## 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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"Community Focused, People
First"

## Form CTV-102

### Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

1	
	4

gent Type (check one):	Original Change				
Part A: Agent Informa	ation				2 M I
1. Last Name	108	2. First Name			3. M.I.
4. Email	JEN	70011	5. Phone		4
NEW has 4. Email XZZ ENT (9)	le7 ( GonAil, LOM		715-24	7-715	3
6. Home Address	STONE bridge	Rd			
	UNDN NETTER		8. State	9. Zip Code	7
10. Date of Birth	11, Drivers License/State ID Number	12. 🗆	rivers License	/State ID State	of Issuance
11-8-67	N 160-7816-7408-	-07 W	I 16-	-04-22	
Part B: Questions					
Have you completed F  Ouestionnaire? Submit	Form CTV-101, <i>Cigarette, Tobacco, and</i> it a completed Form CTV-101 with this	d Electronic Vaping Device Lid	ense - Indivi	idual ⊠Y	es 🗌 No
	gent, please describe the reason for th				
2. If this is a change of a	gent, please describe the reason for the	le agent change. Attach addit	orial shocks i	ii nooccai ji	
Part C: Business Info	ormation				
1. Legal Business Name (inc	dividual name if sole proprietor)				
,					
	51 Barterou				
2. Business Trade Name or	51 BASTENU				
3. Entity Type (check one)	J. 1277 1 C. 14				
3. Littly Type (officer offic)	☑ Limited Liability Company	☐ Corporation			
1 B	2				
4. Premises Address	R = N.O EI				
[7][8]	Buss Hwy 51		6. State	7. Zip Code	
5. City	1363 1055		Accord occupants	5445	7
RI	ONNENWETTEN		WF	3443	<u> </u>
<b>Part D: Attestations</b>					
liability company with full a devices conducted therein successor agent, I rescind statements and affidavits	ORE SIGNING: I, the Licensee, authorize the authority and control of the premises and of an I certify that I am authorized by the entity did all previous agent appointments for this print connection with this application, and the	all business relative to cigarettes, to authorize this individual to act remises. Further, I understand tha at any person who knowingly pr	tobacco produ on behalf of that I may be pro	ne entity. If I am osecuted for sul	appointing a omitting false
	ed to forfeit not more than \$1,000 if convicte	<del></del>	1= :		
Signature of Licensee (office	er, member or authorized signatory)		Date 6-/	4-24	
Name of Person Signing for	11 12 211 2		Title	NES	
	AME Jedol Metro	7			imited liability
company and assume ful	ORE SIGNING: I, the Agent, herby accept to I responsibility for the conduct of all business premises for the above-named business. I can with this form, and that any person who late 1,000 if convicted.	ss relative to sales of cigarettes, further understand that I may be	tobacco produ prosecuted fo	r submitting fals	e statements
Signature of Agent	1 - 1 M 0		Date	14.74	

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Christopher Smart LIEUTENANT

#### **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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## Form CTV-102

### Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date	
05/21/2024	

gent Type (check one	): 🗸 Original 🔲 Ch	nange				
Part A: Agent Inforr	nation					3. M.I.
1. Last Name		2. First Name				
Sickler		Chad		5 Di		M
4. Email				5. Phone	000 0045	
apgnwi@gmail.co	m			(715) 2	298-9845	
6. Home Address						
146540 Hajec Ln						
7. City				8. State	9. Zip Code	
Mosinee				WI	54455	
10. Date of Birth	11. Drivers License/State ID Nu	umber	12. D	rivers Licens	se/State ID State	of Issuance
09/07/1973	S246-1137-3327-04		WI			
Part B: Questions		57.64 vs				
2. If this is a change o	f agent, please describe the rea	ason for the agent chang	ge. Attach additio	onal sheets	if necessary.	
APG NWI LLC  2. Business Trade Name Village Crossin  3. Entity Type (check one	ng	nv	☐ Corporation			
4 Premises Address	Littlited Liability Compar					
	- J V					
2323 County Roa	id X			6. State	7. Zip Code	
5. City				WI	54455	
Kronenwetter						In the second
liability company with function devices conducted the successor agent, I resustatements and affidate application may be required.	EFORE SIGNING: I, the Licensee, ull authority and control of the premirein. I certify that I am authorized by cind all previous agent appointment vits in connection with this applicat unired to forfeit not more than \$1,000	ses and of all business rela y the entity to authorize this its for this premises. Furthe ition, and that any person v 0 if convicted.	s individual to act	on behalf of t I may be p ovides mate	the entity. If I are	n appointing ubmitting fals
	fficer, member, or authorized signato	ory)		Date 05/21/	2024	
Rad Pandis Name of Person Signing	L for Licensee			Title		
	TOT LICENSEE			Member	2	
company and assume	EFORE SIGNING: I, the Agent, he full responsibility for the conduct of the premises for the above-named action with this form, and that any per \$1,000 if convicted.	t all business relative to sa	and that I may be	above-name obacco prod prosecuted	d corporation or ducts, and/or ele for submitting fa	lse statemen
Signature of Agent	1 //			Date		
Signature of Agent				05/21,	/2024	

### Kronenwetter Police Department

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Terry McHugh CHIEF OF POLICE

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

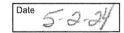
At your request, I did a background check of Crystal Lemke using the Wisconsin Department of Justice Crime Information Bureau (CIB) website.

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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## Form CTV-102

# Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent



Agent Type (check one):				
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. <b>Zip Code</b> 54950-	-9683
10. Date of Birth 01/03/1981 11. Drivers License/State ID Number L520-1168-1503-0	1	12. Drivers Licens	se/State ID State	of Issuance
Part B: Questions				
Have you completed Form CTV-101, Cigarette, Tobacco, and Questionnaire? Submit a completed Form CTV-101 with this     If this is a change of agent, please describe the reason for the	form		🛚 Y	es No
Part C: Business Information  1. Legal Business Name (individual name if sole proprietor)  DOLGENCORP, LLC  2. Business Trade Name or DBA				
DOLLAR GENERAL STORE #				
Entity Type (check one)      Limited Liability Company	☐ Corpora	ation		
4. Premises Address				CONTECT MATERIAL PROPERTY (I MATERIAL PARTY)
5. City		6. State WI	7. Zip Code	
Part D: Attestations				
READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the liability company with full authority and control of the premises and of a devices conducted therein. I certify that I am authorized by the entity the successor agent, I rescind all previous agent appointments for this prestatements and affidavits in connection with this application, and the application may be required to forfeit not more than \$1,000 if convicted.	Ill business relative to cigare to authorize this individual to emises. Further, I understan at any person who knowing	ttes, tobacco prodo act on behalf of t ad that I may be pr	ucts, and/or elect the entity. If I am osecuted for sub	ronic vaping a ppointing a mitting false
Signature of Licensee (officer, member, or authorized signatory)	5-	Date		
Name of Person Signing for Licensee		Title	And the second s	an ang mga mga mga mga mga mga mga mga mga mg
READ CAREFULLY BEFORE SIGNING: I, the Agent, herby accept the company and assume full responsibility for the conduct of all business devices conducted on the premises for the above-named business. I fand affidavits in connection with this form, and that any person who know to forfeit not more than \$1,000 if convicted.	s relative to sales of cigaret further understand that I may	tes, tobacco produ y be prosecuted fo	ucts, and/or elect or submitting false	ronic vaping statements
Signature of Agent (matal (m)	1	Date	5/2/2	24

CTV-102 (N. 2-24)

Wisconsin Department of Revenue