anderson
   Absent: None
   Others present: Mayor Genisot, Executive Recreation Director Scray, Judge Nonpenberg & Amber Myszka

3. Approval of Personnel and License Committee meeting minutes.
   Alderpersons Skorik moved/Polzin seconded and all concurred, to approve, as published, the City of Marinette Personnel & License regular meeting minutes from May 19th, 2020.

4. Discussion and possible action regarding Recreation Superintendent and division head status.
   Mayor Genisot explained to the committee that the position will oversee employees and is clarifying how to place the position under the Organizational Table. He stated the Recreation Superintendent should be a Division Head not a Department Head. As a division Head the position would include one extra week vacation. Alderperson Kowalski moved/ Anderson seconded and all concurred to recommend the Common Council approve the status of the Recreation Superintendent in the Organizational Table as a division Head to include one extra week of vacation upon hiring.

5. Consideration of Temporary Class “B” fermented malt beverage license application from Marinette central Labor Council for Labor Day picnic being held on September 7, 2020 at City Park, 2301 Carney Ave.
   Alderperson Polzin moved/ Anderson seconded and all concurred to recommend the Common Council approve the Temporary Class “B” fermented malt beverage license to Marinette central Labor Council for Labor Day picnic being held on September 7, 2020 at City Park, 2301 Carney Ave.

6. Consideration of Ten (10) renewal operator license applications.
   Alderperson Polzin moved/ Kowalski seconded and all concurred to recommend the Common Council approve the ten renewal license for Stacey L. Bertrand, Heather J. Cross, Veronica J. Eller, Dori L. Mans, Renee S. McDermott, Carrie L. Peterson, Amanda M. Plouff, Brook M. Poquette, Kay M. Quever & Nicole M. Sauve.

7. Consideration of Eight (8) new operator license applications.
   Pursuant to Marinette Municipal Code § 9.0220, Personnel and License Committee Policy No. PLC - 1.0010 and Wis. Stat. § 125.17, Alderpersons Anderson moved/Skorik seconded and all concurred to recommend the Common Council conditionally grant operator licenses to the following Eight (8) new applicants: Spencer J. Adams, Stacey M. Lakard, Molly J. Niemi, Christine N. Diamond, Gary LG. Rietz, Judy M. Rodesch, Amanda R. Wenzel. Each aforementioned operator license applicant, recommended to have licenses granted for the current licensing period expiring 6/30/2022, shall be contingent upon each applicant providing documentation to City Clerk’s Office, prior to expiration date of their 60-day provisional operator license, confirming completion of a State of Wis. approved Responsible Beverage Server class.

8. Future discussion items for next agenda.
   None requested.

9. Adjourn
   Alderpersons Anderson moved/ Polzin seconded and all concurred to adjourn at 05:12 PM.

   Lana Bero, City Clerk

The next regular Personnel & License Committee meeting is scheduled for Tuesday 7/21/20 @ 04:45 PM, or immediately following the Board of Public Works meeting, whichever is later, within the Common Council Chambers @ Marinette City Hall, 1905 Hall Ave. Marinette.
CITY OF MARINETTE
ALCOHOL LICENSE PREMISES EXTENSION
APPLICATION

PLEASE FILL IN ALL BLANKS COMPLETELY, AS INCOMPLETE APPLICATIONS WILL BE REJECTED.

Please Check:

☐ Request for premises extension to sidewalk cafe
☐ Request for temporary (special event) premises extension
☐ Request for premises extension to permanent outdoor area
☐ Other request for premises extension

Application Checklist:

☑ Applicant must currently hold a valid alcohol license
☑ Applicant obtained a Temporary Use Permit or Conditional Use Permit from the Building and Zoning Department (for special events and permanent outdoor areas)
☑ Scaled diagram which accurately depicts the location of the premises extension. Such drawing shall include the access points, fencing (if applicable) and the location of where alcohol will be stored and/or served.
☑ Application Fee of $25.00 to amend an already approved licensed premises. This fee is charged to defray the cost of review and re-issuance of the license. This fee does NOT apply to premises extensions requested at the time of annual renewal of the license.

APPLICANT INFORMATION

Applicant Name: Brena Ostwaek
Establishment Name: R&B Saddle Saloon
Address: 719 Main St Novinave
Alcohol License No.: 22-20 Phone:
Describe area of premises extension:

Extended fenced in area

Extension of Premises Application Page 1 of 2

5/2013
SPECIAL EVENT INFORMATION (For Temporary Premises Extension Only)

Event Title: Mayhem on Main St

Date and Time of Event: August 14, 2020

Have you obtained a Temporary Use Permit (or Conditional Use Permit) from the Building and Zoning Department? Yes [ ] No [X]

Event Description:

[Blank space]

[Signature] Rome Oakman

[Date] 6/30/2020

SIGNATURE OF APPLICANT DATE

For Office Use Only

Date Filed with Clerk: 6/30/20
Total Amount: $25.00 Receipt No.: __________

Date Forwarded to Police Chief: 6/30/2020
Police Chief Signature: ________________ [Approved] [Denied]

Date Forwarded to Zoning Administrator: ___________ (for non-sidewalk café applications)
Zoning Administrator Signature: ________________ [Approved] [Denied]

Date of FLR/Council Approval: ____________

Copies Provided to: Police Chief
Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021

To the Governing Body of the: \( \square \) Town of \( \square \) Village of \( \checkmark \) City of MARINETTE

County of MARINETTE \( \square \) Aldermanic Dist. No. (if required by ordinance)

Check one: \( \square \) Individual \( \square \) Limited Liability Company \( \square \) Partnership \( \square \) Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

<table>
<thead>
<tr>
<th>Full Name (Last)</th>
<th>First Name (First)</th>
<th>Middle Name (Middle Name)</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
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</thead>
<tbody>
<tr>
<td>MAYE</td>
<td>ZACHARY</td>
<td>N</td>
<td>NY428 ST. HWY 180</td>
</tr>
</tbody>
</table>

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company: CACTUS BAR

Address of Corporation / Limited Liability Company (if different from licensed premises): 40 W. HOSMER ST.

Agent Last Name (First) (Middle Name): MAYE ZACHARY N

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

President / Member Last Name (First) (Middle Name): MAYE ZACHARY N

Vice President / Member Last Name (First) (Middle Name): N

Secretary / Member Last Name (First) (Middle Name): N

Treasurer / Member Last Name (First) (Middle Name): N

Directors / Managers Last Name (First) (Middle Name): N

C. Business Information

1. Trade Name: CACTUS BAR

2. Address of Premises: 40 W. HOSMER ST.

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, brewerries, and brewpubs? Yes \( \checkmark \) No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

BAR, JUICE ROOMS, J A-T BATHROOMS, COOLER.
5. Legal description (omit if street address is given on previous page):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3.  
   □ Yes □ No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3.
   □ Yes □ No

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

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.
   □ Yes □ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]
   □ Yes □ No

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

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?
    □ Yes □ No

12. Does the applicant owe municipal property taxes, assessments, or other fees? (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees.)
    □ Yes □ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)
MAE ZACHARY N.

Title / Member
OWNER / PRESIDENT

Date
6-17-20

Phone Number
715-423-8423

Email Address
2mae4780@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk
6/24/2020

Date reported to council / board

Date license granted

License number issued

Date license issued

Signature of Clerk / Deputy Clerk
M. Campbell
Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:
1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:
Indicate full name and home address of each partner. One partner must sign application. Reminder: If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:
One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:
One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

DISCRIMINATION CLAUSE – (City of Milwaukee only)
The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME ____________________________ STATUTE NO./LOCAL ORDINANCE ____________________________
   CHARGE ____________________________ WHERE CONVICTED ____________________________ □ MISDEMEANOR □ FELONY
   DATE ___________ PENALTY ____________________________
2. NAME ____________________________ STATUTE NO./LOCAL ORDINANCE ____________________________
   CHARGE ____________________________ WHERE CONVICTED ____________________________ □ MISDEMEANOR □ FELONY
   DATE ___________ PENALTY ____________________________
3. NAME ____________________________ STATUTE NO./LOCAL ORDINANCE ____________________________
   CHARGE ____________________________ WHERE CONVICTED ____________________________ □ MISDEMEANOR □ FELONY
   DATE ___________ PENALTY ____________________________

PENDING CHARGE

1. NAME ____________________________ STATUTE NO./LOCAL ORDINANCE ____________________________
   PENDING CHARGE ____________________________
   DATE ____________________________

AT-115 (R. 5-19)
ANNUAL SIGN ERECTOR LICENSE APPLICATION

- Complete application, sign, and date.
- Make check or money order payable to the City of Marinette.
- Mail application, certificate of insurance, and check to the above address. (All these items must be included for your application to be processed.)
- This application is for the licensing period of January 1, 2020 through December 31, 2020.

