

4L



**Operator License Application
Village of Howard**

<input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal	<input checked="" type="checkbox"/> Operator \$ 40.00 <input type="checkbox"/> Provisional \$ 15.00 <input type="checkbox"/> Temporary \$6.00 (License is limited to once per year, for a maximum of 14 days and only to persons employed by or donating their services for non profit corporations.) Date Needed: _____ Event Name: _____	<input type="checkbox"/> Duplicate License \$5.00
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Office Use Only:	License # _____	Provisional # _____
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Filling Out Your Application:

- An Operator License is a privilege, not a right. **Any false answers or omissions may result in the denial of your application.** This application must be filled out accurately and completely.
- If you have any doubt as to whether to include the facts of a specific incident, it is recommended that you disclose the information.
- If you are unsure about how to respond to any questions on this form, check with the Village Clerk for clarification. Your application will not be processed until you deal with any outstanding warrants.
- You can obtain information regarding your criminal history from the police department, the court with which you interacted, or the Wisconsin Circuit Court Access website at: www.wcca.wicourts.gov.

Review Of Your Application:

- The Howard Police Department (Brown County Sheriff) or our clerical staff will perform a background check to verify that the information you have provided is complete and accurate.
- You may be called to appear before the Village Board if there are concerns about your criminal history as it relates to your application, or if it appears that you falsified or omitted information from your application. If you are asked to appear but choose not to do so, your application may be denied.

Last Name: ALLAIRE		First Name: STACY		Middle Name: MARIE				
Residence: Street Address: 603 HARVEST RD.		City: GREEN BAY		State: WI		Zip: 54302		
Residence Phone: 920-544-4515	Birthdate: [REDACTED]	Birth Place (City, State): GREEN BAY, WI	Race: WH	Sex: F	Height: 5'5"	Weight: 180	Hair: BLK	Eyes: BLUE
Driver's License # (State & Number): [REDACTED]		Establishment Where Employed: SHOPKO EXPRESS			Contact Person & Phone Number: 920-STACY ALLAIRE 662-9450			

Other Names, Aliases or Birthdates ever used:
STACY GERONDALE, STACY CODY

Cities & States lived in the past 10 years, including where you now reside (must reside in Wisconsin for at least the past 90 days to be eligible for this license):	From:	To:
GREEN BAY, WI	JUNE 2007	PRESENT
GREEN BAY (HOWARD), WI	JULY 1998	JUNE 2007
	From:	To:

Indicate whether you are a U.S. Citizen, U.S. Alien or Temporary Resident:

U.S. Citizen Alien Temporary Resident (Employment Number _____)

Have you ever been convicted of a crime of manufacturing, distributing or delivering a controlled substance or controlled substance; possessing, with intent to manufacture, distribute or deliver, a controlled substance or under federal or any state law? (See Wis. Stats. 111.335(1)(cs).) List below:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Since your 17 th birthday, have you ever been convicted of a felony or misdemeanor (including criminal traffic offenses)? List below:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
As a juvenile, were you ever waived into adult court and convicted of a felony or misdemeanor? List below:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Have you even been convicted by military court-martial? List below:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Are you currently subject to any pending charges? List below:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

List all convictions, citations, tickets and pending charges:

MONTH/YEAR	LOCATION	CHARGE	DISPOSITION
JUNE 2006	GREENBAY, WI	THEFT	CASE CLOSED

The undersigned affirms that he/she made complete and true answers to each question and understands that his/her past record will become part of this application and that the applicant applying for an Operator License is a Wisconsin resident.

Jacy McAllaire
Applicant's Signature

05/08/2013
Date

To be filled out by the Howard Police Department or Clerical Staff

<input type="checkbox"/>	Subject has no Criminal Arrest Record with either the Wisconsin State Crime Bureau
<input checked="" type="checkbox"/>	Files indicate that subject has the attached Criminal Arrest Record.

Lynn K. Kobus 6/20/2013
Authorized signature performing background check Date

Receipt # 34903 Dated: 6/7/13 Mail or Pick Up Date: _____

WISCONSIN
DRIVER LICENSE - Regular

Stacy M. Allaire
DUPLICATE

**STACY MARIE
ALLAIRE**
603 HARVEST RD
GREEN BAY, WI 54302

DOB: [REDACTED] Expires: 09-26-2016
Issued: 04-03-2012

Sex: F, Hair: BLK, Eyes: BLU, Height: 5-04, Weight: 175

Restrictions on Back

52-13
Appleton
OPERATOR'S LICENSE
has been issued to:
Stacy Allaire
603 Harvest Road
Green Bay, WI 54302



License Expires on
June 30, 2013

HOWARD, WI VILLAGE

2456 Glendale Ave
PO Box 12207
Green Bay WI 4307--2207
920-434-4662

Transaction 34903.4583
07-Jun-13 09:59am

Operators License	\$40.00
Stephanie Newman - ShopKo Operator License	
Operators License	\$40.00
Stacy Allaire - ShopKo Operator License	
Operators License	\$40.00
Jennifer Bromberek - ShopKo Operator License	
Operators License	\$40.00
Wade Klipstine - ShopKo Operator License	
Operators License	\$40.00
Shawnee Hart - ShopKo Operator License	
Operators License	\$40.00
Christy Tesch - ShopKo Operator License	
Operators License	\$40.00
Elizabeth Pagel - ShopKo Operator License	
Operators License	\$40.00
Orlando Sierralta - ShopKo Operator License	
Subtotal	\$320.00
Check	\$320.00

2. The process for submitting a challenge.

The applicant should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on the Department of Justice website at <http://www.doj.state.wi.us/dles/cib/background-check-criminal-history-information> or by calling (608) 266-7314. A challenge may include a request for comparison of the fingerprints of the person submitting the challenge to the fingerprints on file that are associated with the Wisconsin criminal history record below.

