

Let



**Operator License Application**  
**Village of Howard**

<input checked="" type="checkbox"/> New	<input checked="" type="checkbox"/> Operator \$ 40.00	<input type="checkbox"/> Duplicate License \$5.00
<input type="checkbox"/> Renewal	<input type="checkbox"/> Provisional \$ 15.00	
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.
- 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](http://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>Barlament</i>		First Name: <i>Mary</i>		Middle Name:				
Residence: Street Address: <i>1276 Thomas St</i>		City: <i>Green Bay</i>		State: <i>WI</i>		Zip: <i>54303</i>		
Residence Phone: <i>920-405-0266</i>	Birthdate: [REDACTED]	Birth Place (City, State): <i>Crystal Falls MI</i>	Race: <i>W</i>	Sex: <i>F</i>	Height: <i>5.5</i>	Weight: <i>150</i>	Hair: <i>BR</i>	Eyes: <i>BR</i>
Driver's License # (State & Number): [REDACTED]		Establishment Where Employed: <i>Reneville Travel Mart</i>			Contact Person & Phone Number:			

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:	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 <sup>th</sup> 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.

Mary Bassament  
Applicant's Signature

5.21.12  
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      6/8/12  
Authorized signature performing background check      Date

Receipt # 18231 Dated: 5/21/12 Mail or Pick Up Date: \_\_\_\_\_



VALIDATE ONLINE AT SERVINGALCOHOL.COM

CODE: Z1X0JXPMOR

ONLINE TRAINING

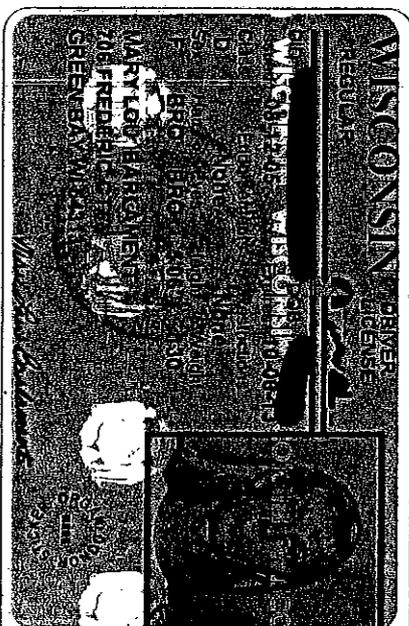
SERVING ALCOHOL INC  
UNITED STATES OF AMERICA  
team@servingalcohol.com



*Mary Barlament*

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

May 17, 2012



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.

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE 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 RECORD THEM IF THERE IS ANY QUESTION AS TO THEIR AGE
- \* ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

**DEPARTMENT OF JUSTICE CRIME INFORMATION BUREAU**

06/08/2012

Order Number : 3226186

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

<b>Name</b>	<b>MARY BARLAMENT</b>
<b>Date of Birth</b>	<b>[REDACTED]</b>
<b>Sex</b>	<b>F</b>
<b>Race</b>	<b>W</b>

---

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.**

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**Operator License Application**  
**Village of Howard**

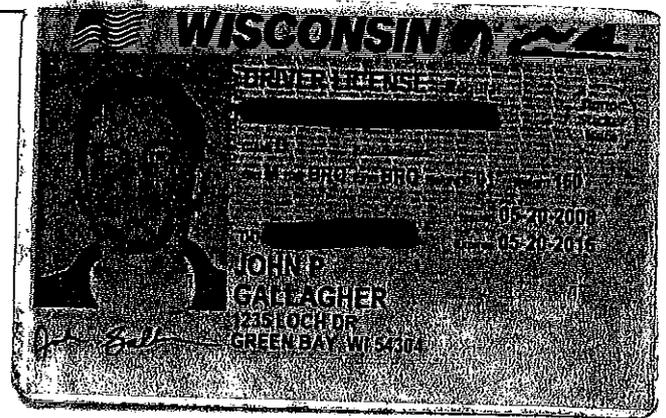
<input checked="" type="checkbox"/> New  <input type="checkbox"/> Renewal	<input checked="" type="checkbox"/> Operator \$ 40.00 <input type="checkbox"/> Provisional \$ 15.00	<input type="checkbox"/> Duplicate License \$5.00
Temporary \$6.00 (License is limited to once per year, for a maximum of 14 days and only to persons employed by or donating their services for non profit corporations.) Date Needed: _____ Event Name: _____		
Office Use Only:	License #	Provisional #
<b>Filling Out Your Application:</b> <ul style="list-style-type: none"> <li>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.</li> <li>If you have any doubt as to whether to include the facts of a specific incident, it is recommended that you disclose the information.</li> <li>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.</li> <li>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: <a href="http://www.wcca.wicourts.gov">www.wcca.wicourts.gov</a>.</li> </ul> <b>Review Of Your Application:</b> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>		
Last Name: <del>John</del> Gallagher	First Name: John	Middle Name: Patrick
Residence: Street Address: 1235 Loch Dr.	City: Green Bay	State: WI
		Zip: 54304
Residence Phone: 920-246-5551	Birthdate: [REDACTED]	Birth Place (City, State): Green Bay
		Race: W
		Sex: M
		Height: 6'1"
		Weight: 165
		Hair: Br
		Eyes: H2
Driver's License # (State & Number): [REDACTED]	Establishment Where Employed: Kwik Trip	Contact Person & Phone Number: Andy
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:		From: To:
<input type="checkbox"/>		
Indicate whether you are a U.S. Citizen, U.S. Alien or Temporary Resident:		
<input checked="" type="checkbox"/> U.S. Citizen <input type="checkbox"/> Alien <input type="checkbox"/> Temporary Resident (Employment Number _____)		





City Clerk / Treasurers Office

May 25, 2012



TO WHOM IT MAY CONCERN:

This is to certify that John P. Gallagher is a Licensed Liquor Operator in the City of Green Bay, Brown County, Wisconsin. The Operator License is valid until June 30, 2013.

I, Anita M. Raleigh, Deputy City Clerk of the City of Green Bay, State of Wisconsin, do hereby certify that the above information is true and correct and was taken from our Operator License Records kept in City Hall, Green Bay, WI.

Witness my hand and Seal of the City of Green Bay, this 25th day of May, 2012.

A handwritten signature in cursive script, appearing to read 'Anita M. Raleigh', written over a horizontal line.

DEPUTY CITY CLERK

SEAL

**DEPARTMENT OF JUSTICE CRIME INFORMATION BUREAU****06/08/2012****Order Number : 3226186**

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

<b>Name</b>	<b>JOHN P GALLAGHER</b>
<b>Date of Birth</b>	<b>[REDACTED]</b>
<b>Sex</b>	<b>M</b>
<b>Race</b>	<b>W</b>

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**Operator License Application**  
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Office Use Only:	License #	Provisional #
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Last Name: <u>Ciretans</u>		First Name: <u>Cindy</u>		Middle Name: <u>Sue</u>	
Residence Street Address: <u>9109 Mather</u>		City: <u>Green Bay</u>		State: <u>WI</u>	Zip: <u>54303</u>
Residence Phone: <u>455-0499</u>	Birthdate: [REDACTED]	Birth Place (City, State): <u>Green Bay, WI</u>	Race: <u>W</u>	Sex: <u>F</u>	Height: <u>5'2"</u>
Weight: <u>125</u>	Hair: <u>bl/bl</u>	Eyes: <u>br</u>	Driver's License # (State & Number): [REDACTED]		
Establishment Where Employed: <u>Jr's</u>			Contact Person & Phone Number: <u>Pete Borik - 713-4922</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:	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 \_\_\_\_\_)

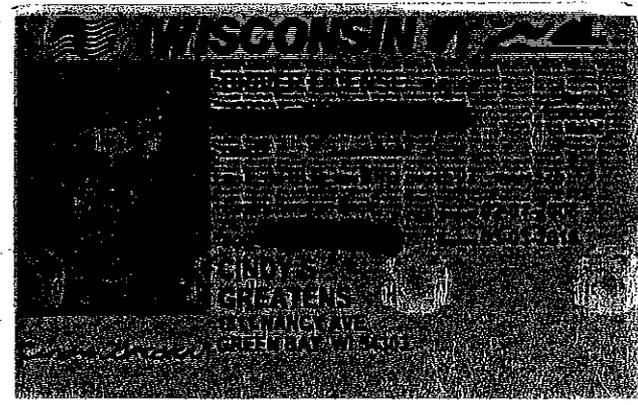




**City of Green Bay  
Operator's License**

**Cindy S. Greatens**

**Expires: 06/30**



**DEPARTMENT OF JUSTICE CRIME INFORMATION BUREAU**

06/08/2012

Order Number : 3226186

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

<b>Name</b>	<b>CINDY S GREATENS</b>
<b>Date of Birth</b>	<b>[REDACTED]</b>
<b>Sex</b>	<b>F</b>
<b>Race</b>	<b>W</b>

---

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**NO CRIMINAL HISTORY FOUND.**

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**Operator License Application  
Village of Howard**

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

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 # 2012-029

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Last Name: <u>Jenss</u>		First Name: <u>Gregory</u>		Middle Name: <u>Steven</u>				
Residence: Street Address: <u>1100 9th St</u>		City: <u>Green Bay</u>		State: <u>WI</u>		Zip: <u>54304</u>		
Residence Phone: <u>920-371-8898</u>	Birthdate: [REDACTED]	Birth Place (City, State): <u>Milwaukee WI</u>	Race: <u>W</u>	Sex: <u>M</u>	Height: <u>6'</u>	Weight: <u>210</u>	Hair: <u>Bl</u>	Eyes: <u>Bl</u>
Driver's License # (State & Number): [REDACTED]		Establishment Where Employed: <u>Howard VFW</u>			Contact Person & Phone Number: <u>Jackie 920-434-0701</u>			

Other Names, Aliases or Birthdates ever used:

Cities & States lived in the past 10 years: <u>Green Bay WI</u>	From: <u>1985</u>	To: <u>Present</u>
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Please check box below if you have lived at this address for 10 years or more:

From:	To:
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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 <sup>th</sup> birthday, have you ever been convicted of a felony or misdemeanor (including criminal traffic offenses)? List below: see Attached -	<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
10/10/94	Kewaunee	worth less chck	closed - rest.
12/13/94	Kewaunee	worth less check	dismissed - rest.
9/15/94	Browncty	worth less chck	closed - rest. vt
9-8-94	Mantonac Cty	oper. w/o Valid Licence	closed - Pd fine
2-9-95	Kewaunee	2nd op. w/o Licence	closed - Pd 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.