The listed applicant hereby applies to the City of Marinette for a license to engage in the business of installing, erecting, constructing, replacing, renovating, or removing signs within the City of Marinette.

The applicant certifies a Certificate of Liability Insurance has been filed with the City Clerk of Marinette as required by Marinette Municipal Code § 13.3500.

<table>
<thead>
<tr>
<th>PLEASE TYPE OR PRINT</th>
<th>FEE: $175.00</th>
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<tr>
<td>Name of Business</td>
<td>Quick Signs</td>
</tr>
<tr>
<td>Contact Person</td>
<td>Mark Bergstrom</td>
</tr>
<tr>
<td>Phone Number</td>
<td>(920) 494-4226</td>
</tr>
<tr>
<td>Street Address</td>
<td>525 S. Military Ave.</td>
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<tr>
<td>PO Box Number</td>
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<tr>
<td>City/State/Zip</td>
<td>Green Bay, WI 54303</td>
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<td>Name of Insurance Company</td>
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<td>(920) 347-9115</td>
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<tr>
<td>Signature of Owner of Agency Representative</td>
<td>X</td>
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<tr>
<td>Title</td>
<td>Owner 6-18-20</td>
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1. **Purpose.** It is the responsibility of the Personnel & License Committee to screen applicants for alcohol beverage operator licenses within the City of Marinette under the licensing authority granted by Chapter 125 of the Wisconsin Statutes. The Committee has the duty to the citizens of the City of Marinette and the potential employers of the licensees to ensure that reputable individuals are allowed the privilege of selling alcohol beverages, tending bar, or staffing a retail liquor establishment. If habitual offenders are allowed to serve alcoholic beverages, they are placed in a unique position to possibly embezzle funds from their employers, sell drugs, or deal in stolen property with the public. Furthermore, since licensees must act in cooperation with law enforcement to enforce the alcohol beverage laws and drunk driving laws, individuals with a past history of negative or uncooperative contacts with police agencies should be scrutinized. Finally, license applicants should not be subject to discrimination based on a prior arrest or conviction records, pursuant to Wis. Stat. § 111.335, unless said arrest or conviction record substantially relates to the circumstances of the licensed activity. It is with these goals in mind that the review/approval guidelines flowchart is adopted.

2. **Adoption.** The Committee adopts the operator license application flowchart on the backside of this document to determine which applications are eligible for issuance of an alcohol beverage operator license, allowing such applicant to sell alcoholic beverages within the City of Marinette. The Committee retains broad discretionary authority in this area. However, if a decision is made to deny a license, the Committee is required to provide that applicant with a written reason for the denial. The flowchart is adopted to meet that requirement.

3. **Broad Discretion Retained.** The Committee retains broad discretion towards the consideration of each application on an individual basis. Deviation from the guidelines listed on the flowchart may be allowed if the applicant documents mitigating circumstances in writing. A copy of these guidelines shall be provided to each applicant.

4. **Falsification.** Any applicant who materially falsifies an application for an alcohol beverage operator license will not be eligible to re-apply for a license for a period of six (6) months from the date of denial of such application. The Committee may waive the provisions of this paragraph, allowing the applicant to submit a corrected application, and grant a license, if it appears to the Committee that any falsifications on the application were the result of inadvertence, excusable neglect, or mistake.

5. **Construction.** All time limits on the flow chart shall be calculated based upon the date of the application/submission to the City Clerk; and the date of conviction, if any. "Date of conviction" means the date of adjudication of guilt by the judicial body having jurisdiction thereof. Notwithstanding any other language in these guidelines, "conviction" shall include a known conviction of any federal, state, or local law. When two or more convictions are required to disqualify an applicant from holding a license, each conviction shall count separately even though the multiple convictions might have originated from the same course of conduct. When such a situation arises, the Committee retains broad discretion to consider the matter on a case-by-case basis.
1. Is there a felony drug conviction?
   - NO

2. Is there a felony conviction involving crimes against children?
   - YES

3. Are there any convictions for offenses that resulted in the incarceration of the individual in the Wisconsin State Prison System, county jail or other State or Federal correctional institution within the last 5 years in any of the following subcategories?
   a. Violent crimes against another including but not limited to homicide; aggravated battery; sexual assault; injury by negligent use of a weapon; injury by negligent use of a vehicle or injury by intoxicated use of a vehicle.
   b. Crimes involving cooperation with law enforcement officials including but not limited to any offense of false alarms, obstructing a police officer; resisting arrest; bribery of public officers or employees; misconduct in public office; perjury; false swearing; assault by prisoner; escape from custody; bail jumping or bomb threats.
   c. Crimes involving dishonesty; theft; misappropriation of funds; any felony, misdemeanor or ordinance violation for burglary; illegal entry into a locked vehicle; theft; fraud on hotel or restaurant keeper; issuance of bad checks; receiving or transferring stolen property; loan sharking; robbery; forgery and retail theft.
   - NO

4. Are there two (2) or more convictions related to offenses pertaining to the misuse (personal consumption) of alcoholic beverages and/or other drugs covered under State of Wis. Stat., local ordinances in conformity therewith, or similar law from a foreign jurisdiction within the last 5 years?

5. Did applicant materially falsify their license application?
   - NO

6. Does applicant owe any unpaid debts to City?

7. Are there two (2) or more convictions within 12 months of each other for any other violation covered under Chapter 125, Wis. Stat., local ordinances enacted in conformity therewith, or similar law from a foreign jurisdiction pertaining to the furnishing of alcoholic beverages to underage persons restricted, allowing underage or other restricted persons on licensed premises, or sale or furnishing alcohol to an intoxicated person?
   - NO

License may be granted or renewed.
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, [2022] subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Megan L. Bohn 906.792.8472
   FIRST NAME    MIDDLE INITIAL    LAST NAME    HOME PHONE

2. Address: 916 ½ N. Raymond St, Marinette, WI 54143
   NUMBER    STREET OR ROAD    VILLAGE/TOWN/CITY    STATE    ZIP

3. Birth Date: 

4. Is your application new ( ) or; renewal (X) If renewed within the past 2 years, where was license obtained? 

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? (X) YES --- If yes, indicate where? online ( ) NO
   If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. Megan Bohn
   Signature of Applicant 06/08/2020
   Today’s Date

Office use only below this line

Megan L. Bohn, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator’s license; that all statements made by the applicant are true. Subscribed and sworn to before me this 8th day of July, 2020.

Notary Public, Marinette County, Wis.
Melinda M. Campbell
Notary Signature
{STATE OF WISCONSIN, Marinette County}

Provisional License # 64-2020
Two-Year License # -20
YEAR

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.
### Summary for Bohn, Megan L

City of Marinette  
1905 Hall Avenue  
Marinette, WI 54143-1716  
Phone number: 715-732-5125

<table>
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<th>Court Date</th>
<th>Adj. Date</th>
<th>Ruling</th>
<th>S</th>
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<th>D Citation</th>
<th>Charge/ Amended Charge</th>
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<td>T9736300</td>
<td>OPERATE W/O VALID LICENSE</td>
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<td>($124.00)</td>
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City of Marinette  
($124.00)  
$124.00  
$0.00

Grand Total:  
($124.00)  
$124.00  
$0.00
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS
To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2020, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Candace M Cummings 715-587-7843
   FIRST NAME          MIDDLE INITIAL          LAST NAME          HOME PHONE

2. Address: 102 Blaine St., Marinette, WI 54143
   NUMBER          STREET OR ROAD          VILLAGE/TOWN/CITY          STATE          ZIP

3. Birth Date: ____________

4. Is your application new ( ) or; renewal ( ) If renewed within the past 2 years, where was license obtained? Marquette

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? (X) YES — If yes, indicate where? ________________ ( ) NO
   If no, have you registered for the class ( ) YES ( ) NO — If no, you are not eligible to be licensed at this time.