Wisconsin Criminal History
RECORD LAST UPDATED: 02/06/2006

Identification

Criminal History

Contributing Agencies

Your Request

IDENTIFICATION

STACY MARIE GERONDALE

Alias Names/Fraudulent Data

Female / White

Born in Wisconsin ; Citizen of USA

██████████
 5'05" 140lbs Brown Eyes ; Brown Hair

2506 N View Ct, Green Bay, WI 54303 as of 01/20/2006

FBI: Unknown

STATE ID: WI1068720

EMPLOYER: Unknown

OCCUPATION: Unknown

ALIAS NAMES/FRAUDULENT DATA:

Alias Names: STACY M CODY STACY MARIE CODY

PHOTO INFORMATION:

WI013035Y WI CIB Identification Section

CRIMINAL HISTORY

Cycle 1

EARLIEST EVENT DATE: October 14, 2004

ARREST TRACKING NUMBER: 5000504080248

DATE OF OFFENSE: October 14, 2004

ARREST DATA

SUBJECT NAME: STACY MARIE GERONDALE
TYPE: Adult Only
DATE: April 08, 2005
ARREST AGENCY: WI0050200 GREEN BAY PD
LOCAL IDENTIFICATION NUMBER: 910000471082

BOOKING

AGENCY: WI0050000 BROWN COUNTY SHERIFF

CHARGE

SEQUENCE NUMBER: 01
STATUTE NUMBER: 940.48
LITERAL: CONTEMPT
NCIC CODE: 5005
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: Misdemeanor

COURT

SUBJECT NAME: STACY MARIE GERONDALE
DATE: October 14, 2004
COURT: Unknown

CHARGE

SEQUENCE NUMBER: 01
TRACKING NUMBER: 5000504080248
STATUTE NUMBER: 940.48
LITERAL: CONTEMPT
NCIC CODE: 5005
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: Misdemeanor

COURT ACTION:

LITERAL: Other
DISPOSITION DATE: October 14, 2004
DISPOSITION: CONFINED

Cycle 2

EARLIEST EVENT DATE: July 09, 2004
ARREST TRACKING NUMBER: 5000601200541
DATE OF OFFENSE: July 09, 2004

ARREST DATA

SUBJECT NAME: STACY MARIE CODY
TYPE: Adult Only
DATE: January 20, 2006
ARREST AGENCY: WI0050000 BROWN COUNTY SHERIFF
LOCAL IDENTIFICATION NUMBER: 910000471082

BOOKING

AGENCY: WI0050000 BROWN COUNTY SHERIFF

CHARGE

SEQUENCE NUMBER: 01
STATUTE NUMBER: 943.38

LITERAL: FORGERY
NCIC CODE: 2599
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: Felony

CONTRIBUTING AGENCIES

WI013035Y WI CIB Identification Section
WI0050000 Brown County Sheriff
WI0050200 Green Bay Pd

YOUR REQUEST:

User ID:	10562	Date & Time:	06/20/2013 14:53:37
State Ident Number:	WI1068720	Purpose Code:	A



**Operator License Application
Village of Howard**

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Last Name: <i>Brombersek</i>	First Name: <i>Jennifer</i>	Middle Name: <i>Ann</i>
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Residence: Street Address: <i>2566 Johnny Ln</i>	City: <i>GB</i>	State: <i>WI</i>	Zip: <i>54311</i>
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Residence Phone: <i>(920) 406-5918</i>	Birthdate: [REDACTED]	Birth Place (City, State) <i>GB, WI</i>	Race <i>W</i>	Sex <i>F</i>	Height <i>5'4"</i>	Weight <i>230</i>	Hair <i>Brn</i>	Eyes <i>H21</i>
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Driver's License # (State & Number) [REDACTED]	Establishment Where Employed: <i>Shopto Express</i>	Contact Person & Phone Number: <i>John Brombersek (920) 946-1098</i>
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Other Names, Aliases or Birthdates ever used:
maiden name: Jennifer Berken

Cities & States lived in the past 10 years, including where you now reside (must reside in Wisconsin for at least the past 90 days to be eligible for this license): <i>Green Bay, WI</i>	From: <i>2000</i>	To: <i>present</i>
	From:	To:
	From:	To:

Indicate whether you are a U.S. Citizen, U.S. Alien or Temporary Resident:

U.S. Citizen Alien Temporary Resident (Employment Number _____)

Have you ever been convicted of a crime of manufacturing, distributing or delivering a controlled substance or controlled substance; possessing, with intent to manufacture, distribute or deliver, a controlled substance or under federal or any state law? (See Wis. Stats. 111.335(1)(cs).)List below:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Since your 17 th birthday, have you ever been convicted of a felony or misdemeanor (including criminal traffic offenses)? List below:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
As a juvenile, were you ever waived into adult court and convicted of a felony or misdemeanor? List below:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Have you even been convicted by military court-martial? List below:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Are you currently subject to any pending charges? List below:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

List all convictions, citations, tickets and pending charges:

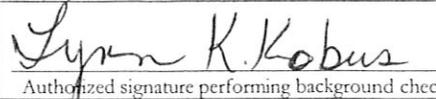
MONTH/YEAR	LOCATION	CHARGE	DISPOSITION

The undersigned affirms that he/she made complete and true answers to each question and understands that his/her past record will become part of this application and that the applicant applying for an Operator License is a Wisconsin resident.


5/20/13
 Applicant's Signature Date

To be filled out by the Howard Police Department or Clerical Staff

<input checked="" type="checkbox"/>	Subject has no Criminal Arrest Record with either the Wisconsin State Crime Bureau
<input type="checkbox"/>	Files indicate that subject has the attached Criminal Arrest Record.


