



Operator License Application
Village of Howard

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

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>Bins</i>		First Name: <i>James</i>		Middle Name: <i>Michael</i>	
Residence: Street Address: <i>6552 Tower Dr Rd</i>		City: <i>Lena</i>		State: <i>WI</i>	
Residence Phone: <i>920-373-7213</i>		Birthdate: [REDACTED]		Zip: <i>54139</i>	
Birthdate: [REDACTED]		Birth Place (City, State): <i>GB, WI</i>		Race: <i>W</i>	
Driver's License # (State & Number): [REDACTED]		Sex: <i>M</i>		Height: <i>5'9"</i>	
Establishment Where Employed: <i>Brown County Sportsman Club</i>		Weight: <i>195</i>		Hair: <i>W</i>	
Contact Person & Phone Number: <i>Rob Bins 465-6996</i>		Eyes: <i>BL</i>			

Cities & States lived in the past 10 years:		
<i>Lena, WI</i>	From: <i>1996</i>	To: <i>2011</i>

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 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.

James Bins
Applicant's Signature

3-18-2011
Date

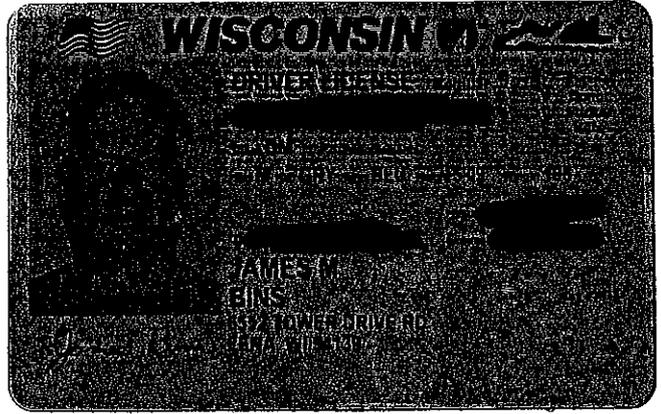
To be filled out by the Howard Police Department or Clerical Staff

<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.

Annette D. [Signature]
Authorized signature performing background check

APR 19 2011
Date

Receipt # 1046 Dated: 4/18/11 Mail or Pick Up Date: _____



**WISCONSIN
TECHNICAL COLLEGE
SYSTEM**

Responsible Beverage Service Course Completion Certificate

James Bins
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 April 13 2011
Name of instructor Douglas Leiterman
Wisconsin Technical College issuing certificate Northeast Wisconsin Technical College

Daniel King
Wisconsin Technical College System President

A. J. B. J.
Northeast Wisconsin Technical College President

5684BIT jk 1.09

HOWARD, WI VILLAGE

2456 GLENDALE AVE
PO BOX 12207
GREEN BAY WI 54313
920-434-4640

Transaction 1046
18-Apr-11 04:10pm

Operators License \$40.00

James Michael Bins

Subtotal \$40.00
Check \$40.00

1



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>De Bauche</i>		First Name: <i>Mitchell</i>	Middle Name: <i>Lee</i>						
Residence: Street Address: <i>1611 Delores Street</i>		City: <i>Green Bay</i>	State: <i>Wisconsin</i>	Zip: <i>54304</i>					
Residence Phone: <i>920-498-1780</i>	Birthdate: [REDACTED]	Birth Place (City, State): <i>Milwaukee, WI</i>	Race: <i>W</i>	Sex: <i>M</i>	Height: <i>6'0</i>	Weight: <i>242</i>	Hair: <i>BLK</i>	Eyes: <i>S/P</i>	<i>Grey</i>
Driver's License # (State & Number): <i>WI</i> [REDACTED]		Establishment Where Employed: <i>Village of Howard Golf Course</i>			Contact Person & Phone Number: <i>Chris Haltom</i> <i>920-434-4640</i>				
Other Names, Aliases or Birthdates ever used: _____									
Cities & States lived in the past 10 years: <i>Green Bay, Wisconsin</i>						From: <i>02/01/1988</i>	To: <i>Current</i>		
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: <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 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.

Michael J. DeLauch
Applicant's Signature

4/19/2011
Date

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

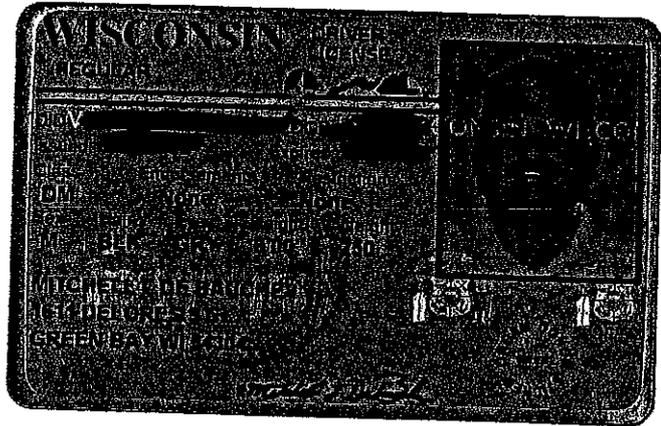
Subject has no Criminal Arrest Record with either the Wisconsin State Crime Bureau

Files indicate that subject has the attached Criminal Arrest Record.