6. Signature of Applicant: Candace Cummings
   Date: 7/6/20

Office use only below this line

Candace Cummings, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator’s license; that all statements made by the applicant are true. Subscribed and sworn to before me this 6 day of July, 2020.

Notary Public, Marinette County, Wis. Melinda M. Campbell
Notary Signature {STATE OF WISCONSIN, Marinette County}

Provisional License # 06 20 20
Two-Year License # 20 20

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.

Rev. 07/01/13 14/65
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2020, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Nathan P. Djupstrom 715-923-5674
   FIRST NAME MIDDLE INITIAL LAST NAME HOME PHONE

2. Address: 1805 16th Ave Menominee WI 49858
   NUMBER STREET OR ROAD VILLAGE/TOWN/CITY STATE ZIP

3. Birth Date:

4. Is your application new ( ) or; renewal (X) if renewed within the past 2 years, where was license obtained? YES☐ NO☐

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? (X) YES --- If yes, indicate where? ONLINE NO☐
   If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. Signature of Applicant:
   Nathan Djupstrom / 7/6/20

Office use only below this line

Nathan Djupstrom being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true. Subscribed and sworn to before me this 6th day of July, 2020.

Notary Public, Marinette County, Wis
Melinda M. Campbell
Notary Signature
{STATE OF WISCONSIN, Marinette County}

Provisional License # 58 - 2020
Two - Year License # 20

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2022, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Shari M. Eatherton 715-587-2748
   FIRST NAME MIDDLE INITIAL LAST NAME HOME PHONE

2. Address: 800 Canvey Blvd #2 Marinette WI 54143
   NUMBER STREET OR ROAD VILLAGE/TOWN/CITY STATE ZIP

3. Birth Date: __________

4. Is your application new ( ) or; renewal ( ) If renewed within the past 2 years, where was license obtained? City of Marinette

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? ( ) YES --- If yes, indicate where? online ( ) NO
   If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. Shari Eatherton
   Signature of Applicant 7/10/2020
   Today's Date

Office use only below this line

Shari Eatherton, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true. Subscribed and sworn to before me this 10 day of July, 2020.

Notary Public, Marinette County, Wis.

Melinda M. Campbell
Notary Signature
{STATE OF WISCONSIN, Marinette County}

Provisional License # CE-2020
Two - Year License # -20 YEAR

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.
<table>
<thead>
<tr>
<th>Court Date</th>
<th>Adj. Date</th>
<th>Ruling</th>
<th>S</th>
<th>W</th>
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<th>D</th>
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**City of Marinette**

City of Marinette

Grand Total: $(1,142.00)  $1,142.00  $0.00
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS
To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2022, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Denise S. Fendon 715-932-2323
   FIRST NAME MIDDLE INITIAL LAST NAME HOME PHONE

2. Address: 151 Chicago At Apt3 Ribke 54157
   NUMBER STREET OR ROAD VILLAGE/TOWN/CITY STATE ZIP

3. Birth Date: 1/16/1970

4. Is your application new ( ) or; renewal ( ) if renewed within the past 2 years, where was license obtained? Marinette

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? ( ) YES --- If yes, indicate where? Online 8/10/2012 ( ) NO

If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. Signature of Applicant

Office use only below this line

Denise Fendon, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator’s license; that all statements made by the applicant are true. Subscribed and sworn to before me this 1 day of July, 2020.

Mary V. Bruns
Notary Public, Marinette County, Wis.

Provisional License # 4/8-2020
Two - Year License # -20
YEAR

STATE OF WISCONSIN, Marinette County

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2020, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Kirstyn A. Folger 715-587-3604
   FIRST NAME  MIDDLE INITIAL  LAST NAME  HOME PHONE

2. Address: W11657 Steven Ln  Marinette, WI 54143
   NUMBER  STREET OR ROAD  VILLAGE/TOWN/CITY  STATE  ZIP

3. Birth Date: ______________________

4. Is your application new ( ) or renewal (X) If renewed within the past 2 years, where was license obtained? Marinette

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? (X) YES — If yes, indicate where? ONLINE ( ) NO
   If no, have you registered for the class ( ) YES ( ) NO — If no, you are not eligible to be licensed at this time.

6. Signature of Applicant: ______________________
   Today’s Date: 7-1-2020

Office use only below this line

Kirstyn A. Folger, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator’s license; that all statements made by the applicant are true. Subscribed and sworn to before me this 1 day of July, 2020.

Notary Public, Marinette County, Wis.

Notary Signature
{STATE OF WISCONSIN, Marinette County}

Provisional License # 53-2020
Two - Year License # 53-2020 -20

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.

Rev. 07/01/13
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS
To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2022, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Jackie R. Grenfell 715-587-4057
   FIRST NAME MIDDLE INITIAL LAST NAME HOME PHONE

2. Address: W2522 Pleasant Farm Rd., Peshtigo, WI 54157
   NUMBER STREET OR ROAD VILLAGE/TOWN/CITY STATE ZIP

3. Birth Date:

4. Is your application new ( ) or; renewal ( ) If renewed within the past 2 years, where was license obtained?

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? ( ) YES --- If yes, indicate where? ( ) NO
   If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. Signature of Applicant
   Jackie Grenfell
   1/7/2020
   Today’s Date

Office use only below this line

Jackie R. Grenfell, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator’s license; that all statements made by the applicant are true. Subscribed and sworn to before me this 16th day of July, 2020.

Notary Public, Marinette County, Wis.
Melinda M. Campbell
Notary Signature
{STATE OF WISCONSIN, Marinette County}

Provisional License # 59-2020
Two - Year License # -20 YEAR

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.

Rev. 07/01/13
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2022, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Glorinya O Geinsteiner 715-938-0892
   FIRST NAME MIDDLE INITIAL LAST NAME HOME PHONE

2. Address: 390 E. Front Street Peshtigo W1 54157
   NUMBER STREET OR ROAD VILLAGE/TOWN/CITY STATE ZIP

3. Birth Date:

4. Is your application new ( ) or; renewal (X) if renewed within the past 2 years, where was license obtained?

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? (X) YES --- If yes, indicate where: _________. ( ) NO

   If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. Signature of Applicant: Glorinya Geinsteiner 1 07/08/2020

Office use only below this line

Glorinya O. Geinsteiner, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator’s license; that all statements made by the applicant are true. Subscribed and sworn to before me this 8th day of July 2020.

Notary Public, Marinette County, Wis.
Mary V. Beulah
Notary Signature
(CITY OF WISCONSIN, Marinette County)

Provisional License # 63-2020
Two-Year License # -20 YEAR

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2022, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Renee m. Heinz (715) 235-7698
   FIRST NAME   MIDDLE INITIAL   LAST NAME   HOME PHONE

2. Address: 1001 Forest St, Marinette, WI 54143
   NUMBER   STREET OR ROAD   VILLAGE/TOWN/CITY   STATE   ZIP

3. Birth Date: 

4. Is your application new ( ) or; renewal (X) If renewed within the past 2 years, where was license obtained? Marinette

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? (X) YES --- If yes, indicate where? Madison.
   ( ) NO

If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. Signature of Applicant: Renee M. Heinz
   Today's Date: 6-11-20

Office use only below this line

Renee M. Heinz being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator’s license; that all statements made by the applicant are true. Subscribed and sworn to before me this 11. day of June, 2020.

Notary Public, Marinette County, Wis.
Melinda M. Campbell
Notary Signature
{STATE OF WISCONSIN, Marinette County}

Provisional License # 29 - 20
Two - Year License # 20

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.