6/20/13
 Authorized signature performing background check Date

Receipt # 34903 Dated: 6/7/13 Mail or Pick Up Date: _____

WISCONSIN DRIVER LICENSE Regular

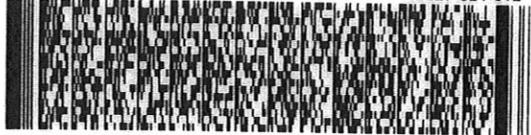
JENNIFER A BROMBEREK
2566 JOHNNY LN
GREEN BAY, WI 54311

DOB: [REDACTED]
Issued: 01-20-2010
Expires: 02-05-2018

Class: D
Sex: F Hair: BRO Eyes: HAZ Height: 5'04" Weight: 200

JTB

000764444 0219444 06 \$34.00 14827-921-612



CLASS: D - Non-Commercial Vehicles

Anatomical Gift Statement - Upon my death I wish to donate:
 All organs, tissues or eyes. I refuse to make an anatomical gift.

Except: _____
Signature: *JTB* Date: 1/20/10

Wisconsin Responsible Beverage Server Training

Jennifer Bromberek

has met all training requirements and successfully completed the above course and/or exam.

Certification Number: 47936

Date of Completion: 06/05/2013

Kelly Bailey

Authorized Signature

DEPARTMENT OF JUSTICE CRIME INFORMATION BUREAU**Request Date : 06/17/2013****Report Date : 06/20/2013****Order Number : 3656941****Request Reason : Government**

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

Name	JENNIFER ANN BROMBEREK
Date of Birth	[REDACTED]
Sex	F
Race	W
Alias	JENNIFER ANN BERKEN

The response is based on a search using the identification data supplied.

Searches based solely on name and non-unique identifiers are not fully reliable. The CIB cannot guarantee that the information furnished pertains to the individual you are interested in.

NO CRIMINAL HISTORY FOUND.

HOWARD, WI VILLAGE

2456 Glendale Ave
PO Box 12207
Green Bay WI 4307--2207
920-434-4662

Transaction 34903.4583
07-Jun-13 09:59am

Operators License	\$40.00
Stephanie Newman - ShopKo Operator License	
Operators License	\$40.00
Stacy Allaire - ShopKo Operator License	
Operators License	\$40.00
Jennifer Bromberek - ShopKo Operator License	
Operators License	\$40.00
Wade Klipstine - ShopKo Operator License	
Operators License	\$40.00
Shawnee Hart - ShopKo Operator License	
Operators License	\$40.00
Christy Tesch - ShopKo Operator License	
Operators License	\$40.00
Elizabeth Pagel - ShopKo Operator License	
Operators License	\$40.00
Orlando Sierralta - ShopKo Operator License	
Subtotal	\$320.00
Check	\$320.00



Operator License Application
Village of Howard

<input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal	<input checked="" type="checkbox"/> Operator \$ 40.00 <input checked="" type="checkbox"/> Provisional \$ 15.00	<input type="checkbox"/> Duplicate License \$5.00
Temporary \$6.00 (License is limited to once per year, for a maximum of 14 days and only to persons employed by or donating their services for non profit corporations.) Date Needed: _____ Event Name: _____		

Office Use Only:	License #	Provisional # <u>2013-49</u>
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Filling Out Your Application:

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- If you have any doubt as to whether to include the facts of a specific incident, it is recommended that you disclose the information.
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Last Name: <u>Borkel</u>		First Name: <u>Tracy</u>		Middle Name: <u>Lynn</u>				
Residence: Street Address: <u>3414 S. Webster</u>		City: <u>Green Bay</u>		State: <u>WI</u>	Zip: <u>54301</u>			
Residence Phone: <u>920-246-6136</u>	Birthdate: <u>[REDACTED]</u>	Birth Place (City, State): <u>Green Bay WI</u>	Race: <u>W</u>	Sex: <u>F</u>	Height: <u>5'1"</u>	Weight: <u>120</u>	Hair: <u>B</u>	Eyes: <u>Gr</u>
Driver's License # (State & Number): <u>[REDACTED]</u>		Establishment Where Employed: <u>Red Lantern</u>		Contact Person & Phone Number: <u>Carl Sheelke 920-255-1241</u>				

Other Names, Aliases or Birthdates ever used:

Cities & States lived in the past 10 years:	From:	To:
<u>Milwaukee, WI</u>	<u>2003</u>	<u>2006</u>

Please check box below if you have lived at this address for 10 years or more:	From:	To:
<input type="checkbox"/>		

Indicate whether you are a U.S. Citizen, U.S. Alien or Temporary Resident:

U.S. Citizen Alien Temporary Resident (Employment Number _____)

Have you ever been convicted of a crime of manufacturing, distributing or delivering a controlled substance or controlled substance; possessing, with intent to manufacture, distribute or deliver, a controlled substance or under federal or any state law? (See Wis. Stats. 111.335(1)(cs).)List below:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Since your 17 th birthday, have you ever been convicted of a felony or misdemeanor (including criminal traffic offenses)? List below:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
As a juvenile, were you ever waived into adult court and convicted of a felony or misdemeanor? List below:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Have you even been convicted by military court-martial? List below:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Are you currently subject to any pending charges? List below:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

List all convictions, citations, tickets and pending charges:

MONTH/YEAR	LOCATION	CHARGE	DISPOSITION

The undersigned affirms that he/she made complete and true answers to each question and understands that his/her past record will become part of this application and that the applicant applying for an Operator License is a Wisconsin resident.