*Jorge J. Jem*  
Applicant's Signature

6-6-12  
Date

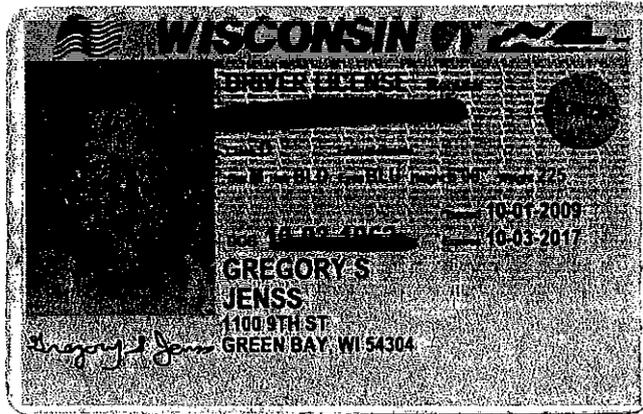
**To be filled out by the Howard Police Department or Clerical Staff**

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

*Lynn Kobus*  
Authorized signature performing background check

6/8/12  
Date

Receipt # 18836 Dated: 6/6/12 Mail or Pick Up Date: \_\_\_\_\_



**Village Of Ashwaubenon**

**No: 2010-12- 388**

**Operator's License**

**Fee: \$30.00**

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

**Gregory S. Jents  
1100 9th St.  
Green Bay, WI 54304**

AND WHEREAS, the said applicant has paid to the Treasurer the sum of \$30.00 as required by the Municipality 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 126.68(2) of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant,

**for the period from 7/01/2010 to 6/30/2012.**

Given under my hand and the Seal of the Village of Ashwaubenon, County of Brown, State of Wisconsin, this 14th day of June, 2011.



*Dawn A. Collins*

**Dawn A. Collins, Clerk**

[search](#)  
 [calendar](#)  
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 [reports](#)  
 [help](#)  
 [view cart \(0 items\)](#)

## Case Search Results

You searched for: Party Name Jeness, Gregory S; Birth Date 10-03-1962

**NOTE: When DOB is used as a search criteria, search will return all records that match all other search criteria with and without DOB**  
 Displaying records 1 to 10 of 10

What is RSS? 

Click column headers to sort

Case Number	Filing Date	County Name	Case Status	Name	Date of Birth	Caption
<a href="#">2000TW000048</a>	01-10-2000	Brown	Filed Only	JENSS, GREGORY S	-	Dept. of Revenue vs. GREGORY S JENSS
<a href="#">1995CT000017</a>	02-09-1995	Kewaunee	Closed	Jeness, Gregory S.	10-03-1962	State vs Gregory S. Jeness
<a href="#">1994SC000028</a>	02-22-1994	Kewaunee	Closed	Jeness, Gregory S.	-	Wisconsin Public Service Corp. vs Gregory S. Jeness et al
<a href="#">1994CT000539</a>	09-08-1994	Manitowoc	Closed	Jeness, Gregory S.	10-03-1962	State vs Gregory S. Jeness
<a href="#">1994CM001130</a>	09-15-1994	Brown	Closed	JENSS, GREGORY S	10-03-1962	State vs GREGORY S JENSS
<a href="#">1994CM000129</a>	12-13-1994	Kewaunee	Closed	Jeness, Gregory S.	10-03-1962	State vs Gregory S. Jeness
<a href="#">1994CM000100</a>	10-10-1994	Kewaunee	Closed	Jeness, Gregory S.	10-03-1962	State vs Gregory S. Jeness
<a href="#">1993SC000637</a>	02-02-1993	Brown	Closed	JENSS, GREGORY S	-	INTERNAL MEDICINE LTD vs GREGORY S JENSS et al
<a href="#">1993SC000013</a>	01-07-1993	Kewaunee	Closed	Jeness, Gregory S.	-	Wisconsin Public Service Corp vs Gregory S. Jeness et al
<a href="#">1992SC003682</a>	06-30-1992	Brown	Closed	JENSS, GREGORY	-	ORAL & MAXILLOFACIAL SURGERY A vs GREGORY JENSS

[Return to Search Form](#)

Technical problems? [Contact us](#).

[notice to employers](#) | [accuracy](#) | [public records on the internet](#) | [data extraction option](#) | [rss](#) | [court terms](#)

**DEPARTMENT OF JUSTICE CRIME INFORMATION BUREAU**

06/08/2012

Order Number : 3226186

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

<b>Name</b>	<b>GREGORY S JENSS</b>
<b>Date of Birth</b>	<b>[REDACTED]</b>
<b>Sex</b>	<b>M</b>
<b>Race</b>	<b>W</b>

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**Wisconsin Criminal History**

Report Date: 06/08/2012

Government

**WISCONSIN IDENTIFICATION DATA**

**THE RESPONSE IS BASED ON A SEARCH USING THE FINGERPRINTS AND/OR 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.**

**SUBJECT TO 111.33 TO 111.36, SECTION 111.321 OF THE WISCONSIN STATUTES PROHIBITS ACTS OF EMPLOYMENT DISCRIMINATION BASED ON ARREST AND CONVICTION RECORDS. APPLICANTS SHOULD BE NOTIFIED OF THEIR RIGHT TO CHALLENGE THE ACCURACY AND COMPLETENESS OF ANY INFORMATION CONTAINED IN A CRIMINAL RECORD BEFORE ANY FINAL DETERMINATION IS MADE. CHALLENGES SHOULD BE SUBMITTED TO THE CRIME INFORMATION BUREAU ON FORM DJ-LE-247 AND MAY INCLUDE A REQUEST FOR FINGERPRINT COMPARISON.**

**THIS RESPONSE MAY NOT SHOW ALL ARRESTS FOR THIS INDIVIDUAL HOWEVER ALL INFORMATION PROVIDED TO THE STATE REPOSITORY IS INCLUDED IN THIS RESPONSE.**

Identification   Criminal History   Contributing Agencies   Your Request

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**IDENTIFICATION****GREGORY STEVEN JENSS**

Male / White

Born in Wisconsin ; Citizen of USA

5'11" 185lbs Blue Eyes ; Brown Hair

1622 Louise St, Green Bay, WI as of 02/17/1992

FBI:        Unknown

STATE ID: WI558922

FINGERPRINT        DOPM121410DI05111410  
CLASS:

EMPLOYER:        Unknown

OCCUPATION:        Unknown

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**CRIMINAL HISTORY****Cycle 1**

EARLIEST EVENT DATE: February 17, 1992

DATE OF OFFENSE: February 17, 1992

**ARREST DATA**

SUBJECT NAME: GREGORY STEVEN JENSS

TYPE: Adult Only

DATE: February 17, 1992

ARREST AGENCY: WI0050200 GREEN BAY PD

**BOOKING**

AGENCY: WI0050200 GREEN BAY PD

**CHARGE**

SEQUENCE NUMBER: 01

LITERAL: RETAIL THEFT

NCIC CODE: 2303

COUNTS: 1

CLASSIFICATION:

CHARGE SEVERITY: Other

**COURT**

SUBJECT NAME: GREGORY STEVEN JENSS

DATE: February 26, 1992

CASE NUMBER: M0015056

COURT: MUNICIPAL COURT WI000000M

**CHARGE**

SEQUENCE NUMBER: 01

LITERAL: RETAIL THEFT

NCIC CODE: 2303

COUNTS: 1

CLASSIFICATION:

CHARGE SEVERITY: Other

COURT ACTION:

LITERAL: Convicted

DISPOSITION DATE: February 26, 1992

DISPOSITION: CONVICTED

SENTENCING

DATE: February 26, 1992

CASE NUMBER: M0015056

CONVICTED OFFENSE:

CHARGE SEQUENCE NUMBER: 01

SENTENCE:

SENTENCE: Fine

SENTENCE BEGIN DATE: 1992-02-26

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### CONTRIBUTING AGENCIES

WI0050200 Green Bay Pd

WI000000M Municipal Court

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### YOUR REQUEST:

User ID:	10562	Date & Time:	06/08/2012 12:12:51
State Ident Number:	WI558922	Purpose Code:	A

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# PROVISIONAL OPERATORS LICENSE

NO. 2012-029

\$ 15.00

WHEREAS, The local governing body of the Village of Howard County of Brown, Wisconsin, has, upon application duly made and authorized the issuance of a Provisional Operators License to Gregory S. Jense AND WHEREAS, the said applicant has paid to the treasurer the sum of \$ 15.00 as required by local ordinance and has complied with all requirements necessary for obtaining a license:

NOW THEREFORE, A Provisional Operators License, pursuant to Section 125.17(5) of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant.

For the period ending August 6th, 2012 or when an Operators License is issued to the holder.



Given under my hand and the corporate seal of the  
Village of Howard  
County of Brown, State of Wisconsin  
This 6<sup>th</sup> day of June, 2012

Deputy Clerk

*Lynn K. Kobus*



**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.
- 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](http://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: Johnson		First Name: Julie		Middle Name: Ann				
Residence: Street Address: 1104 Oregon St.		City: Green Bay		State: WI		Zip: 54303		
Residence Phone: 920-309-0381	Birthdate: [REDACTED]	Birth Place (City, State): GB Wis.	Race: W	Sex: F	Height: 5'4"	Weight: 162	Hair: B	Eyes: G
Driver's License # (State & Number): [REDACTED]		Establishment Where Employed: Lineville Grand Central Station			Contact Person & Phone Number: Jeff-			

Other Names, Aliases or Birthdates ever used:

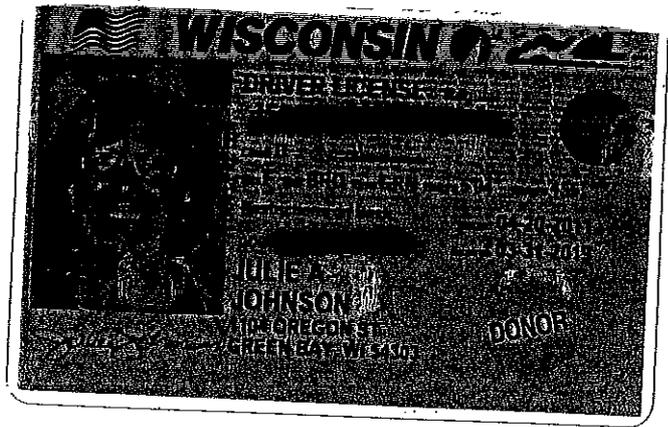
Cities & States lived in the past 10 years:	From:	To:

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

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

U.S. Citizen     Alien     Temporary Resident (Employment Number \_\_\_\_\_)







**DEPARTMENT OF JUSTICE CRIME INFORMATION BUREAU****06/08/2012****Order Number : 3226186**

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

<b>Name</b>	<b>JULIE A JOHNSON</b>
<b>Date of Birth</b>	<b>[REDACTED]</b>
<b>Sex</b>	<b>F</b>
<b>Race</b>	<b>W</b>