Rev. 07/01/13 22/65
<table>
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<th>Adj. Date</th>
<th>Ruling</th>
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<td>($10.00)</td>
<td>$10.00</td>
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**City of Marinette**

|                      |                      |        |                 |                                                 |       | ($10.00) | $10.00   | $0.00   |

**Grand Total:**

|                      |                      |        |                 |                                                 |       | ($10.00) | $10.00   | $0.00   |
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS
To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, _______ subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Denise  Kaye Klein  715-330-8715
   FIRST NAME    MIDDLE INITIAL    LAST NAME    HOME PHONE

2. Address: 1508 Garfield Ave  Marinette  WI  54143
   NUMBER  STREET OR ROAD  VILLAGE/TOWN/CITY  STATE  ZIP

3. Birth Date: ____________

4. Is your application new ( ) or; renewal ( ) If renewed within the past 2 years, where was license obtained? Marinette WI

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? ( ) YES --- If yes, indicate where? Marinette WI ( ) NO
   If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. Signature of Applicant: Denise Klein  10/01/2020
   Today's Date

Office use only below this line

Denise Klein, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true. Subscribed and sworn to before me this 1. day of July, 2020

Notary Public, Marinette County, WIs.

Provisional License # 12-2020
Two - Year License # 20

Notary Signature
{STATE OF WISCONSIN, Marinette County}

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.

Rev. 07/01/13

24/65
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City of Marinette

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Grand Total: ($856.00) $856.00 $0.00
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2022, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Elizabeth J. Kuppin (906) 311-0758
   FIRST NAME  MIDDLE INITIAL  LAST NAME  HOME PHONE

2. Address: 762 Morgan St, Marinette, WI 84143
   NUMBER  STREET OR ROAD  VILLAGE/TOWN/CITY  STATE  ZIP

3. Birth Date:

4. Is your application new ( ) or; renewal (X) If renewed within the past 2 years, where was license obtained? Bob's Bar/Conky's

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? (X) YES --- If yes, indicate where? [ ] NO
   If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. [Elizabette Kuppin] 06/29/2020
   Signature of Applicant  Today's Date

Office use only below this line

[Elizabeth J. Kuppin], being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true. Subscribed and sworn to before me this 29 day of June, 2020.

Notary Public, Marinette County, Wis.
Melinda M. Campbell
Notary Signature
{STATE OF WISCONSIN, Marinette County}

Provisional License # 33 20
Two - Year License # -20
YEAR

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.

Rev. 07/01/13

26/65
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2022, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Ashley R. Labresh 715-587-8936
   FIRST NAME    MIDDLE INITIAL    LAST NAME    HOME PHONE

2. Address: 818 Elizabeth Ave, Marinette, WI 54143
   NUMBER    STREET OR ROAD    VILLAGE/TOWN/CITY    STATE    ZIP

3. Birth Date: 

4. Is your application new (X) or; renewal ( ) If renewed within the past 2 years, where was license obtained?

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? (X) YES --- If yes, indicate where? Online ( ) NO
   If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. Ashley R. Labresh 1/1/20
   Signature of Applicant    Today's Date

Office use only below this line

Ashley R. Labresh, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator’s license; that all statements made by the applicant are true. Subscribed and sworn to before me this 1st day of July, 2020.

Mary Brandt
Notary Public, Marinette County, Wis.
Notary Signature
{STATE OF WISCONSIN, Marinette County}

Provisional License # 45-2020
Two-Year License # 20 YEAR

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2022, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: 
   FIRST NAME: Sarah J. 
   MIDDLE INITIAL: LUKOWSKI 
   LAST NAME: 
   HOME PHONE: 715-238-0824

2. Address: 
   NUMBER: 3400 
   STREET OR ROAD: 10TH STREET 
   VILLAGE/TOWN/CITY: LA CROSSE 
   STATE: WI 
   ZIP: 54848

3. Birth Date: [ ]

4. Is your application new ( ) or renewal ( )? If renewed within the past 2 years, where was license obtained? ( ) City of Marinette

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? ( ) YES — If yes, indicate where? [ ] on file ( ) NO

If no, have you registered for the class ( ) YES ( ) NO. If no, you are not eligible to be licensed at this time.

6. Signature of Applicant: [Signature] 
   Today's Date: 7-1-20

Office use only below this line

Sarah J. Lukowski, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true. Subscribed and sworn to before me this 7th day of July, 2020.

Notary Public, Marinette County, Wis.

Provisional License # 54 - 2020

Notary Signature 

STATE OF WISCONSIN, Marinette County

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.

Rev. 07/01/13 28/65
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, [2022], subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: [NAME: HOWARD M MAYER] [PHONE NUMBER: 715-330-9041]

2. Address: [ADDRESS: N 3046 S. MAIN ST. MARINETTE, WI 54147]

3. Birth Date: [DATE]

4. Is your application new ( ) or renewal ( )? If renewed within the past 2 years, where was license obtained? [MARINETTE]

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? ( ) YES — If yes, indicate where? [MARINETTE] ( ) NO

If no, have you registered for the class ( ) YES ( ) NO — If no, you are not eligible to be licensed at this time.

6. [SIGNATURE: [DATE: 7/12/2020]]

Office use only below this line

[NAME: HOWARD MAYER] being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true. Subscribed and sworn to before me this [21] day of [JULY] 2020.

Notary Public, Marinette County, Wis.
[NAME: MELINDA M. CAMPBELL] Notary Signature

{STATE OF WISCONSIN, Marinette County}

Provisional License # 56 - 2020
Two - Year License # [YEAR]

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.

Rev. 07/01/13
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, ___2023___ subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Amber D. Miller 715-587-4433
   FIRST NAME MIDDLE INITIAL LAST NAME HOME PHONE

2. Address: 1008 Carney Blvd, Marinette, WI 54143
   NUMBER STREET OR ROAD VILLAGE/TOWN/CITY STATE ZIP

3. Birth Date:

4. Is your application new ( ) or; renewal (x) If renewed within the past 2 years, where was license obtained? Marinette

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? (x) YES --- If yes, indicate where? NWTC ( ) NO
   If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. Signature of Applicant: Amber D. Miller
   Today's Date: 17/1/2020

Office use only below this line

Amber D. Miller, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator’s license; that all statements made by the applicant are true. Subscribed and sworn to before me this 1 day of July, 2020.

Notary Public, Marinette County, Wis.

Mary D. Boudela
Notary Signature
{STATE OF WISCONSIN, Marinette County}

Provisional License #50 - 2020
Two - Year License # -20

YEAR

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.

Rev. 07/01/13

31/65
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: [Eve H Pesola]
   FIRST NAME MIDDLE INITIAL LAST NAME HOME PHONE

2. Address: [104 10th Ave Apt 22 Menominee MI 49858]
   NUMBER STREET OR ROAD VILLAGE/TOWN/CITY STATE ZIP

3. Birth Date: [ ]

4. Is your application new ( ) or renewal (X) if renewed within the past 2 years, where was license obtained? [Wisconsin]

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? (X) YES --- If yes, indicate where? [online] ( ) NO
   If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. [Eve H. Pesola]
   Signature of Applicant  [June 1, 2020]
   Today’s Date

Office use only below this line

[Eve H. Pesola] being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator’s license; that all statements made by the applicant are true. Subscribed and sworn to before me this [11] day of [June] 2020.

Notary Public, Marinette County, Wis.  [Melinda M. Campbell]
Notary Signature  {STATE OF WISCONSIN, Marinette County}

Provisional License # [30] - [20]
Two - Year License # [20]

YEAR

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2020, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Chelsie S. Pfeiff
   FIRST NAME   MIDDLE INITIAL   LAST NAME   HOME PHONE
   1e19 1e21434

2. Address: 1002 Daggett St. Marinette WI 54143
   NUMBER   STREET OR ROAD   VILLAGE/TOWN/CITY   STATE   ZIP

3. Birth Date:

4. Is your application new ( ) or; renewal (X) If renewed within the past 2 years, where was license obtained?:
   Marinette

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? (X) YES — If yes, indicate where? Online ( ) NO
   If no, have you registered for the class ( ) YES ( ) NO — If no, you are not eligible to be licensed at this time.

6. Signature of Applicant: Date: 7/11/2020

Office use only below this line

Chelsie S. Pfeiff, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator’s license; that all statements made by the applicant are true. Subscribed and sworn to before me this 7. day of July, 2020.

Notary Public, Marinette County, Wis.

Provisional License # 52 - 2020
Two - Year License # -20

STATE OF WISCONSIN, Marinette County}

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.