Applicant's Signature

6-13-13
Date

To be filled out by the Howard Police Department or Clerical Staff

<input checked="" type="checkbox"/>	Subject has no Criminal Arrest Record with either the Wisconsin State Crime Bureau
<input type="checkbox"/>	Files indicate that subject has the attached Criminal Arrest Record.

Lynn K. Kobus 6/20/2013
Authorized signature performing background check Date

Receipt # 35113 Dated: 6/13/13 Mail or Pick Up Date: _____



WISCONSIN
 TECHNICAL COLLEGE
 SYSTEM

Responsible Beverage Service Course Completion Certificate

Tracy Burkel
 Name of student

Has successfully completed the responsible beverage service course which complies with Wisconsin Statutes 125.17(6) and 134.66(2m) related to retail tobacco sales.

Date of course completion 8/15/07
 Name of instructor M. Chen
 Wisconsin Technical College issuing certificate Northwest WI Tech College

Daniel Chang
 Wisconsin Technical College System President

A. Jeffery
 Northeast Wisconsin Technical College President

4459 WLS Is 4/07

AND WHEREAS, The said applicant has paid to the treasurer the sum of \$ 30⁰⁰ as required by local ordinances and has complied with all requirements necessary for obtaining a license:

NOW THEREFORE, AN "Operator's License, pursuant to sections 125.32(2) and 125.68(2) of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant.

For the City of Suamico, Wisconsin, given under my hand and the corporate seal of the Village of Suamico of Suamico County of Brown State of Wisconsin, this 30th day of June 2011.

Bonnie Swan
 Clerk

DEPARTMENT OF JUSTICE CRIME INFORMATION BUREAU

Request Date : 06/17/2013
Report Date : 06/20/2013
Order Number : 3656941
Request Reason : Government

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

Name	TRACY LYNN BURKEL
Date of Birth	[REDACTED]
Sex	F
Race	W

The response is based on a search using the identification data supplied. Searches based solely on name and non-unique identifiers are not fully reliable. The CIB cannot guarantee that the information furnished pertains to the individual you are interested in.

NO CRIMINAL HISTORY FOUND.

Village of Howard
Provisional Operator's License
License No: 2013 - 49

WHEREAS, the local governing body of the Village of Howard, County of Brown, Wisconsin, has, upon application duly made, granted and authorized the issuance of a "Provisional Operator's" License to:

Tracy L. Burkel
3414 S. Webster Ave.
Green Bay, WI 54301

And WHEREAS, the said applicant has paid to the Treasurer the sum of \$15.00 as required by the Municipality ordinances and has complied with all requirements necessary for obtaining a license;

NOW THEREFORE, a "Provisional Operator's" License, pursuant to Sections 125.32(2) and 125.68(2) of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant.

for the period from 6/13/2013 to 8/12/2013.

Given under my hand and the Great Seal of the Village of Howard, County of Brown, this 13th day of June, 2013.



Sybil K. Kobus
Deputy Clerk

Village of Howard
Provisional Operator's License
License No: 2013 - 49
License Fee: \$15.00

WHEREAS, the local governing body of the Village of Howard, County of Brown, Wisconsin, has, upon application duly made, granted and authorized the issuance of a "Provisional Operator's" License to:

Tracy L. Burkel

And WHEREAS, the said applicant has paid to the Treasurer the sum of \$15.00 as required by the Municipality ordinances and has complied with all requirements necessary for obtaining a license;

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for the period from 6/13/2013 to 8/12/2013.

Given under my hand and the Great Seal of the Village of Howard, County of Brown, this 13th day of June, 2013.



Sybil K. Kobus
Deputy Clerk



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Village of Howard

<input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal	<input checked="" type="checkbox"/> Operator \$ 40.00 <input type="checkbox"/> Provisional \$ 15.00	<input type="checkbox"/> Duplicate License \$ 5.00
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Last Name: <u>Cornelius</u>		First Name: <u>Bobbie</u>		Middle Name: <u>Jo</u>						
Residence: Street Address: <u>4100 Merrimac Way</u>		City: <u>Oneida</u>		State: <u>WI</u>		Zip: <u>54155</u>				
Residence Phone: <u>920 471 5409</u>		Birthdate: [REDACTED]		Birth Place (City, State): <u>G.B WI</u>	Race: <u>N.A</u>	Sex: <u>F</u>	Height: <u>5'3</u>	Weight: _____	Hair: <u>Br</u>	Eyes: <u>Br</u>
Driver's License # (State & Number): [REDACTED]		Establishment Where Employed: <u>N/A</u>				Contact Person & Phone Number: _____				

Other Names, Aliases or Birthdates ever used: _____

Cities & States lived in the past 10 years: <u>Green Bay</u>	From:	To:
---	-------	-----

Please check box below if you have lived at this address for 10 years or more: <input type="checkbox"/>	From:	To:
--	-------	-----

Indicate whether you are a U.S. Citizen, U.S. Alien or Temporary Resident:

U.S. Citizen Alien Temporary Resident (Employment Number _____)

WISCONSIN DRIVER LICENSE
REGULAR

USA
WI



4d DL [REDACTED]
1. CORNELIUS
2. BOBBIE JO
8. 4160 MERRIMAC WAY
ONEIDA, WI 54155

3. DOB [REDACTED] 4b EXP 06/06/2020

15 SEX F 4a ISS 06/06/2012
16 HGT 5-02" 18 EYES BRO
17 WGT 190 lb 19 HAIR BRO

9 CLASS D
9a END NONE



DONOR
STICKER
HERE

Bobbie Cornelius

5. DD OTAKO2012060610103362

EDUCATIONAL INSTITUTE
AMERICAN HOTEL & LODGING ASSOCIATION



Phone: 517-372-8800 • Fax: 517-372-5141 • E-mail: eiinfo@ahla.org • www.ahlei.org
2113 N. High St., Lansing, MI 48906, USA

September 04, 2012

Dear Bobbie J. Cornelius:

Congratulations on successfully completing Controlling Alcohol Risks Effectively (CARE) for Servers, the Educational Institute's responsible alcohol service program. Your score of 84 percent or greater on the CARE exam shows that you are well aware of the issues and concerns involved in the responsible service of alcohol. Your CARE for Servers card is attached. You can present this card as proof of your training to those who request it. This letter also includes verification of your training for your employee file. Please detach the Verification Record, located at the lower left of this letter, and give it to your employer or other appropriate person. If you have any questions, please contact your instructor or the Educational Institute.