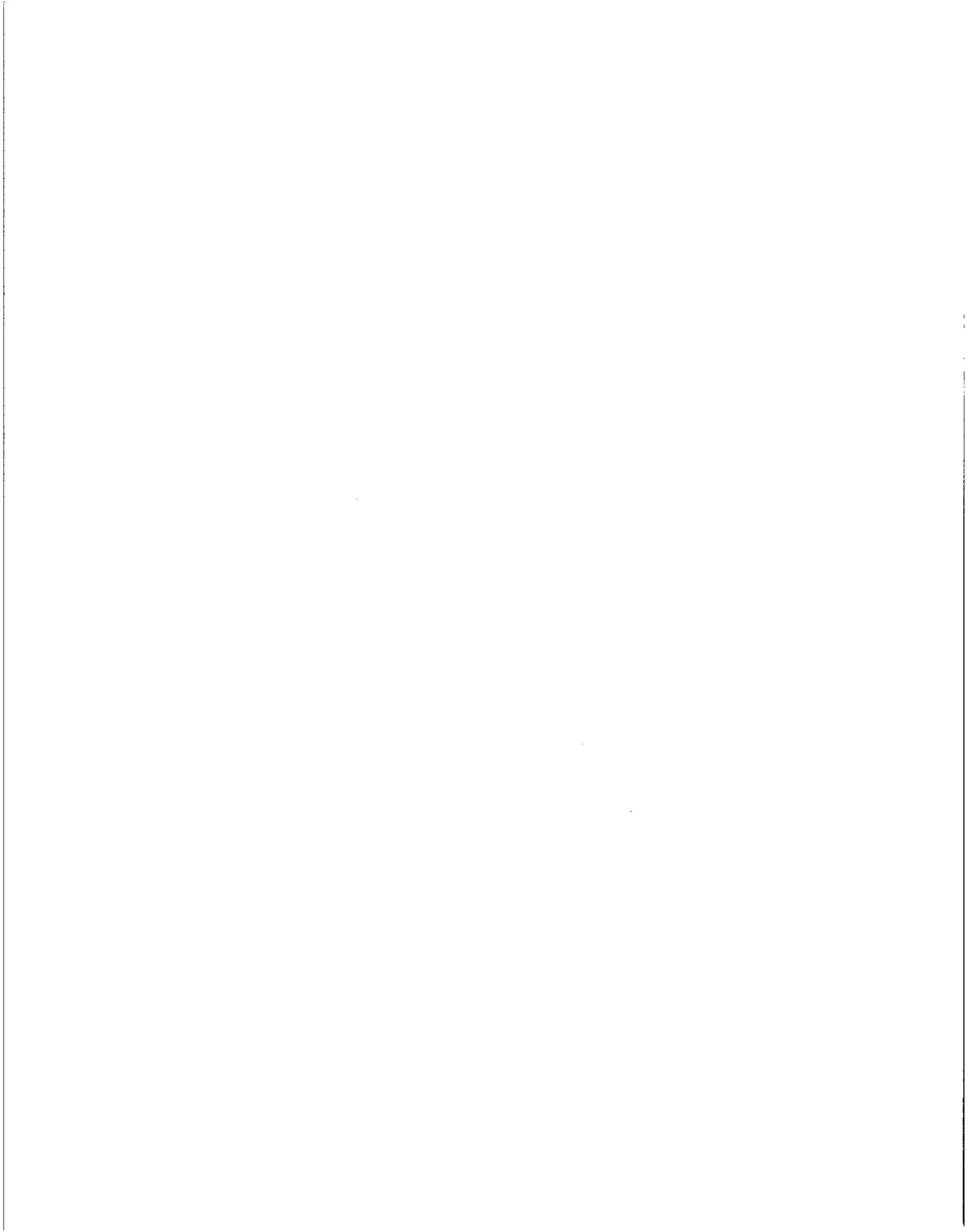
---

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.**

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**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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Last Name: <i>Johnson</i>		First Name: <i>ROXANNE</i>		Middle Name: <i>MARIE</i>				
Residence: Street Address: <i>1373 SHOREVIEW CT</i>		City: <i>GREENBAY</i>		State: <i>WI</i>		Zip: <i>54318</i>		
Residence Phone: <i>920-680-1908</i>	Birthdate: <i>[REDACTED]</i>	Birth Place (City, State): <i>CRYSTAL FALLS MI</i>	Race: <i>W</i>	Sex: <i>F</i>	Height: <i>5'3</i>	Weight: <i>140</i>	Hair: <i>BR</i>	Eyes: <i>BR</i>
Driver's License # (State & Number): <i>[REDACTED]</i>		Establishment Where Employed: <i>GRAND CENTRAL Station</i>			Contact Person & Phone Number: <i>Jeff</i>			

Other Names, Aliases or Birthdates ever used:  
*N/A*

Cities & States lived in the past 10 years: <i>N/A</i>	From:	To:
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Please check box below if you have lived at this address for 10 years or more: <input type="checkbox"/>	From:	To:
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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: 9CWVVB8XQMB

ONLINE TRAINING

SERVING ALCOHOL INC  
UNITED STATES OF AMERICA  
team@servinjalcohol.com



This certifies that

*Roxanne Johnson*

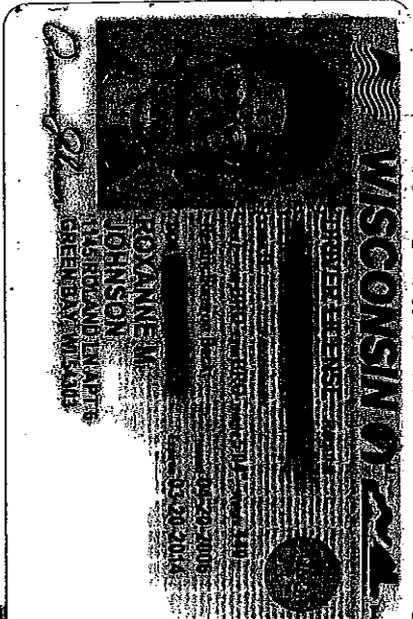
has completed the Serving Alcohol Inc. approved course

**Wisconsin Alcohol Seller-Server**

June 4, 2012

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.



PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE 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 RECORD THEM IF THERE IS ANY QUESTION AS TO THEIR AGE
- \* ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

**DEPARTMENT OF JUSTICE CRIME INFORMATION BUREAU**

06/08/2012

Order Number : 3226186

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

<b>Name</b>	<b>ROXANNE M JOHNSON</b>
<b>Date of Birth</b>	<b>[REDACTED]</b>
<b>Sex</b>	<b>F</b>
<b>Race</b>	<b>W</b>

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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.**

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**Operator License Application**  
**Village of Howard**

<input checked="" type="checkbox"/> New	<input checked="" type="checkbox"/> Operator \$ 40.00	<input type="checkbox"/> Duplicate License \$5.00
<input type="checkbox"/> Renewal	<input type="checkbox"/> Provisional \$ 15.00	
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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Last Name: <b>LESAGE</b>		First Name: <b>DAWN</b>		Middle Name: <b>ELIZABETH</b>				
Residence: Street Address: <b>715 WILSON AVE</b>		City: <b>GREEN BAY</b>		State: <b>WI</b>		Zip: <b>54303</b>		
Residence Phone: <b>920 984-3086</b>	Birthdate: [REDACTED]	Birth Place (City, State): <b>ELGIN IL</b>	Race: <b>W</b>	Sex: <b>F</b>	Height: <b>5'4"</b>	Weight: <b>130</b>	Hair: <b>BL</b>	Eyes: <b>BL</b>

Driver's License # (State & Number): [REDACTED]	Establishment Where Employed: <b>WALLABY'S STEAKHOUSE</b>	Contact Person & Phone Number: <b>SAM WILLIGUTTE 544-5142</b>
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Other Names, Aliases or Birthdates ever used:  
**DAWN "BARTSCH MAIDEN" KASMAEK MARRIED**

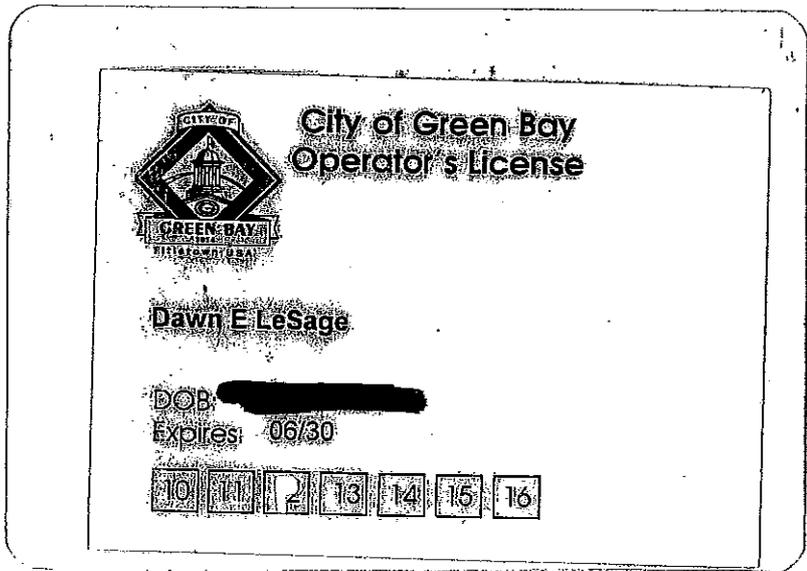
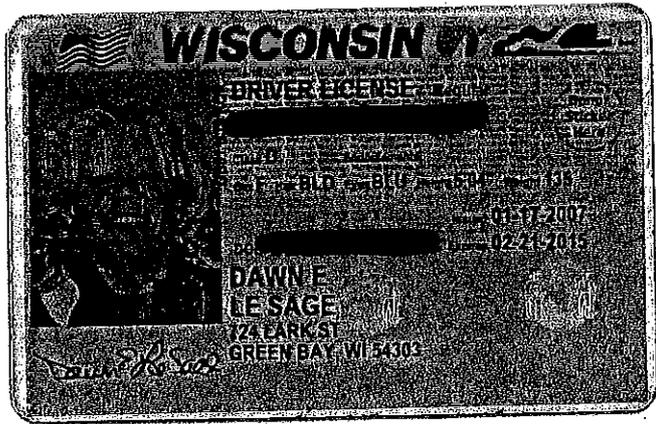
Cities & States lived in the past 10 years: <b>GREEN BAY WI</b>	From:	To:
--	-------	-----

Please check box below if you have lived at this address for 10 years or more: <input type="checkbox"/>	From:	To:
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Indicate whether you are a U.S. Citizen, U.S. Alien or Temporary Resident:

U.S. Citizen     Alien     Temporary Resident (Employment Number \_\_\_\_\_)





**HOWARD, WI VILLAGE**

2456 Glendale Ave  
PO Box 12207  
Green Bay WI 4307--2207  
920-434-4642

Transaction 18332.4320  
23-May-12 09:42am

Operators License \$40.00  
Dawn Elizabeth LeSage

Subtotal \$40.00  
Cash \$40.00



**DEPARTMENT OF JUSTICE CRIME INFORMATION BUREAU**

06/08/2012

Order Number : 3226186

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

<b>Name</b>	<b>DAWN E LE SAGE</b>
<b>Date of Birth</b>	<b>[REDACTED]</b>
<b>Sex</b>	<b>F</b>
<b>Race</b>	<b>W</b>

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**Wisconsin Criminal History**