Rev. 07/01/13
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30th, 2022 subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Andrea J Raygo 906-792-9149
   
   FIRST NAME     MIDDLE INITIAL     LAST NAME     HOME PHONE

2. Address: 1512 29th Avenue Manominee MT 49858
   
   NUMBER     STREET OR ROAD     VILLAGE/TOWN/CITY     STATE     ZIP

3. Birth Date: 

4. Is your application new ( ) or; renewal ( ) If renewed within the past 2 years, where was license obtained? Marquette

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? ( ) YES -- If yes, indicate where? 2018, online ( ) NO If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. Andrea J Raygo 1/1/2020
   
   Signature of Applicant     Today's Date

Office use only below this line

Andrea J. Raygo, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true. Subscribed and sworn to before me this 1 day of July, 2020.

[Signature]
Notary Public, Marinette County, Wis.

Provisional License # 51 - 2020

Two - Year License # -20

STATE OF WISCONSIN, Marinette County)

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.

Rev. 07/01/13
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2022, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Timothy J Rogers (920) 265-7522
   FIRST NAME           MIDDLE INITIAL           LAST NAME           HOME PHONE

2. Address: 1713 Duclid Ave, #201 City Marinet Wi 54143
   NUMBER       STREET OR ROAD       VILLAGE/TOWN/CITY      STATE       ZIP

3. Birth Date: __________

4. Is your application new ( ) or; renewal (X) If renewed within the past 2 years, where was license obtained? Marinette

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? (X) YES — If yes, indicate where? Learn2serve
   ( ) NO
   If no, have you registered for the class ( ) YES ( ) NO — If no, you are not eligible to be licensed at this time.

6. Signature of Applicant: ___________________________  Today’s Date: 17/9/20

Office use only below this line

Timothy J Rogers, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator’s license; that all statements made by the applicant are true. Subscribed and sworn to before me this 4 day of July 2020.

Notary Public, Marinette County, Wis.
Melinda M. Campbell
Notary Signature
{STATE OF WISCONSIN, Marinette County}

Provisional License # 16-2020
Two - Year License # 20
YEAR

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to 
June 30 [2027] subject to the limitations imposed by applicable sections of Chapter 125 of the 
Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, 
ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or 
omission of a material fact may result in denial or revocation.

1. Applicant name: Suzanne R. Ruback
   FIRST NAME MIDDLE INITIAL LAST NAME HOME PHONE
   906-906-9602

2. Address: N1499 Keller Rd Marinette WI 54143
   NUMBER STREET OR ROAD VILLAGE/TOWN/CITY STATE ZIP

3. Birth Date: [4/1]

4. Is your application new ( ) or renewal ( ) If renewed within the past 2 years, where was license 
   obtained? [Marinette]

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage 
   server course? ( ) YES --- If yes, indicate where? [NUTC] ( ) NO
   If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at 
   this time.

6. [Signature of Applicant] [7/2/20]

Office use only below this line

[Suzanne Ruback] being first duly sworn on oath says that they are 
the person who made and signed the foregoing application for an operator’s license; that all statements made 
by the applicant are true. Subscribed and sworn to before me this 23rd day of July, 2020.

Notary Public, Marinette County, Wis.
[Melinda M. Campbell]
Notary Signature
{STATE OF WISCONSIN, Marinette County}

Provisional License # 59 - 2020
Two - Year License # 2020

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.

Rev. 07/01/13

36/65
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS
To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2022, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Kristi L. Thoreson 755075033
   FIRST NAME MIDDLE INITIAL LAST NAME HOME PHONE

2. Address: 537 Church St Wausau Re Wl 54417
   NUMBER STREET OR ROAD VILLAGE/TOWN/CITY STATE ZIP

3. Birth Date:

4. Is your application new ( ) or; renewal ( ) if renewed within the past 2 years, where was license obtained? Wisconsin ( )

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? ( ) YES --- If yes, indicate where? Online ( ) NO
If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. Signature of Applicant / Today's Date

Office use only below this line

being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true. Subscribed and sworn to before me this 6 day of July 2020.

Melinda M. Campbell
Notary Public, Marinette County, Wis.
Notary Signature
(STATE OF WISCONSIN, Marinette County)

Provisional License # 59 - 2020
Two - Year License # -20
YEAR

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2020, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Jean E Toddy, 715.928.3193
   FIRST NAME MIDDLE INITIAL LAST NAME HOME PHONE

2. Address: N262 Shadow Ln, POORFIELD, WI 54159
   NUMBER STREET OR ROAD VILLAGE/TOWN/CITY STATE ZIP

3. Birth Date: ____________

4. Is your application new ( ) or renewal (X) if renewed within the past 2 years, where was license obtained? ____________

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? (X) YES --- If yes, indicate where? ____________ ( ) NO
   If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. Signature of Applicant: Jean E Toddy, 7/1/2020
   Today’s Date

Office use only below this line

Jean Toddy, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true. Subscribed and sworn to before me this ____________ day of _______________ 20 ____________.

Notary Public, Marinette County, Wis.

Notary Signature

{STATE OF WISCONSIN, Marinette County}

Provisional License # 31 - 20
Two - Year License # -20

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.

Rev. 07/01/13

38/65
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2020, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Travis J. Walk 715-938-6622
   FIRST NAME MIDDLE INITIAL LAST NAME HOME PHONE

2. Address: 608 Baxter St, Marinette, WI 54143
   NUMBER STREET OR ROAD VILLAGE/TOWN/CITY STATE ZIP

3. Birth Date:

4. Is your application new ( ) or; renewal (X) If renewed within the past 2 years, where was license obtained? Marinette, WI

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? (X) YES --- If yes, indicate where? [ ] online ( ) NO
   If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. Signature of Applicant / 07/01/2020
   Today's Date

Office use only below this line

Travis J. Walk, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true. Subscribed and sworn to before me this 1. day of July, 2020.

Notary Public, Marinette County, Wis.

Mary V. Brandl
Notary Signature
(STATE OF WISCONSIN, Marinette County)

Provisional License # 49 - 2020
Two-Year License # 20

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.
## Summary for Walk, Travis J

### City of Marinette
1905 Hall Avenue  
Marinette, WI 54143-1716  
Phone number: 715-732-5125

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**City of Marinette**  
($197.60)  
$197.60  
$0.00

**Grand Total**:  
($197.60)  
$197.60  
$0.00
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS
To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2020, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: STACEY L WANGERIN 9623440384
   FIRST NAME MIDDLE INITIAL LAST NAME HOME PHONE

2. Address: 1308 34TH AVE MENOMINEE MI 49808
   NUMBER STREET OR ROAD VILLAGE/TOWN/CITY STATE ZIP

3. Birth Date:

4. Is your application new ( ) or; renewal (X) If renewed within the past 2 years, where was license obtained? online

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? ( ) YES --- If yes, indicate where? ( ) NO
   If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. Signature of Applicant [Signature]
   Today’s Date 1/7/20

Office use only below this line

Stacey L. Wangerin, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator’s license; that all statements made by the applicant are true. Subscribed and sworn to before me this 1st day of July, 2020.

Notary Public, Marinette County, Wis.
Mary V. Baudeanc
Notary Signature
(STATE OF WISCONSIN, Marinette County)

Provisional License # 46-2020
Two - Year License # -20
YEAR

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.

Rev. 07/01/13 41/65
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS
To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2022, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Brittany A. Williams
   FIRST NAME MIDDLE INITIAL LAST NAME
   HOME PHONE: 920-396-9606

2. Address: 2430 Mary St. Lot 31
   NUMBER STREET OR ROAD VILLAGE/TOWN/CITY
   STATE: WI.
   ZIP: 54443

3. Birth Date: __________

4. Is your application new ( ) or; renewal ( ) If renewed within the past 2 years, where was license obtained? __________

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? ( ) YES -- If yes, indicate where? Online Course. ( ) NO

   If no, have you registered for the class ( ) YES ( ) NO -- If no, you are not eligible to be licensed at this time.

6. Signature of Applicant: __________
   Today's Date: 10/16/2020

Office use only below this line

Brittany A. Williams being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true. Subscribed and sworn to before me this 16th day of June, 2020.

Melinda M. Campbell
Notary Public, Marinette County, Wis.
Notary Signature
{STATE OF WISCONSIN, Marinette County}

Provisional License # 32-20
Two - Year License # 20
YEAR

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.