Once again, congratulations on your achievement, and best of luck to you in your hospitality career.

Robert L. Steele III
President & Chief Operating Officer



Verification Record for Employee File

Educational Institute of the
American Hotel and Lodging Association

Hereby confirms that **Bobbie J. Cornelius**
has successfully completed the Controlling Alcohol
Risks Effectively (CARE) Program on **August 21, 2012**
Complies with s.125.04(5)(a)5 and s.125.17(6), Wis. Stats.

President & Chief Operating Officer

T

DEPARTMENT OF JUSTICE CRIME INFORMATION BUREAU**Request Date : 06/18/2013****Report Date : 06/20/2013****Order Number : 3658641****Request Reason : Government**

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

Name	BOBBIE JO CORNELIUS
Date of Birth	[REDACTED]
Sex	F
Race	U

The response is based on a search using the identification data supplied.

Searches based solely on name and non-unique identifiers are not fully

reliable. The CIB cannot guarantee that the information furnished pertains

to the individual you are interested in.

NO CRIMINAL HISTORY FOUND.

46



**Operator License Application
Village of Howard**

<input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal	<input checked="" type="checkbox"/> Operator \$ 40.00 <input type="checkbox"/> Provisional \$ 15.00	<input type="checkbox"/> Duplicate License \$5.00
---	--	---

Temporary \$6.00 (License is limited to once per year, for a maximum of 14 days and only to persons employed by or donating their services for non profit corporations.)
 Date Needed: _____
 Event Name: _____

Office Use Only:	License #	Provisional #
------------------	-----------	---------------

Filling Out Your Application:

- An Operator License is a privilege, not a right. Any false answers or omissions may result in the denial of your application. This application must be filled out accurately and completely.
- If you have any doubt as to whether to include the facts of a specific incident, it is recommended that you disclose the information.
- If you are unsure about how to respond to any questions on this form, check with the Village Clerk for clarification. Your application will not be processed until you deal with any outstanding warrants.
- You can obtain information regarding your criminal history from the police department, the court with which you interacted, or the Wisconsin Circuit Court Access website at: www.wcca.wicourts.gov.

Review Of Your Application:

- The Howard Police Department (Brown County Sheriff) or our clerical staff will perform a background check to verify that the information you have provided is complete and accurate.
- You may be called to appear before the Village Board if there are concerns about your criminal history as it relates to your application, or if it appears that you falsified or omitted information from your application. If you are asked to appear but choose not to do so, your application may be denied.

Last Name: <i>Jones</i>	First Name: <i>Suzanne</i>	Middle Name: <i>Rose</i>
----------------------------	-------------------------------	-----------------------------

Residence: Street Address: <i>1644 Langlade Ave</i>	City: <i>Green Bay</i>	State: <i>WI</i>	Zip: <i>54304</i>
--	---------------------------	---------------------	----------------------

Residence Phone: <i>920-737-9675</i>	Birthdate: [REDACTED]	Birth Place (City, State): <i>Barstow, CA</i>	Race: <i>W</i>	Sex: <i>F</i>	Height: <i>5'3"</i>	Weight: <i>220</i>	Hair: <i>Brown</i>	Eyes: <i>GRN</i>
---	--------------------------	--	-------------------	------------------	------------------------	-----------------------	-----------------------	---------------------

Driver's License # (State & Number): [REDACTED]	Establishment Where Employed: <i>The Avenue</i>	Contact Person & Phone Number: <i>Mari Jo Gulbrand</i>
--	--	---

Other Names, Aliases or Birthdates ever used:
Suzanne R. Williams Suzann R. Absteen

Cities & States lived in the past 10 years: <i>Green Bay, WI</i>	From: <i>8-90</i>	To: <i>Present</i>
---	----------------------	-----------------------

Please check box below if you have lived at this address for 10 years or more: <input type="checkbox"/>	From:	To:
--	-------	-----

Indicate whether you are a U.S. Citizen, U.S. Alien or Temporary Resident:
 U.S. Citizen Alien Temporary Resident (Employment Number _____)

WISCONSIN DRIVER LICENSE Regular **DONOR**

SUZANNE R JONES
957 MANCEL LN
GREEN BAY, WI 54304

Suzanne Jones

Class: D Endorsements:
Sex: F Hair: BRN Eyes: GRN Height: 5'03" Weight: 220
DOB: [REDACTED]
Issued: 05-28-2009
Expires: 05-22-2017

 **City of Green Bay**
Operator's License

Suzanne R Jones

DOB: [REDACTED] 06/30
Expires:

10	11	12	13	14	15	16
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DEPARTMENT OF JUSTICE CRIME INFORMATION BUREAU

Request Date : 06/14/2013
Report Date : 06/20/2013
Order Number : 3655284
Request Reason : Government

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

Name	SUZANNE ROSE JONES
Date of Birth	[REDACTED]
Sex	F
Race	W
Alias	SUZANNE ROSE WILLIAMS SUZANNE ROSE ALSTEEN

The response is based on a search using the identification data supplied. Searches based solely on name and non-unique identifiers are not fully reliable. The CIB cannot guarantee that the information furnished pertains to the individual you are interested in.