Report Date: 06/08/2012

Government

**WISCONSIN IDENTIFICATION DATA**

**THE RESPONSE IS BASED ON A SEARCH USING THE FINGERPRINTS AND/OR 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.**

**SUBJECT TO 111.33 TO 111.36, SECTION 111.321 OF THE WISCONSIN STATUTES PROHIBITS ACTS OF EMPLOYMENT DISCRIMINATION BASED ON ARREST AND CONVICTION RECORDS. APPLICANTS SHOULD BE NOTIFIED OF THEIR RIGHT TO CHALLENGE THE ACCURACY AND COMPLETENESS OF ANY INFORMATION CONTAINED IN A CRIMINAL RECORD BEFORE ANY FINAL DETERMINATION IS MADE. CHALLENGES SHOULD BE SUBMITTED TO THE CRIME INFORMATION BUREAU ON FORM DJ-LE-247 AND MAY INCLUDE A REQUEST FOR FINGERPRINT COMPARISON.**

**THIS RESPONSE MAY NOT SHOW ALL ARRESTS FOR THIS INDIVIDUAL HOWEVER ALL INFORMATION PROVIDED TO THE STATE REPOSITORY IS INCLUDED IN THIS RESPONSE.**

Identification   Criminal History   Contributing Agencies   Your Request

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**IDENTIFICATION**

**DAWN ELIZABETH  
KASMAREK**

Alias Names/Fraudulent Data

Female / White  
Born in Illinois ; Citizen of USA  
[REDACTED]

5'04" 130lbs Blue Eyes ; Blonde Or Strawberry Hair  
328 Oak St, Green Bay, WI

**FBI:**            Unknown

**STATE ID:** WI246040

**FINGERPRINT  
CLASS:**            08AAAA030504AAAA0611

**EMPLOYER:**            Unknown

**OCCUPATION:**            Unknown

**ALIAS NAMES/FRAUDULENT DATA:**

Alias Names:    DAWN E BARTSCH      DAWN E LESAGE  
                         DAWN ELIZABETH  
                         LESAGE

**PHOTO INFORMATION:**

12/12/1992 WI0050200    Green Bay Pd  
02/07/1990 WI0050000    Brown County Sheriff

---

**CRIMINAL HISTORY****Cycle 1**

**EARLIEST EVENT DATE:** September 30, 1980  
**DATE OF OFFENSE:** September 30, 1980

**ARREST DATA**

**SUBJECT NAME:** DAWN ELIZABETH KASMAREK  
**TYPE:** Adult Only  
**DATE:** September 30, 1980  
**ARREST AGENCY:** WI0050200 GREEN BAY PD

**BOOKING**

**AGENCY:** WI0050200 GREEN BAY PD

**CHARGE**

**SEQUENCE NUMBER:** 01  
**LITERAL:** RETAIL THEFT  
**NCIC CODE:** 2303

COUNTS: 1  
CLASSIFICATION:  
CHARGE SEVERITY: Other

**COURT**

SUBJECT NAME: DAWN ELIZABETH KASMAREK  
DATE: November 21, 1980  
COURT: Unknown

**CHARGE**

SEQUENCE NUMBER: 01  
LITERAL: RETAIL THEFT  
NCIC CODE: 2303  
COUNTS: 1  
CLASSIFICATION:  
CHARGE SEVERITY: Other

**COURT ACTION:**

LITERAL: Convicted  
DISPOSITION DATE: November 21, 1980  
DISPOSITION: CONVICTED

**SENTENCING**

DATE: November 21, 1980  
CONVICTED OFFENSE:  
CHARGE SEQUENCE NUMBER: 01  
SENTENCE:  
SENTENCE: Fine  
SENTENCE BEGIN DATE: 1980-11-21

**Cycle 2**

EARLIEST EVENT DATE: February 07, 1990  
DATE OF OFFENSE: February 07, 1990

**ARREST DATA**

SUBJECT NAME: DAWN ELIZABETH LESAGE  
TYPE: Adult Only  
DATE: February 07, 1990  
ARREST AGENCY: WI0050000 BROWN COUNTY SHERIFF

**BOOKING**

AGENCY: WI0050000 BROWN COUNTY SHERIFF

**CHARGE**

SEQUENCE NUMBER: 01  
STATUTE NUMBER: 943.24  
LITERAL: ISSUE OF WORTHLESS CHECK  
NCIC CODE: 2606  
COUNTS: 1  
CLASSIFICATION:  
CHARGE SEVERITY: Misdemeanor

**COURT**

SUBJECT NAME: DAWN ELIZABETH LESAGE  
DATE: November 27, 1990  
COURT: BROWN CO CIRCUIT COURT WI005000J

**CHARGE**

**SEQUENCE NUMBER:** 01  
**STATUTE NUMBER:** 943.24  
**LITERAL:** ISSUE OF WORTHLESS CHECK  
**NCIC CODE:** 2606  
**COUNTS:** 1  
**CLASSIFICATION:**

**CHARGE SEVERITY:** Misdemeanor  
**COURT ACTION:**

**LITERAL:** Convicted  
**DISPOSITION DATE:** November 27, 1990  
**DISPOSITION:** CONVICTED

**SENTENCING**

**DATE:** November 27, 1990  
**CONVICTED OFFENSE:**  
**CHARGE SEQUENCE NUMBER:** 01  
**SENTENCE:**  
**SENTENCE:** Fine  
**SENTENCE BEGIN DATE:** 1990-11-27

**SENTENCING**

**DATE:** November 27, 1990  
**CONVICTED OFFENSE:**  
**CHARGE SEQUENCE NUMBER:** 01  
**SENTENCE:**  
**SENTENCE:** Restitution  
**SENTENCE BEGIN DATE:** 1990-11-27

**Cycle 3**

**EARLIEST EVENT DATE:** May 19, 1992  
**DATE OF OFFENSE:** May 19, 1992

**ARREST DATA**

**SUBJECT NAME:** DAWN ELIZABETH LESAGE  
**TYPE:** Adult Only  
**DATE:** May 19, 1992  
**ARREST AGENCY:** WI0050200 GREEN BAY PD

**BOOKING**

**AGENCY:** WI0050200 GREEN BAY PD

**CHARGE**

**SEQUENCE NUMBER:** 01  
**LITERAL:** DISORDERLY CONDUCT  
**NCIC CODE:** 5311  
**COUNTS:** 1  
**CLASSIFICATION:**  
**CHARGE SEVERITY:** Other

**COURT**

**SUBJECT NAME:** DAWN ELIZABETH LESAGE  
**DATE:** May 19, 1992  
**CASE NUMBER:** M0036472  
**COURT:** MUNICIPAL COURT WI000000M

**CHARGE**

**SEQUENCE NUMBER:** 01  
**LITERAL:** DISORDERLY CONDUCT  
**NCIC CODE:** 5311  
**COUNTS:** 1  
**CLASSIFICATION:**  
**CHARGE SEVERITY:** Other

**COURT ACTION:**

**LITERAL:** Convicted  
**DISPOSITION DATE:** May 19, 1992  
**DISPOSITION:** CONVICTED

**SENTENCING**

**DATE:** May 19, 1992  
**CASE NUMBER:** M0036472  
**CONVICTED OFFENSE:**  
**CHARGE SEQUENCE NUMBER:** 01  
**SENTENCE:**  
**SENTENCE:** Fine  
**SENTENCE BEGIN DATE:** 1992-05-19

**Cycle 4**

**EARLIEST EVENT DATE:** December 12, 1992  
**DATE OF OFFENSE:** December 12, 1992

**ARREST DATA**

**SUBJECT NAME:** DAWN ELIZABETH LESAGE  
**TYPE:** Adult Only  
**DATE:** December 12, 1992  
**ARREST AGENCY:** WI0050200 GREEN BAY PD

**BOOKING**

**AGENCY:** WI0050200 GREEN BAY PD

**CHARGE**

**SEQUENCE NUMBER:** 01  
**LITERAL:** DISORDERLY CONDUCT  
**NCIC CODE:** 5311  
**COUNTS:** 1  
**CLASSIFICATION:**  
**CHARGE SEVERITY:** Other

**CHARGE**

**SEQUENCE NUMBER:** 02  
**LITERAL:** RESIST OBSTRUCT OFFICER  
**NCIC CODE:** 4801  
**COUNTS:** 1  
**CLASSIFICATION:**  
**CHARGE SEVERITY:** Other

**COURT**

**SUBJECT NAME:** DAWN ELIZABETH LESAGE  
**DATE:** December 14, 1992  
**CASE NUMBER:** M0122383  
**COURT:** MUNICIPAL COURT WI000000M

## CHARGE

SEQUENCE NUMBER: 01  
LITERAL: DISORDERLY CONDUCT  
NCIC CODE: 5311  
COUNTS: 1  
CLASSIFICATION:  
CHARGE SEVERITY: Other

## COURT ACTION:

LITERAL: Convicted  
DISPOSITION DATE: December 14, 1992  
DISPOSITION: CONVICTED

## CHARGE

SEQUENCE NUMBER: 02  
LITERAL: RESIST OBSTRUCT OFFICER  
NCIC CODE: 4801  
COUNTS: 1  
CLASSIFICATION:  
CHARGE SEVERITY: Other

## COURT ACTION:

LITERAL: Convicted  
DISPOSITION DATE: December 14, 1992  
DISPOSITION: CONVICTED

## SENTENCING

DATE: December 14, 1992  
CASE NUMBER: M0122383  
CONVICTED OFFENSE:  
CHARGE SEQUENCE NUMBER: 01  
SENTENCE:  
SENTENCE: Fine  
SENTENCE BEGIN DATE: 1992-12-14

## SENTENCING

DATE: December 14, 1992  
CASE NUMBER: M0122383  
CONVICTED OFFENSE:  
CHARGE SEQUENCE NUMBER: 02  
SENTENCE:  
SENTENCE: Fine  
SENTENCE BEGIN DATE: 1992-12-14

## Cycle 5

EARLIEST EVENT DATE: July 31, 1996  
DATE OF OFFENSE: July 31, 1996

## ARREST DATA

SUBJECT NAME: DAWN E LESAGE  
TYPE: Adult Only  
DATE: July 31, 1996  
ARREST AGENCY: WI0050800 ASHWAUBENON POLICE DEPARTMENT

## BOOKING

AGENCY: WI0050800 ASHWAUBENON POLICE DEPARTMENT

## CHARGE

SEQUENCE NUMBER: 01  
STATUTE NUMBER: 943.20  
LITERAL: THEFT  
NCIC CODE: 2399  
COUNTS: 2  
CLASSIFICATION:  
CHARGE SEVERITY: Misdemeanor

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### CONTRIBUTING AGENCIES

WI0050000 Brown County Sheriff  
WI0050200 Green Bay Pd  
WI0050800 Ashwaubenon Police Department  
WI005000J Brown Co Circuit Court  
WI000000M Municipal Court

