

Kronenwetter Police Department

1582 Kronenwetter Drive
Kronenwetter, WI 54455
Phone: (715) 693-4215
Fax: (715) 693-4228

Terry McHugh
CHIEF OF POLICE

Christopher Smart
LIEUTENANT

MEMORANDUM

TO: BOBBI JO BIRK-LABARGE, VILLAGE CLERK
FROM: POLICE LT. CHRISTOPHER SMART
SUBJECT: SCOTT A. NEWBAUER—ALCOHOL LICENSE RENEWAL
DATE: JUNE 18, 2024

At your request, I did a background check of Scott A. Newbauer, using the Wisconsin Department of Justice Crime Information Bureau (CIB) website.

CIB records show Mr. Newbauer was arrested by the Oneida County Sheriff in 1999 for Possession of THC, Possession of Controlled Substance, and Possess Drug Paraphernalia. All charges were dismissed pursuant to a deferred prosecution agreement. CIB also shows Mr. Newbauer was arrested by the Kronenwetter Police Department in 2012 for substantial battery and disorderly conduct, which were dismissed. CIB also shows a bail jumping conviction in 2013.

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www.kronenwetter.org
police@kronenwetter.org

Cigarette, Tobacco, and Electronic Vaping Device
Appointment of AgentDate
6-14-24Agent Type (check one): ☒ Original ☐ Change

Part A: Agent Information

1. Last Name NEWHAUSER	2. First Name SCOTT	3. M.I. A
4. Email X22ENT1967@gmail.com	5. Phone 715-292-7150	
6. Home Address 912 STONEBRIDGE RD		
7. City KRONENWETTER	8. State WI	9. Zip Code 54455
10. Date of Birth 11-8-67	11. Drivers License/State ID Number N160-7816-7408-07	12. Drivers License/State ID State of Issuance WI 11-04-22

Part B: Questions

1. Have you completed Form CTV-101, Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire? Submit a completed Form CTV-101 with this form. ☒ Yes ☐ No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information

1. Legal Business Name (individual name if sole proprietor) 51 BARTBISH		
2. Business Trade Name or DBA 51 BARTBISH		
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
4. Premises Address 1718 Buss Hwy 51		
5. City KRONENWETTER	6. State WI	7. Zip Code 54455

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature of Licensee (officer, member, or authorized signatory) Scott A. Newhauser	Date 6-14-24
Name of Person Signing for Licensee JAMES Scott A. Newhauser	Title OWNER

READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.

Signature of Agent Scott A. Newhauser	Date 6-14-24
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MEMORANDUM

TO: BOBBI JO BIRK-LABARGE, VILLAGE CLERK
FROM: POLICE LT. CHRISTOPHER SMART
SUBJECT: VILLAGE CROSSING RETAILER'S LICENSE
DATE: JUNE 18, 2024

At your request, I did a background search of Chad M. Sickler using the Wisconsin Department of Justice Crime Information Bureau (CIB) website.

No record was found for Mr. Sickler.

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Cigarette, Tobacco, and Electronic Vaping Device
Appointment of AgentDate
05/21/2024Agent Type (check one): ☒ Original ☐ Change

Part A: Agent Information

1. Last Name Sickler	2. First Name Chad	3. M.I. M
4. Email apgnwi@gmail.com	5. Phone (715) 298-9845	
6. Home Address 146540 Hajec Ln		
7. City Mosinee	8. State WI	9. Zip Code 54455
10. Date of Birth 09/07/1973	11. Drivers License/State ID Number S246-1137-3327-04	12. Drivers License/State ID State of Issuance WI

Part B: Questions


1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire*? Submit a completed Form CTV-101 with this form. ☒ Yes ☐ No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information

1. Legal Business Name (individual name if sole proprietor) APG NWI LLC		
2. Business Trade Name or DBA Village Crossing		
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
4. Premises Address 2323 County Road X		
5. City Kronenwetter	6. State WI	7. Zip Code 54455

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the **Licensee**, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature of Licensee (officer, member, or authorized signatory) 	Date 05/21/2024
Name of Person Signing for Licensee Rad Pandit	Title Member

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.

Signature of Agent 	Date 05/21/2024
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Christopher Smart
LIEUTENANT

MEMORANDUM

TO: BOBBI JO BIRK-LABARGE, VILLAGE CLERK
FROM: POLICE LT. CHRISTOPHER SMART
SUBJECT: DOLLAR GENERAL—ALCOHOL LICENSE RENEWAL
DATE: JUNE 18, 2024

At your request, I did a background check of Crystal Lemke using the Wisconsin Department of Justice Crime Information Bureau (CIB) website.

CIB shows Crystal Lemke was convicted of OWI in Waupaca County in 2005. CIB also shows Ms. Lemke was convicted in Waupaca County for Issuance of Worthless Checks in 2007.

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Cigarette, Tobacco, and Electronic Vaping Device
Appointment of Agent

Date 5-2-24

Agent Type (check one): ☐ Original ☐ Change

Part A: Agent Information

1. Last Name LEMKE	2. First Name CRYSTAL	3. M.I. R
4. Email tax-beerandwinelicense@dollargeneral.com	5. Phone (615) 855-4000	
6. Home Address 216 W RAMSDELL ST		
7. City MARION	8. State WI	9. Zip Code 54950-9683
10. Date of Birth 01/03/1981	11. Drivers License/State ID Number L520-1168-1503-01	12. Drivers License/State ID State of Issuance WI

Part B: Questions


1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire*? Submit a completed Form CTV-101 with this form. ☒ Yes ☐ No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information

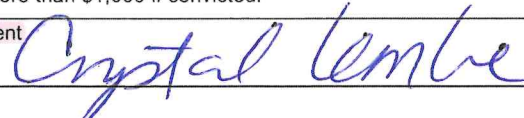
1. Legal Business Name (individual name if sole proprietor) DOLGENCORP, LLC		
2. Business Trade Name or DBA DOLLAR GENERAL STORE #		
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
4. Premises Address		
5. City	6. State WI	7. Zip Code

Part D: Attestations

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Signature of Licensee (officer, member, or authorized signatory) 	Date
Name of Person Signing for Licensee	Title

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.

Signature of Agent 	Date 5/2/24
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