NO CRIMINAL HISTORY FOUND.



Operator License Application
Village of Howard

<input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal	<input checked="" type="checkbox"/> Operator \$ 40.00 <input type="checkbox"/> Provisional \$ 15.00	<input type="checkbox"/> Duplicate License \$5.00
Temporary \$6.00 (License is limited to once per year, for a maximum of 14 days and only to persons employed by or donating their services for non profit corporations.) Date Needed: _____ Event Name: _____		

Office Use Only:	License #	Provisional #
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Filling Out Your Application:

- An Operator License is a privilege, not a right. Any false answers or omissions may result in the denial of your application. This application must be filled out accurately and completely.
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Review Of Your Application:

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- You may be called to appear before the Village Board if there are concerns about your criminal history as it relates to your application, or if it appears that you falsified or omitted information from your application. If you are asked to appear but choose not to do so, your application may be denied.

Last Name: Soefeloh		First Name: Kristina		Middle Name: Marie				
Residence: Street Address: 1980 Marina Terrace #7		City: Green Bay		State: WI		Zip: 54303		
Residence Phone: 920-615-1206	Birthdate: [REDACTED]	Birth Place (City, State): Green Bay WI	Race: W	Sex: F	Height: 5,4	Weight: 120	Hair: Blonde	Eyes: green
Driver's License # (State & Number): [REDACTED]		Establishment Where Employed: Julie's Cafe		Contact Person & Phone Number: Troy 494-4585				

Other Names, Aliases or Birthdates ever used:

Cities & States lived in the past 10 years: Howard	From:	To:
---	-------	-----

Please check box below if you have lived at this address for 10 years or more: <input type="checkbox"/>	From:	To:
--	-------	-----

Indicate whether you are a U.S. Citizen, U.S. Alien or Temporary Resident:

U.S. Citizen Alien Temporary Resident (Employment Number _____)

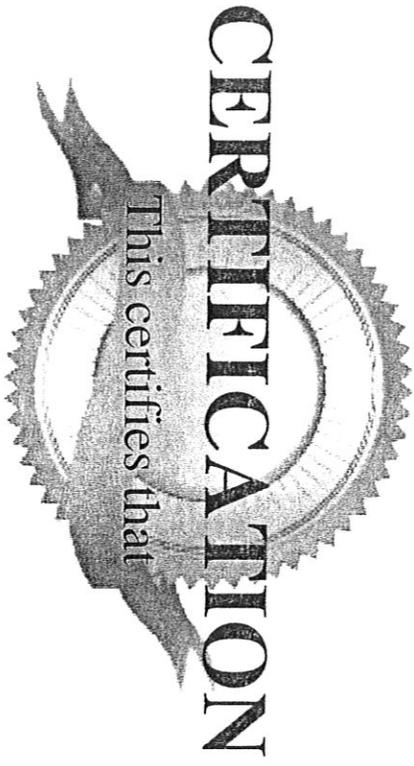


VALIDATE ONLINE AT SERVINGALCOHOL.COM

CODE: DMXRMV2G66

ONLINE TRAINING

SERVING ALCOHOL, INC.
UNITED STATES OF AMERICA
team@servingalcohol.com



Kristina Seefeldt

has completed the Serving Alcohol Inc. approved course
Wisconsin Alcohol Seller-Server

June 13, 2013

APPROVED BY THE STATE OF WISCONSIN SS-125.04
PROVIDER TRAINING IN COMPLIANCE WITH SS-134.66
STUDENT ACKNOWLEDGED UNDERSTANDING OF SS-134.88:
Restrictions on sale or gift of cigarettes or tobacco products; that state law prohibits selling tobacco products to any person under the age of 18; and failure to comply with these restrictions may result in a citation.



K Seefeldt
**KRISTINA M
SEEFELDT**
1980 MORaine TER #7
GREEN BAY, WI 54303-4662

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXPECT THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES:

- * CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- * OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR
- * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATIONS
- * DETERMINE THAT PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND REGARD THEM IF THERE IS ANY QUESTION AS TO THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

DEPARTMENT OF JUSTICE CRIME INFORMATION BUREAU

Request Date : 06/17/2013
Report Date : 06/20/2013
Order Number : 3656941
Request Reason : Government

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

Name	KRISTINA MARIE SEEFELDT
Date of Birth	[REDACTED]
Sex	F
Race	W

The response is based on a search using the identification data supplied. Searches based solely on name and non-unique identifiers are not fully reliable. The CIB cannot guarantee that the information furnished pertains to the individual you are interested in.

NO CRIMINAL HISTORY FOUND.



Operator License Application
Village of Howard

<input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal	<input checked="" type="checkbox"/> Operator \$ 40.00 <input type="checkbox"/> Provisional \$ 15.00	<input type="checkbox"/> Duplicate License \$5.00
Temporary \$6.00 (License is limited to once per year, for a maximum of 14 days and only to persons employed by or donating their services for non profit corporations.) Date Needed: _____ Event Name: _____		

Office Use Only: License # _____	Provisional # _____
----------------------------------	---------------------

Filling Out Your Application:

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- You may be called to appear before the Village Board if there are concerns about your criminal history as it relates to your application, or if it appears that you falsified or omitted information from your application. If you are asked to appear but choose not to do so, your application may be denied.