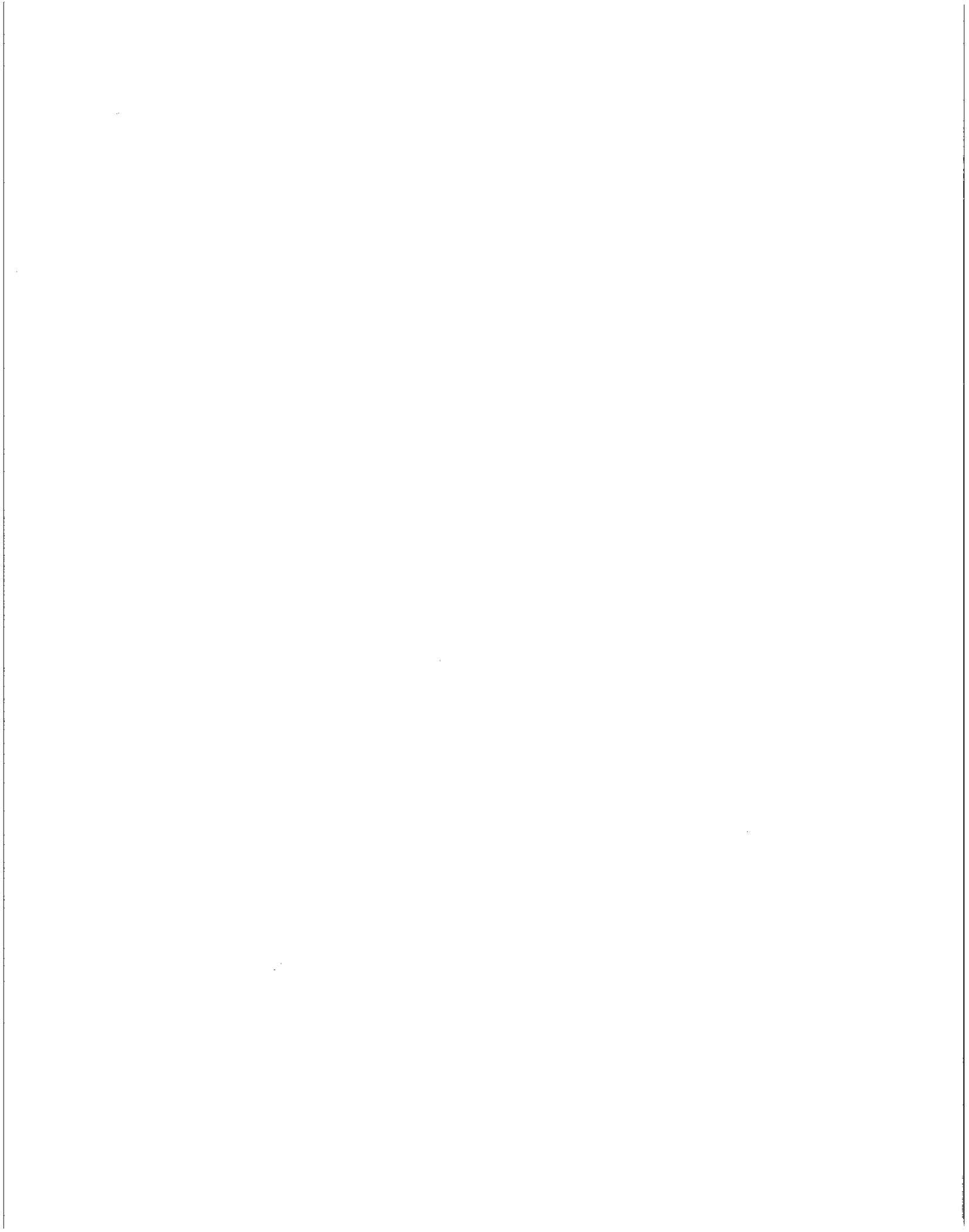
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### YOUR REQUEST:

User ID:	10562	Date & Time:	06/08/2012 13:15:05
State Ident Number:	WI246040	Purpose Code:	A

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Operator License Application  
Village of Howard

<input checked="" type="checkbox"/> New	<input checked="" type="checkbox"/> Operator \$ 40.00	<input type="checkbox"/> Duplicate License \$ 5.00
<input type="checkbox"/> Renewal	<input checked="" type="checkbox"/> Provisional \$ 15.00	
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 # <b>2012-025</b>
<b>Filling Out Your Application:</b> <ul style="list-style-type: none"> <li>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.</li> <li>If you have any doubt as to whether to include the facts of a specific incident, it is recommended that you disclose the information.</li> <li>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.</li> <li>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: <a href="http://www.wcca.wicourts.gov">www.wcca.wicourts.gov</a>.</li> </ul> <b>Review Of Your Application:</b> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>		
Last Name: <b>Malueg</b>		First Name: <b>Braden</b>
		Middle Name: <b>Phillip</b>
Residence: Street Address: <b>3120 Gazebo Hill rd</b>		City: <b>Appleton</b>
		State: <b>WI</b>
		Zip: <b>54913</b>
Residence Phone: <b>920-284-2196</b>	Birthdate: [REDACTED]	Birth Place (City, State): <b>Appleton WI</b>
		Race: <b>White</b>
		Sex: <b>M</b>
		Height: <b>5'10"</b>
		Weight: <b>250</b>
		Hair: <b>Brown</b>
		Eyes: <b>Blue</b>
Driver's License # (State & Number): [REDACTED]		Establishment Where Employed: <b>Woodmans</b>
		Contact Person & Phone Number: <b>John Lotte 920-499-1480</b>
Other Names, Aliases or Birthdates ever used:		
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):		
<b>Appleton WI</b>		From: <b>March 2011</b> To: <b>Present</b>
<b>Green Bay WI</b>		From: <b>March 2009</b> To: <b>March 2011</b>
<b>Pulaski WI</b>		From: <b>May 2007</b> To: <b>March 2009</b>
Indicate whether you are a U.S. Citizen, U.S. Alien or Temporary Resident:		
<input checked="" type="checkbox"/> U.S. Citizen <input type="checkbox"/> Alien <input type="checkbox"/> Temporary Resident (Employment Number _____)		

-over-

Shavano WI May 2006 to May 2007  
Biramwood WI 1999 to May 2006



**WISCONSIN**  
DRIVER LICENSE



SEX: M  
HT: 5-10  
HAIR: BRN  
EYES: BRN  
DOB: 01/10/2008  
EXP: 01/10/2018

*Braden Malueg*

**BRADEN P  
MALUEG**  
432 STENO TRAIL  
PULASKI WI 54182

You have successfully completed the ServSafe Alcohol® Responsible Alcohol Service Training and Certification Program. This is your official ServSafe Alcohol Certification Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

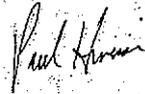
Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at [www.ServSafe.com](http://www.ServSafe.com).

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Paul Hineman

Executive Director, National Restaurant Association Solutions

In Alaska you must laminate your card for it to be valid.



ID NO. 7843741

CARD NO. 9054797

**ServSafe Alcohol® CERTIFICATE**

**BRADEN MALEUG**

Card expires three years from the date of the examination. Local laws apply.

DATE OF EXAMINATION

5/10/2012

Complies with WI State Stats. s.125.04(5)(a)5  
& s.125.17(6) & s.134.66

NATIONAL  
RESTAURANT  
ASSOCIATION®

Student Name	BRADEN MALEUG
Class Number	518823
Exam Date	5/10/2012
Expiration Date	5/10/2015

Overall Point Score	49
Overall % Score	81
Passing % Score	75
Status	PASSED

**NOTE:** You can access your score and certification information anytime at [www.ServSafe.com](http://www.ServSafe.com) with the class number provided on this form.

Please make a copy of your ServSafe Alcohol Certificate Card for your records. Replacement copies can be obtained for a fee by completing the Certificate and Score Release Request Form available at [www.ServSafe.com](http://www.ServSafe.com).

Please feel free to address any questions regarding your certification to the National Restaurant Association Service Center Department at [servicecenter@restaurant.org](mailto:servicecenter@restaurant.org) or 800.765.2122, ext. 6703.



175 West Jackson Boulevard, Suite 1500  
Chicago, IL 60604-2814  
1.800.SERV-SAFE  
312.715.1010 In Chicagoland

[www.ServSafe.com](http://www.ServSafe.com)

© 2009 National Restaurant Association Educational Foundation. All rights reserved. ServSafe Alcohol and the ServSafe Alcohol logo are registered trademarks of the National Restaurant Association Educational Foundation and used under license by National Restaurant Association Solutions, LLC a wholly owned subsidiary of the National Restaurant Association. 10060302 v.1112

**DEPARTMENT OF JUSTICE CRIME INFORMATION BUREAU**

**06/08/2012**

**Order Number : 3226186**

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

<b>Name</b>	<b>BRADEN P MALUEG</b>
<b>Date of Birth</b>	<b>[REDACTED]</b>
<b>Sex</b>	<b>M</b>
<b>Race</b>	<b>W</b>

---

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.**

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# PROVISIONAL OPERATORS LICENSE

NO. 2012-025

\$ 15.00

WHEREAS, The local governing body of the          Village of          Howard          County of          Brown         , Wisconsin, has, upon application duly made and authorized the issuance of a Provisional Operators License to          Braden Phillip Malueg          AND WHEREAS, the said applicant has paid to the treasurer the sum of \$ 15.00 as required by local ordinance and has complied with all requirements necessary for obtaining a license:

NOW THEREFORE, A Provisional Operators License, pursuant to Section 125.17(5) of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant.

For the period ending July 21<sup>st</sup>, 2012 or when an Operators License is issued to the holder.



Given under my hand and the corporate seal of the  
         Village of          Howard  
County of          Brown         , State of Wisconsin  
This 21<sup>st</sup> day of May, 2012

Deputy Clerk

*Lynn K. Roberts*



**Operator License Application  
Village of Howard**

<input checked="" type="checkbox"/> New	<input checked="" type="checkbox"/> Operator \$ 40.00	<input type="checkbox"/> Duplicate License \$ 5.00
<input type="checkbox"/> Renewal	<input checked="" type="checkbox"/> Provisional \$ 15.00	
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>2012-027</u>
<b>Filling Out Your Application:</b> <ul style="list-style-type: none"> <li>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.</li> <li>If you have any doubt as to whether to include the facts of a specific incident, it is recommended that you disclose the information.</li> <li>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.</li> <li>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: <a href="http://www.wcca.wicourts.gov">www.wcca.wicourts.gov</a>.</li> </ul> <b>Review Of Your Application:</b> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>		
Last Name: <u>Markelz</u>		First Name: <u>Kate</u>
Middle Name: <u>E</u>		
Residence: Street Address: <u>330 S. Vanburen St</u>		City: <u>Green Bay</u>
State: <u>WI</u>		Zip: <u>54301</u>
Residence Phone: <u>920-548-0028</u>	Birthdate: <u>[REDACTED]</u>	Birth Place (City, State): <u>Sheboygan, WI</u>
Race: <u>W</u>	Sex: <u>F</u>	Height: <u>55"</u>
Weight: <u>160</u>	Hair: <u>Brown</u>	Eyes: <u>Brown</u>
Driver's License # (State & Number): <u>[REDACTED]</u>	Establishment Where Employed: <u>Express</u>	Contact Person & Phone Number: <u>Melanie 498-0298</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:		From: To:
<input type="checkbox"/>		
Indicate whether you are a U.S. Citizen, U.S. Alien or Temporary Resident:		
<input checked="" type="checkbox"/> U.S. Citizen <input type="checkbox"/> Alien <input type="checkbox"/> 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 <sup>th</sup> 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.