Rev. 07/01/13

42/65
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2023, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Stacy L. Zelm 906-863-3674
   FIRST NAME MIDDLE INITIAL LAST NAME HOME PHONE

2. Address: N9968 T-1 Drive Wallace MI 49893
   NUMBER STREET OR ROAD VILLAGE/TOWN/CITY STATE ZIP

3. Birth Date:

4. Is your application new ( ) or; renewal ( ) If renewed within the past 2 years, where was license obtained? Marinette WI

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? ( ) YES --- If yes, indicate where? On-line Wisconsin ( ) NO
   If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. Signature of Applicant 7-2-20
   Stacy Zelm

Office use only below this line

Stacy L. Zelm, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true. Subscribed and sworn to before me this 22nd day of July 2020.

Notary Public, Marinette County, Wis. Melinda M. Campbell Provisional License # 55-2020
Notary Signature Two - Year License # 2020 YEAR

{STATE OF WISCONSIN, Marinette County}
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<td>N5554</td>
<td>ELM DR</td>
<td>MARINETTE</td>
<td>WI</td>
<td>54143</td>
<td>9206640997</td>
<td>6/30/2022</td>
<td>NEW</td>
</tr>
<tr>
<td>43-20</td>
<td>6/25/2020</td>
<td>PETERSON</td>
<td>CRYSTAL</td>
<td>L</td>
<td></td>
<td>411</td>
<td>CARNEY BLVD</td>
<td>MARINETTE</td>
<td>WI</td>
<td>54143</td>
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<tr>
<td>65-20</td>
<td>7/8/2020</td>
<td>PREDL</td>
<td>KATHY</td>
<td>L</td>
<td></td>
<td>135</td>
<td>W RUSSEL ST</td>
<td>MARINETTE</td>
<td>WI</td>
<td>54143</td>
<td>9202479365</td>
<td>6/30/2022</td>
<td>NEW</td>
</tr>
<tr>
<td>36-20</td>
<td>6/12/2020</td>
<td>RUTGER</td>
<td>MELINDA</td>
<td>K</td>
<td></td>
<td>N1514</td>
<td>N RIVER DR</td>
<td>MENOMINEE</td>
<td>MI</td>
<td>49858</td>
<td>9062982389</td>
<td>6/30/2022</td>
<td>NEW</td>
</tr>
<tr>
<td>47-20</td>
<td>7/1/2020</td>
<td>UCHE</td>
<td>TYLER</td>
<td>T</td>
<td></td>
<td>1617</td>
<td>15TH AVE</td>
<td>MENOMINEE</td>
<td>MI</td>
<td>49858</td>
<td>9205732416</td>
<td>6/30/2022</td>
<td>NEW</td>
</tr>
</tbody>
</table>
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2020, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Briana R Biehl 906 792 4573
   FIRST NAME MIDDLE INITIAL LAST NAME HOME PHONE

2. Address: 2551 Edgewood dr Marinette WI 54443
   NUMBER STREET OR ROAD VILLAGE/TOWN/CITY STATE ZIP

3. Birth Date: 

4. Is your application new (X) or renewal ( ) If renewed within the past 2 years, where was license obtained?

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? (X) YES --- If yes, indicate where? Jervisafe
   ( ) NO
   If no, have you registered for the class ( ) YES ( ) NO --- if no, you are not eligible to be licensed at this time.

6. Briana Biehl
   Signature of Applicant
   16/9/2020
   Today’s Date

Office use only below this line

Briana Biehl, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator’s license; that all statements made by the applicant are true. Subscribed and sworn to before me this 9 day of June, 2020.

Notary Public, Marinette County, Wis.

Metinath Campbell
Notary Signature

Provisional License # 35-2020
Two - Year License # 20

STATE OF WISCONSIN
Marinette County

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2020, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Justin J. Braley

2. Address: 1203 Pierce Ave, Marinette, WI 54143

3. Birth Date: ________________

4. Is your application new ( ) or; renewal ( ) If renewed within the past 2 years, where was license obtained?

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? ( ) YES — If yes, indicate where? Online ( ) NO

If no, have you registered for the class ( ) YES ( ) NO — If no, you are not eligible to be licensed at this time.

6. Justin Braley
   Signature of Applicant

   / 07/31/2020
   Today’s Date

Office use only below this line

Justin J. Braley, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator’s license; that all statements made by the applicant are true. Subscribed and sworn to before me this 10 day of July, 2020.

Notary Public, Marinette County, Wis.
Melinda M. Campbell
Notary Signature
{STATE OF WISCONSIN, Marinette County}

Provisional License # 67 - 2020
Two - Year License # 67 - 2020

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.

Rev. 07/01/13

46/65
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2022, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Annie M Brooks

2. Address: 1357 Armstrong St, Marinette, WI 54145

3. Birth Date:

4. Is your application new (X) or; renewal ( ) if renewed within the past 2 years, where was license obtained?

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? (X) YES --- If yes, indicate where? ________________________________ ( ) NO

If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. Signature of Applicant

Office use only below this line

Annie Brooks, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator’s license; that all statements made by the applicant are true. Subscribed and sworn to before me this 7th day of July 2020.

Notary Public, Marinette County, Wis.

Melinda M. Campbell

Provisional License # 62-2020

Two - Year License # 20-20

STATE OF WISCONSIN, Marinette County}

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.
## Summary for Brooks, Annie M

City of Marinette  
1905 Hall Avenue  
Marinette, WI 54143-1716  
Phone number: 715-732-5125

<table>
<thead>
<tr>
<th>Court Date</th>
<th>Adj. Date</th>
<th>Ruling</th>
<th>S W C D Citation</th>
<th>Charge/ Amended Charge</th>
<th>Dispo</th>
<th>Total</th>
<th>Payments</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/20/2020</td>
<td>2/20/2020</td>
<td>Guilty</td>
<td>BF0153532</td>
<td>OPERATING AFTER SUSPENSION</td>
<td>T</td>
<td>($124.00)</td>
<td>$124.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>10/10/2012</td>
<td>10/10/2012</td>
<td>Guilty</td>
<td>P649673-3</td>
<td>Operating After Suspension</td>
<td></td>
<td>($114.00)</td>
<td>$114.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>10/10/2012</td>
<td>10/10/2012</td>
<td>Guilty</td>
<td>P649674-4</td>
<td>Operate Motor Vehicle W/o Insurance</td>
<td></td>
<td>($114.00)</td>
<td>$114.00</td>
<td>$0.00</td>
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</tbody>
</table>

City of Marinette  
($352.00)  | $352.00 | $0.00

Grand Total:  
($352.00)  | $352.00 | $0.00
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2020, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Michael R. Glonek 920-366-4217
   FIRST NAME    MIDDLE INITIAL    LAST NAME    HOME PHONE

2. Address: 129 Coleman st Marinette WI 54143
   NUMBER    STREET OR ROAD    VILLAGE/TOWN/CITY    STATE    ZIP

3. Birth Date:

4. Is your application new (X) or; renewal ( ) If renewed within the past 2 years, where was license obtained?

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? (X) YES — If yes, indicate where? ( ) NO
   If no, have you registered for the class ( ) YES ( ) NO — If no, you are not eligible to be licensed at this time.

6. Signature of Applicant
   ________________________________
   1/6/22/2020
   Today's Date

Office use only below this line

Michael R. Glonek, being first duly sworn on oath says that they are
the person who made and signed the foregoing application for an operator's license; that all statements made
by the applicant are true. Subscribed and sworn to before me this 22 day of June, 2020.

Notary Public, Marinette County, Wis.

Melinda M. Campbell
Notary Signature

{STATE OF WISCONSIN, Marinette County}

Provisional License # 40 - 2020
Two-Year License # 20

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.