Last Name: Svoboda		First Name: Jody		Middle Name: Leigh				
Residence: Street Address: 2695 Trojan Dr. #B3			City: Green Bay		State: WI	Zip: 54304		
Residence Phone: (920) 544-9047	Birthdate: [REDACTED]	Birth Place (City, State): Green Bay, WI	Race: W	Sex: F	Height: 5'6"	Weight: 146	Hair: Br	Eyes: Br
Driver's License # (State & Number): [REDACTED]		Establishment Where Employed: Townline Shell			Contact Person & Phone Number: Lynda (434-7764)			

Other Names, Aliases or Birthdates ever used:
none

Cities & States lived in the past 10 years: n/a	From:	To:
--	-------	-----

Please check box below if you have lived at this address for 10 years or more: <input type="checkbox"/> n/a	From:	To:
--	-------	-----

Indicate whether you are a U.S. Citizen, U.S. Alien or Temporary Resident:

U.S. Citizen Alien Temporary Resident (Employment Number _____)

Have you ever been convicted of a crime of manufacturing, distributing or delivering a controlled substance or controlled substance; possessing, with intent to manufacture, distribute or deliver, a controlled substance or under federal or any state law? (See Wis. Stats. 111.335(1)(cs).)List below:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Since your 17 th birthday, have you ever been convicted of a felony or misdemeanor (including criminal traffic offenses)? List below:	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
As a juvenile, were you ever waived into adult court and convicted of a felony or misdemeanor? List below:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Have you even been convicted by military court-martial? List below:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Are you currently subject to any pending charges? List below:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

List all convictions, citations, tickets and pending charges:

MONTH/YEAR	LOCATION	CHARGE	DISPOSITION
Feb. 1995	Green Bay	Theft	Pd fine
July 1999	Green Bay	Possess Controlled Substances	Pd reduced fine

The undersigned affirms that he/she made complete and true answers to each question and understands that his/her past record will become part of this application and that the applicant applying for an Operator License is a Wisconsin resident.

[Signature]
Applicant's Signature

June 18th 2013
Date

To be filled out by the Howard Police Department or Clerical Staff

<input type="checkbox"/>	Subject has no Criminal Arrest Record with either the Wisconsin State Crime Bureau
<input checked="" type="checkbox"/>	Files indicate that subject has the attached Criminal Arrest Record.

[Signature]
Authorized signature performing background check

6/20/2013
Date

Receipt # 35415 Dated: 6/19/13 Mail or Pick Up Date: _____

WISCONSIN

DRIVER LICENSE
REGULAR



1 SVOBODA
2 JODY LEIGH
3 2695 TROJAN DR # B3
4 GREEN BAY, WI 54304

3 DOB



4b EXP 03/13/2021

15 SEX F

4a ISS 03/12/2013

16 HGT 5'-06"

18 EYES BRO

17 WGT 137 lb

19 HAIR BRO

9 CLASS D

9a END NONE



Jody Sjoboda

5 0D OTHLV2013031211560493

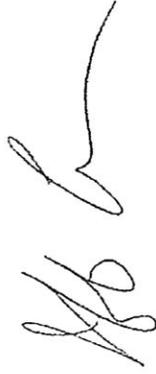


WISCONSIN

SELLER / SERVER CERTIFICATION

Trainee Name: Jody Svoboda
Date of Completion: 06/18/2013

School Name: 360training.com, Inc.



I, _____
certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66



learn²
serve

Corporate Headquarters
13801 Burnet Rd., Suite 100
Austin, Texas 78727
P: 800-442-1149

2. The process for submitting a challenge.

The applicant should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on the Department of Justice website at <http://www.doj.state.wi.us/dles/cib/background-check-criminal-history-information> or by calling (608) 266-7314. A challenge may include a request for comparison of the fingerprints of the person submitting the challenge to the fingerprints on file that are associated with the Wisconsin criminal history record below.

Wisconsin Criminal History
RECORD LAST UPDATED: 06/06/2007

Identification **Criminal History** **Contributing Agencies** **Your Request**

IDENTIFICATION**JODY LEIGH SVOBODA**

Female / White

Born in Wisconsin ; Citizen of USA

[REDACTED]
5'06" 128lbs Brown Eyes ; Brown Hair

2870 Curry Ln, Green Bay, WI as of 07/15/1999

FBI: Unknown

STATE ID: WI697181

EMPLOYER: Unknown

OCCUPATION: Unknown

CRIMINAL HISTORY**Cycle 1**

EARLIEST EVENT DATE: February 04, 1995

DATE OF OFFENSE: February 04, 1995

ARREST DATA

SUBJECT NAME: JODY LEIGH SVOBODA

TYPE: Adult Only

DATE: February 04, 1995

ARREST AGENCY: WI0050200 GREEN BAY PD

BOOKING

AGENCY: WI0050200 GREEN BAY PD

CHARGE

SEQUENCE NUMBER: 01
LITERAL: THEFT
NCIC CODE: 2399
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: Other

COURT

SUBJECT NAME: JODY LEIGH SVOBODA
DATE: February 04, 1995, February 23, 1995
CASE NUMBER: M0221039
COURT: Unknown, MUNICIPAL COURTWI000000M

CHARGE

SEQUENCE NUMBER: 01
LITERAL: THEFT
NCIC CODE: 2399
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: Other

COURT ACTION:

LITERAL: Other
DISPOSITION DATE: February 04, 1995
DISPOSITION: DISPOSITION NOT REPORTED

CHARGE

SEQUENCE NUMBER: 02
LITERAL: THEFT
NCIC CODE: 2399
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: Other

COURT ACTION:

LITERAL: Convicted
DISPOSITION DATE: February 23, 1995
DISPOSITION: CONVICTED

SENTENCING

DATE: February 23, 1995
CASE NUMBER: M0221039
CONVICTED OFFENSE:
CHARGE SEQUENCE NUMBER: 02
SENTENCE:
SENTENCE: Fine
SENTENCE BEGIN DATE: 1995-02-23