*Rate Muehle*  
Applicant's Signature

5-3-12  
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.

Authorized signature performing background check \_\_\_\_\_ Date \_\_\_\_\_

Receipt # 18521 Dated: 5/31/12 Mail or Pick Up Date: \_\_\_\_\_

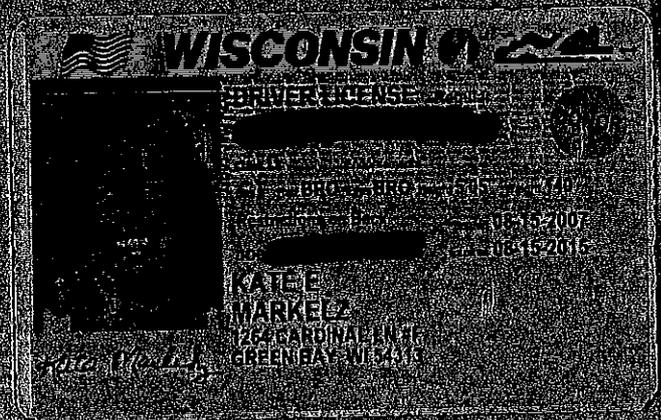
# Wisconsin Responsible Beverage Server Training

## Kate Markelz

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

Certification Number: 38828

Date of Completion: 05/03/2012



*Rhann Ulst*  
Authorized Signature

SERVERlicense.com is approved by the Wisconsin Department of Revenue and fully complies with statutes 125.02 and 125.07. Present this certificate to your local municipal clerk's office to receive your Operator's or Retail License.

Diversys Learning, Inc.  
1101 Arrow Point Drive, Suite 302  
Cedar Park, TX 78613

# PROVISIONAL OPERATORS LICENSE

NO. 2012-027

\$ 15.00

WHEREAS, The local governing body of the Village of Howard County of Brown, Wisconsin, has, upon application duly made and authorized the issuance of a Provisional Operators License to Kate E. Markelz AND WHEREAS, the said applicant has paid to the treasurer the sum of \$ 15.00 as required by local ordinance and has complied with all requirements necessary for obtaining a license:

NOW THEREFORE, A Provisional Operators License, pursuant to Section 125.17(5) of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant.

For the period ending July 31<sup>st</sup>, 2012 or when an Operators License is issued to the holder.



Given under my hand and the corporate seal of the  
Village of Howard  
County of Brown, State of Wisconsin  
This 31<sup>st</sup> day of May, 2012

Deputy Clerk

*Lynn K. Kobus*

**DEPARTMENT OF JUSTICE CRIME INFORMATION BUREAU****06/08/2012****Order Number : 3226186**

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

<b>Name</b>	<b>KATE E MARKELZ</b>
<b>Date of Birth</b>	<b>[REDACTED]</b>
<b>Sex</b>	<b>F</b>
<b>Race</b>	<b>W</b>

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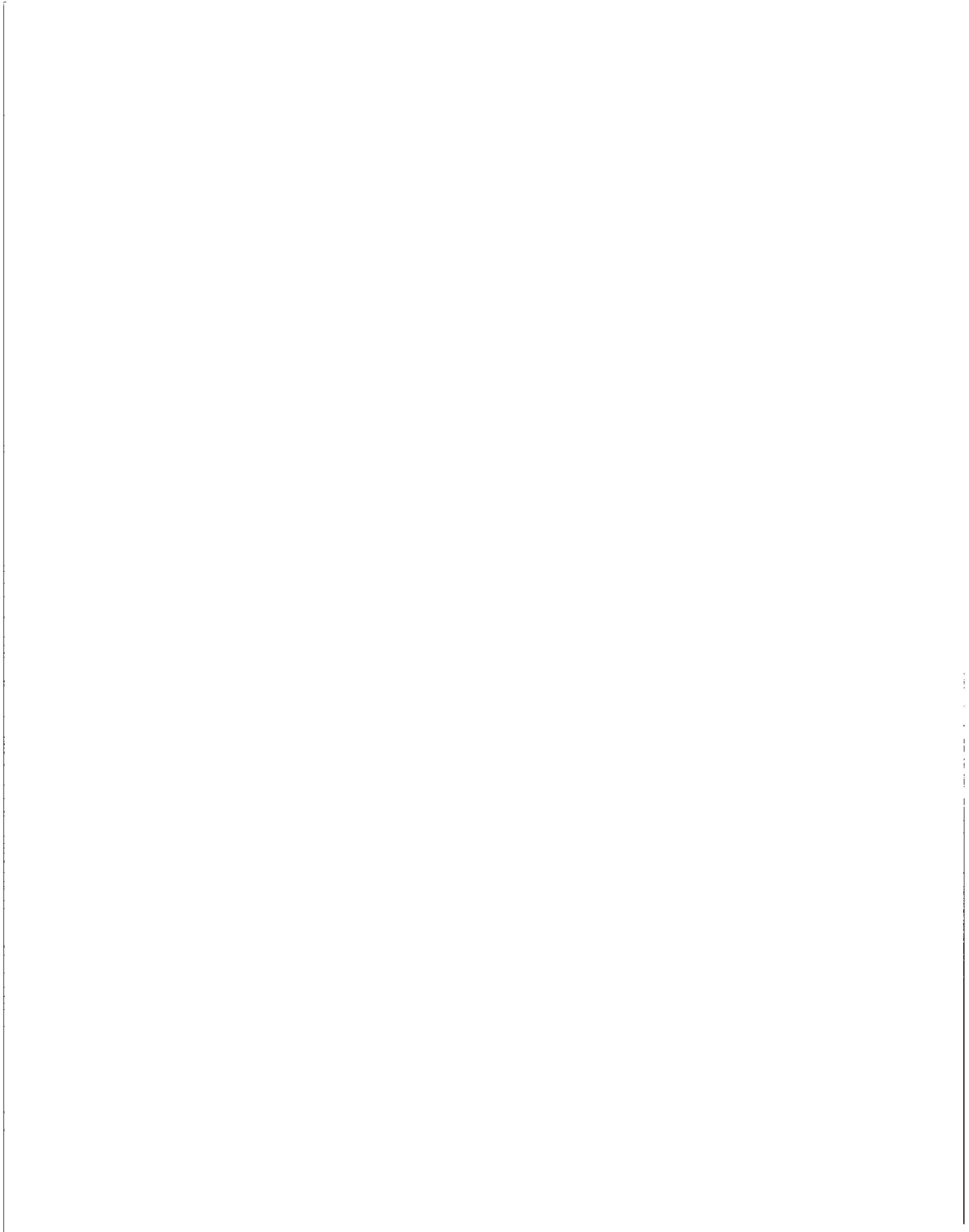
The response is based on a search using the identification data supplied.

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.**

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**Operator License Application  
Village of Howard**

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

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.
- 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](http://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: <b>McFadzen</b>		First Name: <b>Kathleen</b>		Middle Name: <b>Louise Elizabeth</b>							
Residence: Street Address: <b>2435 Downy St.</b>		City: <b>Green Bay</b>		State: <b>WI</b>		Zip: <b>54303</b>					
Residence Phone: <b>920-021-5423</b>		Birthdate: [REDACTED]		Birth Place (City, State): <b>Green Bay, WI</b>		Race: <b>Caucasian</b>	Sex: <b>F</b>	Height: <b>5'4"</b>	Weight: <b>110</b>	Hair: <b>Br</b>	Eyes: <b>Br</b>
Driver's License # (State & Number): [REDACTED]		Establishment Where Employed: <b>Anduzzi's of Howard</b>				Contact Person & Phone Number: <b>Mike Tomasiak</b>					

Other Names, Aliases or Birthdates ever used:

Cities & States lived in the past 10 years: <b>Green Bay, WI</b>		From: <b>Birth</b>	To: <b>present</b>
---	--	-----------------------	-----------------------

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 \_\_\_\_\_)

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 <sup>th</sup> 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.

Kathleen McFadyen  
Applicant's Signature

5/30/12  
Date

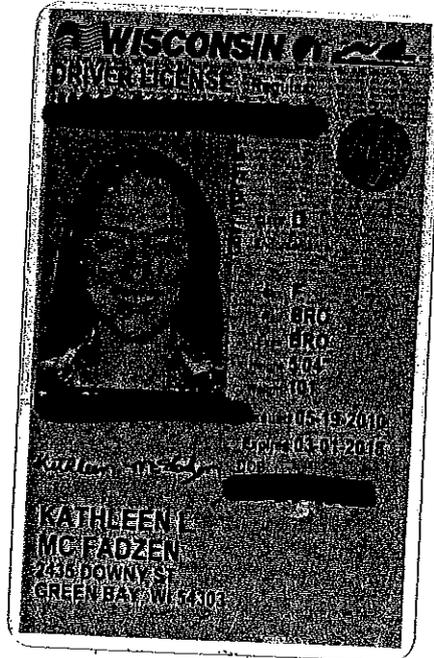
**To be filled out by the Howard Police Department or Clerical Staff**

<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  
Authorized signature performing background check

6/8/2012  
Date

Receipt # 18502 Dated: 5/30/12 Mail or Pick Up Date: \_\_\_\_\_



**HOWARD, WI VILLAGE**

2456 Glendale Ave  
PO Box 12207  
Green Bay WI 54807--2207  
920-434-4642

Transaction 18502.4324  
30-May-12 02:49pm

Operators License

\$40.00

Kathleen Louise Elizabeth McFadzen

**Subtotal**

\$40.00

Cash

\$40.00

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# WISCONSIN

# SELLER / SERVER CERTIFICATION

Trainee Name: Kathleen McFadzen  
Date of Completion: 04/02/2011 14:11 CST

School Name: Learn2Serve  
Certification #: WI 1898645

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 N. Mebac Suite 100  
Austin, Texas 78727  
P: 800-442-1119

**DEPARTMENT OF JUSTICE CRIME INFORMATION BUREAU****06/08/2012****Order Number : 3226186**

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

<b>Name</b>	<b>KATHLEEN L MC FADZEN</b>
<b>Date of Birth</b>	<b>[REDACTED]</b>
<b>Sex</b>	<b>F</b>
<b>Race</b>	<b>W</b>