Rev. 07/01/12
State of Wisconsin vs. Michael R Glonek
Brown County Case Number 2018CT001033

Charge(s)/Sentence(s)

The Defendant was charged with the following offense:

<table>
<thead>
<tr>
<th>Count</th>
<th>Statute cite</th>
<th>Description</th>
<th>Severity</th>
<th>Offense date</th>
<th>Plea</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>346.63(1)(a)</td>
<td>OWI (3rd)</td>
<td>Misd. U</td>
<td>07-04-2018</td>
<td>No Contest on 10-08-2018</td>
</tr>
</tbody>
</table>

On 10-08-2018 there was a finding of:

<table>
<thead>
<tr>
<th>Action</th>
<th>Court official</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guilty Due to No Contest Plea</td>
<td>Atkinson, William</td>
<td></td>
</tr>
</tbody>
</table>

On 10-08-2018 the following was ordered:

<table>
<thead>
<tr>
<th>Sentence</th>
<th>Time</th>
<th>Begin date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forfeiture / Fine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOT License Revoked</td>
<td>Time</td>
<td>Begin date</td>
<td></td>
</tr>
<tr>
<td>Local Jail</td>
<td>24 Months</td>
<td></td>
<td>Good time/Huber May serve in Marinette County</td>
</tr>
<tr>
<td>Alcohol assessment</td>
<td>Time</td>
<td>Begin date</td>
<td></td>
</tr>
<tr>
<td>Costs</td>
<td>Time</td>
<td>Begin date</td>
<td></td>
</tr>
<tr>
<td>Ignition interlock</td>
<td>Time</td>
<td>Begin date</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Count</th>
<th>Statute cite</th>
<th>Description</th>
<th>Severity</th>
<th>Offense date</th>
<th>Plea</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>346.63(1)(b)</td>
<td>Under IID Order (3rd)</td>
<td>Misd. U</td>
<td>07-04-2018</td>
<td>Dismissed on Prosecutor's Motion</td>
</tr>
</tbody>
</table>

On 10-08-2018 there was a finding of:

<table>
<thead>
<tr>
<th>Action</th>
<th>Court official</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dismissed on Prosecutor's Motion</td>
<td>Atkinson, William</td>
<td></td>
</tr>
</tbody>
</table>
On 10-08-2018 there was a finding of:

<table>
<thead>
<tr>
<th>Action</th>
<th>Court official</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charge Dismissed but Read In</td>
<td>Atkinson, William</td>
<td></td>
</tr>
</tbody>
</table>

Charge history

This history reflects charges that were issued by the District Attorney earlier in the case. Current charges can be seen above. Changes to charges can be made for many reasons, often based on the District Attorney's ongoing assessment of the case. The case file may contain more information. Unless a Judgment of Conviction is entered, the defendant is presumed innocent of all charges.

<table>
<thead>
<tr>
<th>Count</th>
<th>Statute</th>
<th>Description</th>
<th>Replaced by</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>346.63(1)(a)</td>
<td>OWI (3rd)</td>
<td>Amended Complaint Filed</td>
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<tr>
<td>2</td>
<td>343.44(1)(b)</td>
<td>Operating While Revoked (Rev due to alc/contr subst/refusal)</td>
<td>Amended Complaint Filed</td>
</tr>
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</table>
State of Wisconsin vs. Michael R Glonek  
Brown County Case Number 2017CT000497

Charge(s)/Sentence(s)

The Defendant was charged with the following offense:

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<tr>
<th>Count</th>
<th>Statute cite</th>
<th>Description</th>
<th>Severity</th>
<th>Offense date</th>
<th>Plea</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>346.63(1)(a)</td>
<td>OWI (1st)</td>
<td>Forf. U</td>
<td>04-18-2017</td>
<td>No Contest on</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10-30-2017</td>
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On 10-30-2017 there was a finding of:

<table>
<thead>
<tr>
<th>Action</th>
<th>Court official</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>Guilty Due to No Contest Plea</td>
<td>Walsh, Thomas J.</td>
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</tbody>
</table>

On 10-30-2017 the following was ordered:

<table>
<thead>
<tr>
<th>Sentence</th>
<th>Time</th>
<th>Begin date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOT License Revoked</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9 Months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ignition interlock</td>
<td></td>
<td></td>
<td></td>
</tr>
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<td></td>
<td>12 Months</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forfeiture / Fine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Operating w/ PAC &gt;=0.15</th>
<th>Severity</th>
<th>Offense date</th>
<th>Plea</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>346.63(1)(b)</td>
<td>Forf. U</td>
<td>04-18-2017</td>
<td></td>
</tr>
</tbody>
</table>

Charge modifier(s)

<table>
<thead>
<tr>
<th>Statute</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>346.65(2)(am)1</td>
<td>Penalty - Operating While under the Influence</td>
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</tbody>
</table>

On 10-30-2017 there was a finding of:

<table>
<thead>
<tr>
<th>Action</th>
<th>Court official</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dismissed on Prosecutor's Motion</td>
<td>Walsh, Thomas J.</td>
<td></td>
</tr>
</tbody>
</table>
Charge history
This history reflects charges that were issued by the District Attorney earlier in the case. Current charges can be seen above. Changes to charges can be made for many reasons, often based on the District Attorney’s ongoing assessment of the case. The case file may contain more information. Unless a Judgment of Conviction is entered, the defendant is presumed innocent of all charges.

<table>
<thead>
<tr>
<th>Count</th>
<th>Statute</th>
<th>Description</th>
<th>Replaced by</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>346.63(1)(a)</td>
<td>OWI (3rd)</td>
<td>Amended Complaint Filed</td>
</tr>
<tr>
<td>1</td>
<td>346.63(1)(a)</td>
<td>OWI (3rd)</td>
<td>Amended Complaint Filed</td>
</tr>
<tr>
<td>1</td>
<td>346.63(1)(a)</td>
<td>OWI (1st)</td>
<td>Amended charge</td>
</tr>
<tr>
<td>2</td>
<td>346.63(1)(b)</td>
<td>Operating w/ PAC (3rd)</td>
<td>Amended Complaint Filed</td>
</tr>
</tbody>
</table>
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, [2022] subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Makayla Hansen (715) 923-2518
   FIRST NAME MIDDLE INITIAL LAST NAME HOME PHONE

2. Address: 1524 Logan Ave Marinette WI 54143
   NUMBER STREET OR ROAD VILLAGE/TOWN/CITY STATE ZIP

3. Birth Date: [ ]

4. Is your application new (X) or; renewal ( ) If renewed within the past 2 years, where was license obtained? [ ]

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? ( ) YES --- If yes, indicate where? [X] NO
   If no, have you registered for the class (X) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. [Signature of Applicant]
   [07/07/2020] Today’s Date

Office use only below this line

Makayla Hansen, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator’s license; that all statements made by the applicant are true. Subscribed and sworn to before me this 7th day of July 2020.

Notary Public, Marinette County, Wis.
Melinda M. Campbell
Notary Signature
(STATE OF WISCONSIN, Marinette County)

Provisional License # 601 - 2020
Two - Year License # -20
YEAR

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.
### Summary for Hansen, Makayla N

City of Marinette  
1905 Hall Avenue  
Marinette, WI 54143-1716  
Phone number: 715-732-5125

<table>
<thead>
<tr>
<th>Court Date</th>
<th>Adj. Date</th>
<th>Ruling</th>
<th>S</th>
<th>W</th>
<th>C</th>
<th>D Citation</th>
<th>Charge/ Amended Charge</th>
<th>Dispo</th>
<th>Total</th>
<th>Payments</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/9/2018</td>
<td>8/9/2018</td>
<td>Guilty</td>
<td></td>
<td></td>
<td></td>
<td>BC6007665</td>
<td>VIOLATE RED TRAFFIC SIGNAL</td>
<td>T</td>
<td>($98.80)</td>
<td>98.80</td>
<td>0.00</td>
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</tbody>
</table>

City of Marinette  
($98.80)  
98.80  
0.00

Grand Total:  
($98.80)  
98.80  
0.00
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2022, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Tammy M Hasenfus 715 587 0598
   FIRST NAME MIDDLE INITIAL LAST NAME HOME PHONE

2. Address: 3415 Pierce Ave #46 Marinette WI 54143
   NUMBER STREET OR ROAD VILLAGE/TOWN/CITY STATE ZIP

3. Birth Date: __________

4. Is your application new ( ) or; renewal ( ) If renewed within the past 2 years, where was license obtained?

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? ( ) YES --- If yes, indicate where? ( ) NO if no, have you registered for the class (X) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. Signature of Applicant: Tammy Hasenfus
   Today's Date: 6/16/2020

Office use only below this line

Tammy Hasenfus, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true. Subscribed and sworn to before me this 16 day of June 2020.