Cycle 2

EARLIEST EVENT DATE: July 15, 1999
DATE OF OFFENSE: July 15, 1999

ARREST DATA

SUBJECT NAME: JODY LEIGH SVOBODA
TYPE: Adult Only

DATE: July 15, 1999

ARREST AGENCY: WI0050200 GREEN BAY PD

BOOKING

AGENCY: WI0050200 GREEN BAY PD

CHARGE

SEQUENCE NUMBER: 01

LITERAL: POSSESS CONTROLLED SUBSTANCES

NCIC CODE: 3562

COUNTS: 1

CLASSIFICATION:

CHARGE SEVERITY: Other

COURT

SUBJECT NAME: JODY LEIGH SVOBODA

DATE: October 15, 1999

CASE NUMBER: M0861101

COURT: GREEN BAY MUNICIPAL COURT BRANCH 2WI005031J

CHARGE

SEQUENCE NUMBER: 01

LITERAL: POSSESS CONTROLLED SUBSTANCES

NCIC CODE: 3562

COUNTS: 1

CLASSIFICATION:

CHARGE SEVERITY: Other

COURT ACTION:

LITERAL: Convicted

DISPOSITION DATE: October 15, 1999

DISPOSITION: CONVICTED

SENTENCING

DATE: October 15, 1999

CASE NUMBER: M0861101

CONVICTED OFFENSE:

CHARGE SEQUENCE NUMBER: 01

SENTENCE:

SENTENCE: Fine

CONTRIBUTING AGENCIES

WI0050200 Green Bay Pd

WI000000M Municipal Court

WI005031J Green Bay Municipal Court Branch 2

YOUR REQUEST:

User ID: 10562

Date & Time:

06/20/2013
13:43:14

State Ident Number: WI697181

Purpose Code:

A



**Operator License Application
Village of Howard**

<input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal	<input checked="" type="checkbox"/> Operator \$ 40.00 <input type="checkbox"/> Provisional \$ 15.00	<input type="checkbox"/> Duplicate License \$5.00
---	--	---

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Office Use Only:	License #	Provisional #
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Last Name: <u>TRAN</u>	First Name: <u>LINDA</u>	Middle Name: <u>T</u>
---------------------------	-----------------------------	--------------------------

Residence: Street Address: <u>1383 Mesa Dr</u>	City: <u>Green Bay</u>	State: <u>WI</u>	Zip: <u>54313</u>
---	---------------------------	---------------------	----------------------

Residence Phone: <u>920-497-9064</u>	Birthdate: [REDACTED]	Birth Place (City, State): <u>Saigon</u>	Race: <u>Asian</u>	Sex: <u>F</u>	Height: <u>5.4</u>	Weight: <u>125</u>	Hair: <u>Black</u>	Eyes: <u>Brown</u>
---	--------------------------	---	-----------------------	------------------	-----------------------	-----------------------	-----------------------	-----------------------

Driver's License # (State & Number): [REDACTED]	Establishment Where Employed: <u>Townline Shell</u>	Contact Person & Phone Number: <u>Timothy 920-434-7764</u>
--	--	---

Other Names, Aliases or Birthdates ever used:

Cities & States lived in the past 10 years:	From:	To:
---	-------	-----

Please check box below if you have lived at this address for 10 years or more: <input checked="" type="checkbox"/>	From:	To:
---	-------	-----

Indicate whether you are a U.S. Citizen, U.S. Alien or Temporary Resident:

U.S. Citizen Alien Temporary Resident (Employment Number _____)

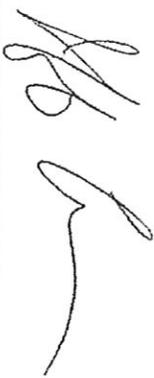
WISCONSIN

SELLER / SERVER CERTIFICATION

Trainee Name: Linda Tran

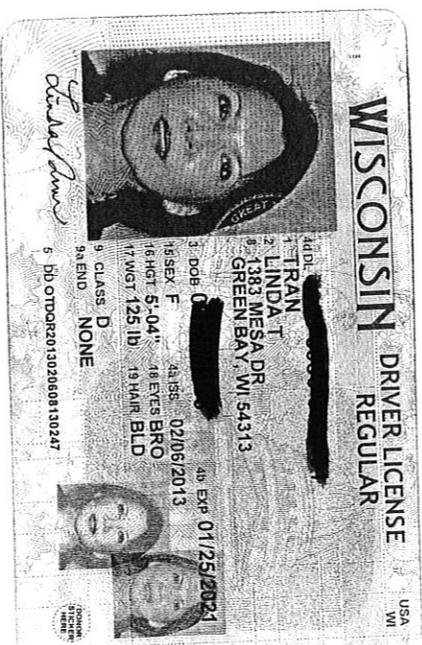
Date of Completion: 06/06/2013

School Name: 360training.com, Inc.

I, 

certify that the above named person successfully completed an approved Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66



Corporate Headquarters
13801 Burnet Rd., Suite 100
Austin, Texas 78727
P: 800-442-1149

DEPARTMENT OF JUSTICE CRIME INFORMATION BUREAU

Request Date : 06/17/2013
Report Date : 06/20/2013
Order Number : 3656941
Request Reason : Government

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

Name	LINDA T TRAN
Date of Birth	[REDACTED]
Sex	F
Race	A

The response is based on a search using the identification data supplied. Searches based solely on name and non-unique identifiers are not fully reliable. The CIB cannot guarantee that the information furnished pertains to the individual you are interested in.

NO CRIMINAL HISTORY FOUND.