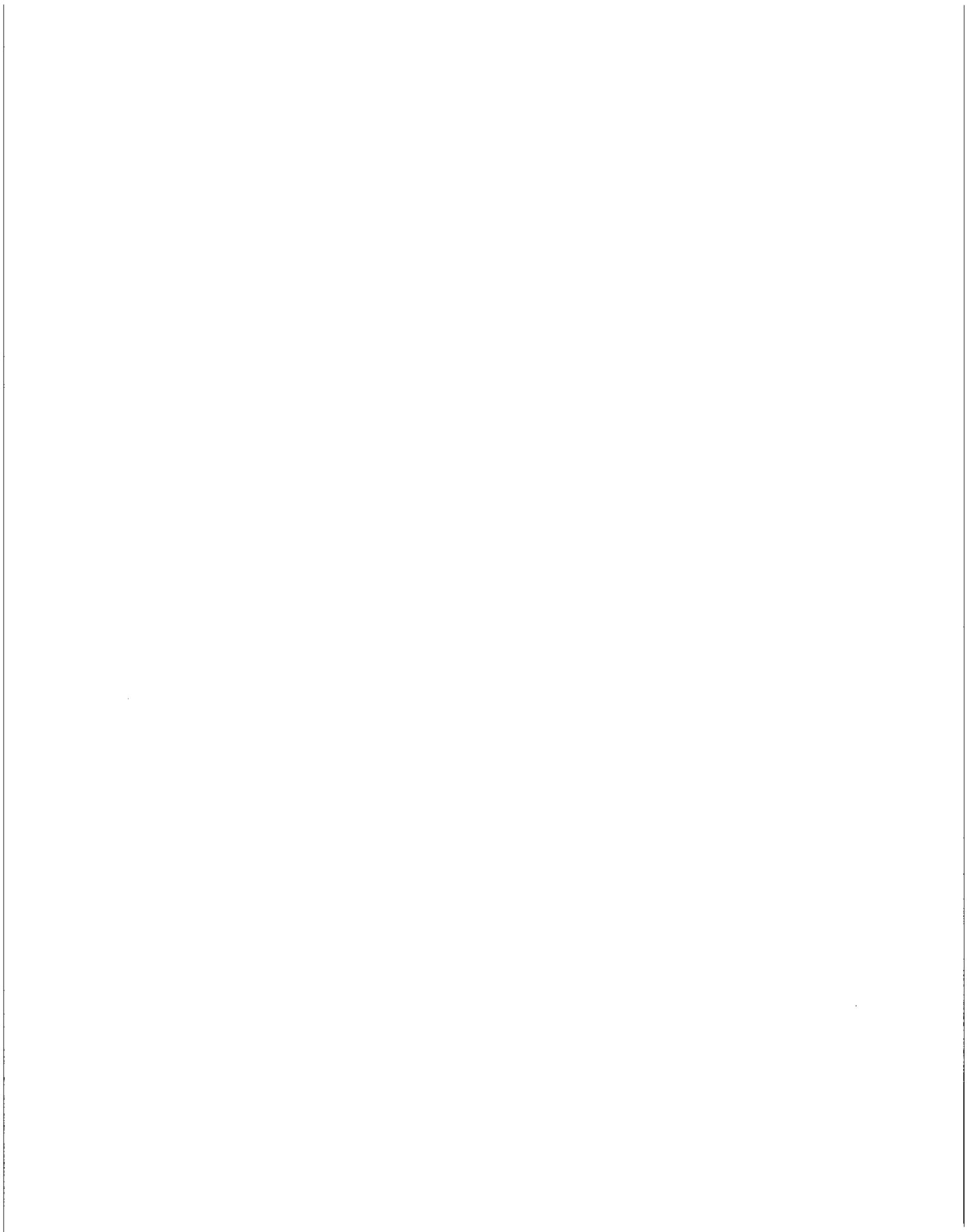
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The response is based on a search using the identification data supplied. Searches based solely on name and non-unique identifiers are not fully reliable. The CIB cannot guarantee that the information furnished pertains to the individual you are interested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

**NO CRIMINAL HISTORY FOUND.**

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www.villageofhoward.com

Operator License Application  
Village of Howard

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

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](http://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: Stone		First Name: Christine		Middle Name: Marie				
Residence: Street Address: Apt. 67 848 Centennial Centre Bldg		City: Oneida		State: WI	Zip: 54155			
Residence Phone: (920) 522-8979	Birthdate: [REDACTED]	Birth Place (City, State): Ontonagon, MI	Race: C	Sex: F	Height: 5'9"	Weight: 140	Hair: Brun	Eyes: Blue
Driver's License # (State & Number): [REDACTED]	Establishment Where Employed: Woodman's			Contact Person & Phone Number: John Lotte				

Other Names, Aliases or Birthdates ever used:  
Christine Podkamarka (maiden name)

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:
Oneida, WI	May 2012	Present
Green Bay, WI	2000	2012
Appleton, WI	1998	2000

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**

**CHRISTINE M  
STONE**  
1325 VILLA PARK CIR APT 7  
GREEN BAY, WI 54302-6120

*Christine Stone*

ISSUED 09-29-2011  
EXPIRES 10-01-2019

SEX: F  
HAIR: BRN  
EYES: BRN  
HT: 5-00  
WT: 120  
DOB: 09-29-1971

# MAY 12 2012

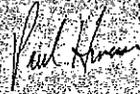
You have successfully completed the ServSafe Alcohol® Responsible Alcohol Service Training and Certification Program. This is your official ServSafe Alcohol Certification Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises. By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at [www.ServSafe.com](http://www.ServSafe.com).

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Paul Hineman

Executive Director, National Restaurant Association Solutions

In Alaska you must laminate your card for it to be valid.



ID NO. 7843746

CARD NO. 9049838

**ServSafe Alcohol® CERTIFICATE**

**CHRISTINE STONE**

Card expires three years from the date of the examination. Local laws apply.

DATE OF EXAMINATION

5/9/2012

Complies with WI State Stats. s.125.04(5)(a)5 & s.125.17(6) & s.134.66



Student Name	CHRISTINE STONE
Class Number	518823
Exam Date	5/9/2012
Expiration Date	5/9/2015

Overall Point Score	55
Overall % Score	91
Passing % Score	75
Status	<b>PASSED</b>

**NOTE:** You can access your score and certification information anytime at [www.ServSafe.com](http://www.ServSafe.com) with the class number provided on this form.

Please make a copy of your ServSafe Alcohol Certificate Card for your records. Replacement copies can be obtained for a fee by completing the Certificate and Score Release Request Form available at [www.ServSafe.com](http://www.ServSafe.com).

Please feel free to address any questions regarding your certification to the National Restaurant Association Service Center Department at [servicecenter@restaurant.org](mailto:servicecenter@restaurant.org) or 800.765.2122, ext. 6703.



175 West Jackson Boulevard, Suite 1500  
Chicago, IL 60604-2814  
1.800.SERV-SAFE  
312.715.1010 In Chicagoland

[www.ServSafe.com](http://www.ServSafe.com)

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**DEPARTMENT OF JUSTICE CRIME INFORMATION BUREAU****06/08/2012****Order Number : 3226186**

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

<b>Name</b>	<b>CHRISTINE M STONE</b>
<b>Date of Birth</b>	<b>[REDACTED]</b>
<b>Sex</b>	<b>F</b>
<b>Race</b>	<b>W</b>

---

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.**

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# PROVISIONAL OPERATORS LICENSE

NO. 2012-024

\$ 15.00

**WHEREAS**, The local governing body of the Village of Howard County of Brown, Wisconsin, has, upon application duly made and authorized the issuance of a Provisional Operators License to Christine Marie Stone AND WHEREAS, the said applicant has paid to the treasurer the sum of \$ 15.00 as required by local ordinance and has complied with all requirements necessary for obtaining a license:

**NOW THEREFORE**, A Provisional Operators License, pursuant to Section 125.17(5) of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant.

For the period ending July 21<sup>st</sup>, 2012 or when an Operators License is issued to the holder.



Given under my hand and the corporate seal of the  
Village of Howard  
County of Brown, State of Wisconsin  
This 21<sup>st</sup> day of May, 2012

Deputy Clerk

*Lynn K. Kobus*



**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 # 2012-026

**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](http://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: <u>Zellner</u>		First Name: <u>William</u>		Middle Name: <u>David</u>				
Residence: Street Address: <u>2700 S. Memorial Dr. #A1</u>		City: <u>Green Bay</u>		State: <u>WI</u>	Zip: <u>54313</u>			
Residence Phone: <u>920-445-3250</u>	Birthdate: <u>[REDACTED]</u>	Birth Place (City, State): <u>Green Bay, WI</u>	Race: <u>White</u>	Sex: <u>Male</u>	Height: <u>5'7"</u>	Weight: <u>175</u>	Hair: <u>Blonde</u>	Eyes: <u>Blue</u>
Driver's License # (State & Number): <u>[REDACTED]</u>		Establishment Where Employed: <u>Wallaby's Steak House</u>		Contact Person & Phone Number: <u>Sam 920-544-5142</u>				

Other Names, Aliases or Birthdates ever used:  
Bill

Cities & States lived in the past 10 years: <u>Green Bay, WI</u> <u>De Pere, WI</u> <u>Kimberly, WI</u>		From: <u>2006</u> <u>2005</u> <u>2001</u>	To: <u>2002</u> <u>2006</u> <u>2005</u>
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Please check box below if you have lived at this address for 10 years or more:

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 <sup>th</sup> 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
9/09	Howard	Traffic Violation	Paid Fine
1/10	Howard	Disorderly Conduct	Paid Fine
1999	Duta game	DUI	Paid 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.

William Zell  
Applicant's Signature

5/21/12  
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. Ketsue  
Authorized signature performing background check

6/8/12  
Date

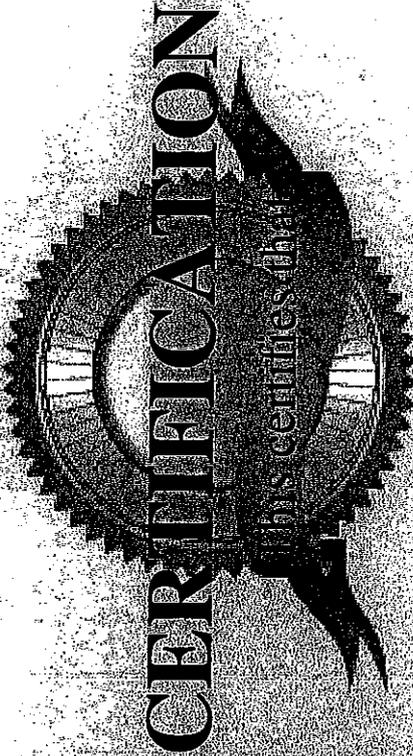
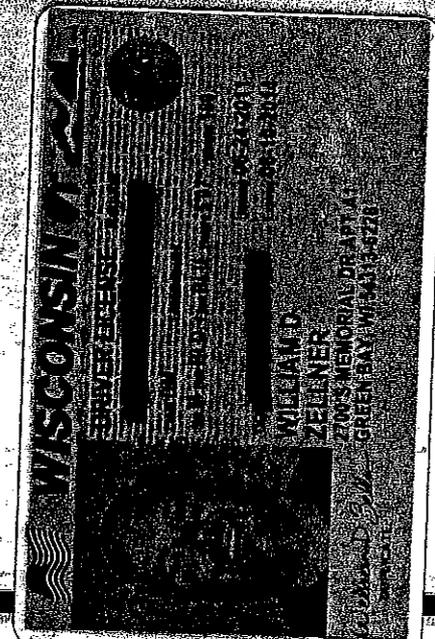
Receipt # 18263 Dated: \_\_\_\_\_ Mail or Pick Up Date: \_\_\_\_\_

VALIDATE ONLINE AT SERVINGALCOHOL.COM

CODE: 18E8RHEL6B

ONLINE TRAINING

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



*William Zellner*

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

May 21, 2012

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.