Notary Public, Marinette County, Wis. Melinda M. Campbell

Provisional License # 37-20 20 Two - Year License # -20 YEAR

STATE OF WISCONSIN, Marinette County

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

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Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Lonella A Hinson
   FIRST NAME  MIDDLE INITIAL  LAST NAME  HOME PHONE

2. Address: 1205 Cullen Marinette, WI 54143
   NUMBER  STREET OR ROAD  VILLAGE/TOWN/CITY  STATE  ZIP

3. Birth Date: 

4. Is your application new (X) or; renewal (   ) If renewed within the past 2 years, where was license obtained?

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? (   ) YES --- If yes, indicate where? online (   ) NO
   If no, have you registered for the class (   ) YES (   ) NO --- If no, you are not eligible to be licensed at this time.

6. Signature of Applicant: [Signature]
   Today's Date: 06/16/2020

Office use only below this line

Lonella Hinson, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true. Subscribed and sworn to before me this 16 day of June, 2020.

Notary Public, Marinette County, Wis.  Provisional License # 35-2020
Mary V. Bendsen  Two - Year License # -20
Notary Signature  YEAR
{STATE OF WISCONSIN, Marinette County}

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a license to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2020, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: LAUREN C. LUNSFO RD (805) 558-5064
   FIRST NAME MIDDLE INITIAL LAST NAME HOME PHONE

2. Address: 1164 W. HOSMER MARINETTE WI 54143
   NUMBER STREET OR ROAD VILLAGE/TOWN/CITY STATE ZIP

3. Birth Date: ____________

4. Is your application new (✓) or; renewal ( ) If renewed within the past 2 years, where was license obtained? ____________

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? (✓) YES --- If yes, indicate where? ONLINE ( ) NO
   If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. Signature of Applicant: LAUREN LUNSFORD
   Date: 106/25/20

Office use only below this line

[Signature] being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator’s license; that all statements made by the applicant are true. Subscribed and sworn to before me this 8th day of June, 2020.

Notary Public, Marinette County, Wis.
Notary Signature
STATE OF WISCONSIN, Marinette County

Provisional License # 44-2020
Two - Year License # 20
YEAR

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS
To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2022, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: LAURA L LYNCH 715-927-2114
   FIRST NAME  MIDDLE INITIAL  LAST NAME  HOME PHONE

2. Address: 604 CEDAR ST WAUSAUKEE WI 54401
   NUMBER  STREET OR ROAD  VILLAGE/TOWN/CITY  STATE  ZIP

3. Birth Date: ____________

4. Is your application new (x) or; renewal ( ) if renewed within the past 2 years, where was license obtained:

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? ( ) YES --- If yes, indicate where? ______________ (x) NO

   If no, have you registered for the class (x) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. Laura L Lynch
   Signature of Applicant
   6/22/20
   Today's Date

Office use only below this line

Laura L Lynch, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true. Subscribed and sworn to before me this 23 day of June 2020.

Notary Public, Marinette County, Wis.
Melinda M. Campbell
Notary Signature
{STATE OF WISCONSIN, Marinette County}

Provisional License # 41 - 2020
Two - Year License # -20
YEAR

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.

Rev. 07/01/12

59/65
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2022, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Schweiger, Matthew
   FIRST NAME MIDDLE INITIAL LAST NAME
   HOME PHONE

2. Address: 5554 E. M Drive, Marinette, WI
   NUMBER STREET OR ROAD VILLAGE/TOWN/CITY STATE ZIP

3. Birth Date: ___________ 1

4. Is your application new (X) or; renewal ( ) If renewed within the past 2 years, where was license obtained?

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? (X) YES --- If yes, indicate where? Internet ( ) NO
   If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. Signature of Applicant
   ______________
   Today's Date
   10-19-20

Office use only below this line

Matthew D. Schweiger, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator’s license; that all statements made by the applicant are true. Subscribed and sworn to before me this 19 day of June 2020.

Notary Public, Marinette County, Wis.

Notary Signature

{STATE OF WISCONSIN, Marinette County}

Provisional License # 39 - 2020
Two - Year License # _______ -20
YEAR

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.

Rev. 07/01/19

60/65
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2022, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: CRISTAL LYNN PETERSON 906.290.3266
   FIRST NAME MIDDLE INITIAL LAST NAME HOME PHONE

2. Address: 411 CARNEY BLVD, MARINETTE, WI 54143
   NUMBER STREET OR ROAD VILLAGE/TOWN/CITY STATE ZIP

3. Birth Date: ____________

4. Is your application new (X) or; renewal ( ) If renewed within the past 2 years, where was license obtained?

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? ( ) YES — If yes, indicate where? __________________________________________________________________________________________ ( ) NO
   If no, have you registered for the class (X) YES ( ) NO — If no, you are not eligible to be licensed at this time.

6. Signature of Applicant: CRISTAL PETERSON 1/6/25/2020
   Today's Date

Office use only below this line

CRISTAL PETERSON, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator’s license; that all statements made by the applicant are true. Subscribed and sworn to before me this 28th day of Jan., 2020.

Notary Public, Marinette County, Wis.

Notary Signature

STATE OF WISCONSIN, Marinette County

Provisional License # 43 20 20
Two - Year License # __________ 20 YEAR

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date heretofore to June 30______, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely; Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Kathy L. Pickel 920-247-9365

2. Address: 135 W Russell St, Marinette, WI 54143

3. Birth Date: __________

4. Is your application new (X) or; renewal ( ) If renewed within the past 2 years, where was license obtained?

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? (X) YES — If yes, indicate where? online ( ) NO

If no, have you registered for the class ( ) YES ( ) NO — If no, you are not eligible to be licensed at this time.

6. Kathy Pickel 17-8-2020

Signature of Applicant

Today's Date

Office use only below this line

Kathy Pickel, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true. Subscribed and sworn to before me this 8 day of July, 2020.

Notary Public, Marinette County, Wis.

Melinda M Campbell

Notary Signature

{STATE OF WISCONSIN, Marinette County}

Provisional License #65-20

Two - Year License # -20

YEAR

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.

Rev. 07/01/13

62/65
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2023, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Melinda K. Rutgers (906) 398-2389
   FIRST NAME MIDDLE INITIAL LAST NAME HOME PHONE

2. Address:
   1514 River Dr, Menominee, MI 49858
   NUMBER STREET OR ROAD VILLAGE/TOWN/CITY STATE ZIP

3. Birth Date:

4. Is your application new (X) or; renewal ( ) If renewed within the past 2 years, where was license obtained?

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? ( ) YES --- If yes, indicate where? ( ) NO
   If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. Signature of Applicant: Melinda K. Rutgers 6/12/20
   Today's Date

Office use only below this line

Melinda Rutgers, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true. Subscribed and sworn to before me this 12th day of June, 2020.

Notary Public, Marinette County, Wis.
Melinda M. Campbell
Notary Signature
{STATE OF WISCONSIN, Marinette County}

Provisional License #: 36 - 2020
Two-Year License #: 20

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.
CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2020, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Tyler Ulecke 920-573-2916
   FIRST NAME MIDDLE INITIAL LAST NAME HOME PHONE

2. Address: 1617 15th Ave Menominee MI 49808
   NUMBER STREET OR ROAD VILLAGE/TOWN/CITY STATE ZIP

3. Birth Date: [ ]

4. Is your application new ( ) or; renewal ( ) If renewed within the past 2 years, where was license obtained?

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? ( ) YES --- If yes, indicate where? ServaBacoal.com ( ) NO
   If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. Signature of Applicant: Tyler Ulecke 10/01/2020
   Today's Date

Office use only below this line

Tyler Ulecke, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator’s license; that all statements made by the applicant are true. Subscribed and sworn to before me this 1. day of July 2020.

Notary Public, Marinette County, Wis. Provisional License # H7 - 2020
Mary V. Bookwalter Two - Year License # 20-
Notary Signature YEAR

{STATE OF WISCONSIN, Marinette County}

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.

Rev. 07/01/13
Summary for Uecke, Tyler T

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City of Marinette

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