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE 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 RECORD THEM IF THERE IS ANY QUESTION AS TO THEIR AGE
- \* ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION



**DEPARTMENT OF JUSTICE CRIME INFORMATION BUREAU****06/08/2012****Order Number : 3226186**

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

<b>Name</b>	<b>WILLIAM D ZELLNER</b>
<b>Date of Birth</b>	<b>[REDACTED]</b>
<b>Sex</b>	<b>M</b>
<b>Race</b>	<b>W</b>

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**Wisconsin Criminal History****Report Date: 06/08/2012****Government****WISCONSIN IDENTIFICATION DATA**

**THE RESPONSE IS BASED ON A SEARCH USING THE FINGERPRINTS AND/OR 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.**

**SUBJECT TO 111.33 TO 111.36, SECTION 111.321 OF THE WISCONSIN STATUTES PROHIBITS ACTS OF EMPLOYMENT DISCRIMINATION BASED ON ARREST AND CONVICTION RECORDS. APPLICANTS SHOULD BE NOTIFIED OF THEIR RIGHT TO CHALLENGE THE ACCURACY AND COMPLETENESS OF ANY INFORMATION CONTAINED IN A CRIMINAL RECORD BEFORE ANY FINAL DETERMINATION IS MADE. CHALLENGES SHOULD BE SUBMITTED TO THE CRIME INFORMATION BUREAU ON FORM DJ-LE-247 AND MAY INCLUDE A REQUEST FOR FINGERPRINT COMPARISON.**

**THIS RESPONSE MAY NOT SHOW ALL ARRESTS FOR THIS INDIVIDUAL HOWEVER ALL INFORMATION PROVIDED TO THE STATE REPOSITORY IS INCLUDED IN THIS RESPONSE.**

Identification   Criminal History   Contributing Agencies   Your Request

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**IDENTIFICATION****WILLIAM DAVID ZELLNER**

Male / White

Born in Wisconsin ; Citizen of USA  


5'07" 175lbs Brown Eyes ; Blonde Or Strawberry Hair

2700 S. Memorial Dr A-1, Green Bay, WI 54313 as

of 08/16/2009

2732 W Heather St, Appleton, WI as of 05/28/1999

**FBI:**      Unknown**STATE ID:** WI804856**PALM PRINT, ORI AND WIO050000-BROWN COUNTY SHERIFF  
LITERAL:****EMPLOYER:**              Broadway Automotive**OCCUPATION:**          Sales

1010 S. Military Ave., Green Bay, WI 54304

**EMPLOYER:**              Titledown Mortgage Co**OCCUPATION:**          Mortgage Broker

Street Address Unknown, Unknown, XX

**PHOTO INFORMATION:**

05/28/1999 WIO450000    Outagamie County Sheriff

WIO13035Y    WI CIB Identification Section

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**CRIMINAL HISTORY****Cycle 1****EARLIEST EVENT DATE:** May 28, 1999**DATE OF OFFENSE:** May 28, 1999**ARREST DATA****SUBJECT NAME:** WILLIAM DAVID ZELLNER**TYPE:** Adult Only**DATE:** May 28, 1999**ARREST AGENCY:** WIO450900 GRAND CHUTE PD**BOOKING****AGENCY:** WIO450000 OUTAGAMIE COUNTY SHERIFF**CHARGE****SEQUENCE NUMBER:** 01**STATUTE NUMBER:** 947.01**STATUTE NUMBER:** 968. DOMESTIC ABUSE RELATED

LITERAL: DISORDERLY CONDUCT  
NCIC CODE: 5311  
COUNTS: 1  
CLASSIFICATION:  
CHARGE SEVERITY: Misdemeanor

**COURT**

SUBJECT NAME: WILLIAM DAVID ZELLNER  
DATE: October 26, 2000  
CASE NUMBER: 99CM1096  
COURT: OUTAGAMIE CO CIRCUIT COURT WI045000J

**CHARGE**

SEQUENCE NUMBER: 01  
STATUTE NUMBER: 947.01  
STATUTE NUMBER: 968. DOMESTIC ABUSE RELATED  
LITERAL: DISORDERLY CONDUCT  
NCIC CODE: 5311  
COUNTS: 1  
CLASSIFICATION:  
CHARGE SEVERITY: Misdemeanor

**COURT ACTION:**

LITERAL: Dismissed  
DISPOSITION DATE: October 26, 2000  
DISPOSITION: DISMISSED

**Cycle 2**

EARLIEST EVENT DATE: August 16, 2009  
ARREST TRACKING NUMBER: 5000908160083  
DATE OF OFFENSE: August 16, 2009

**ARREST DATA**

SUBJECT NAME: WILLIAM DAVID ZELLNER  
TYPE: Adult Only  
DATE: August 16, 2009  
ARREST AGENCY: WI0050000 BROWN COUNTY SHERIFF  
LOCAL IDENTIFICATION NUMBER: 910000373270

**BOOKING**

AGENCY: WI0050000 BROWN COUNTY SHERIFF

**CHARGE**

SEQUENCE NUMBER: 01  
STATUTE NUMBER: 947.01  
STATUTE NUMBER: 968. DOMESTIC ABUSE RELATED  
LITERAL: DISORDERLY CONDUCT  
NCIC CODE: 5311  
COUNTS: 1  
CLASSIFICATION:  
CHARGE SEVERITY: Misdemeanor

**CHARGE**

SEQUENCE NUMBER: 02  
STATUTE NUMBER: 940.19  
STATUTE NUMBER: 968. DOMESTIC ABUSE RELATED

LITERAL: BATTERY  
NCIC CODE: 1399  
COUNTS: 1  
CLASSIFICATION:  
CHARGE SEVERITY: Misdemeanor

**COURT**

SUBJECT NAME: WILLIAM DAVID ZELLNER  
DATE: February 05, 2010  
CASE NUMBER: 052009CM001554  
COURT: Unknown  
COMMENTS: CCAP DISPOSITION

**CHARGE**

SEQUENCE NUMBER: 01  
TRACKING NUMBER: 5000908160083  
STATUTE NUMBER: 947.01  
STATUTE NUMBER: 968.075 DOMESTIC ABUSE INCIDENT  
LITERAL: DISORDERLY CONDUCT  
COUNTS: 1  
CLASSIFICATION:  
CHARGE SEVERITY: Misdemeanor

**COURT ACTION:**

LITERAL: Convicted  
DISPOSITION DATE: February 05, 2010  
DISPOSITION: CONVICTED

**CHARGE**

SEQUENCE NUMBER: 02  
TRACKING NUMBER: 5000908160083  
STATUTE NUMBER: 940.19(1)  
STATUTE NUMBER: 968.075 DOMESTIC ABUSE INCIDENT  
LITERAL: BATTERY  
COUNTS: 1  
CLASSIFICATION:  
CHARGE SEVERITY: Misdemeanor

**COURT ACTION:**

LITERAL: Dismissed  
DISPOSITION DATE: February 05, 2010  
DISPOSITION: DISMISSED

**SENTENCING**

DATE: February 05, 2010  
CASE NUMBER: 052009CM001554  
CONVICTED OFFENSE:  
CHARGE SEQUENCE NUMBER: 01  
SENTENCE:  
SENTENCE: Probation  
SENTENCE LENGTH: Unknown

**SENTENCING**

DATE: February 05, 2010  
CASE NUMBER: 052009CM001554  
CONVICTED OFFENSE:  
CHARGE SEQUENCE NUMBER: 01

**SENTENCE:****SENTENCE:** Probation**SENTENCE BEGIN DATE:** 2010-02-05**SENTENCE LENGTH:** 12 months**FINE:** 200.00**RESTITUTION:** 102.00**SENTENCE INDICATOR:** Probation By Judgment**COMMENTS:** CAN TERMINATE PROBATION EARLY IF SUCCESSFUL.**SENTENCING****DATE:** February 05, 2010**CASE NUMBER:** 052009CM001554**CONVICTED OFFENSE:****CHARGE SEQUENCE NUMBER:** 01**SENTENCE:****SENTENCE:** Fine**COMMENTS:** PAY COURT COSTS**SENTENCING****DATE:** February 05, 2010**CASE NUMBER:** 052009CM001554**CONVICTED OFFENSE:****CHARGE SEQUENCE NUMBER:** 01**SENTENCE:****SENTENCE:** Restitution**COMMENTS:** PAY RESTITUTION**SENTENCING****DATE:** February 05, 2010**CASE NUMBER:** 052009CM001554**CONVICTED OFFENSE:****CHARGE SEQUENCE NUMBER:** 01**SENTENCE:****SENTENCE:** Unknown Sentence Code**COMMENTS:** COUNSELING DEEMED APPROPRIATE BY AGENT/ANGER**SENTENCING****DATE:** February 05, 2010**CASE NUMBER:** 052009CM001554**CONVICTED OFFENSE:****CHARGE SEQUENCE NUMBER:** 01**SENTENCE:****SENTENCE:** Alcohol Assessment**SENTENCE LENGTH:** Unknown**COMMENTS:** AODA ASSESSMENT/TREATMENT AND FOLLOW THROUGH

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**CONTRIBUTING AGENCIES**

WI0050000 Brown County Sheriff  
WI013035Y WI CIB Identification Section  
WI0450000 Outagamie County Sheriff  
WI0450900 Grand Chute Pd  
WI045000J Outagamie Co Circuit Court

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**YOUR REQUEST:**

User ID:	10562	Date & Time:	06/08/2012 13:17:18
State Ident Number:	WI804856	Purpose Code:	A

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# PROVISIONAL OPERATORS LICENSE

NO. 2012-026

\$ 15.00

WHEREAS, The local governing body of the Village of Howard County of Brown, Wisconsin, has, upon application duly made and authorized the issuance of a Provisional Operators License to William D. Zellner AND WHEREAS, the said applicant has paid to the treasurer the sum of \$ 15.00 as required by local ordinance and has complied with all requirements necessary for obtaining a license:

NOW THEREFORE, A Provisional Operators License, pursuant to Section 125.17(5) of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant.

For the period ending July 21<sup>st</sup>, 2012 or when an Operators License is issued to the holder.



Given under my hand and the corporate seal of the  
Village of Howard  
County of Brown, State of Wisconsin  
This 21<sup>st</sup> day of May, 2012

Deputy Clerk

*Lynn K. Kobus*