Amrita D. B.
Authorized signature performing background check

APR 19 2011
Date

Receipt # Village Green Dated: 4/19/11 Mail or Pick Up Date: _____



**WISCONSIN
TECHNICAL COLLEGE
SYSTEM**

Responsible Beverage Service Course Completion Certificate

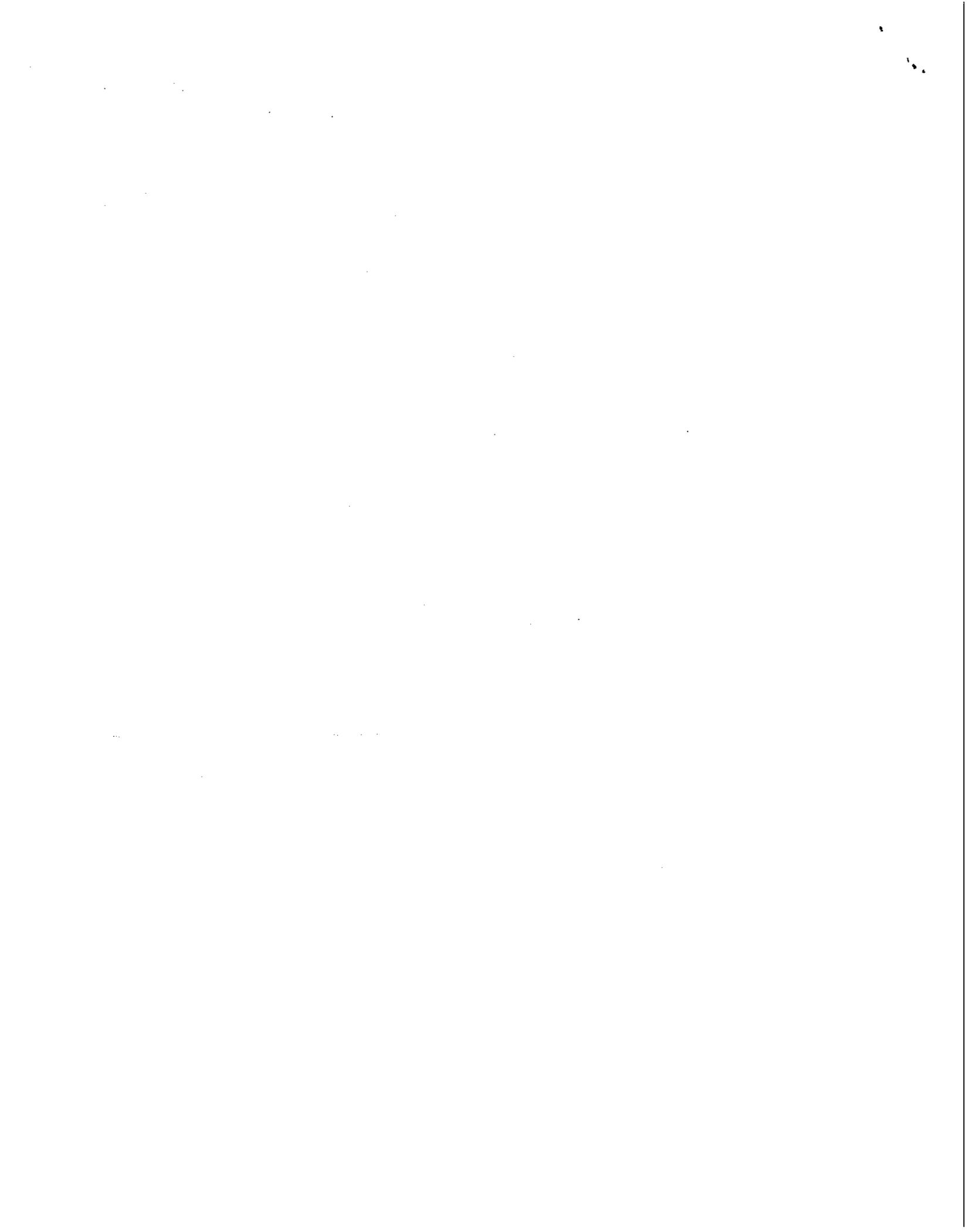
Mitchell L. DeBauche
Name of student

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 06-11-07
Name of instructor B J Bruce
Northeast Wisconsin Technical College issuing certificate (NWTC)

Daniel Chang
Wisconsin Technical College System President

[Signature]
Northeast Wisconsin Technical College President



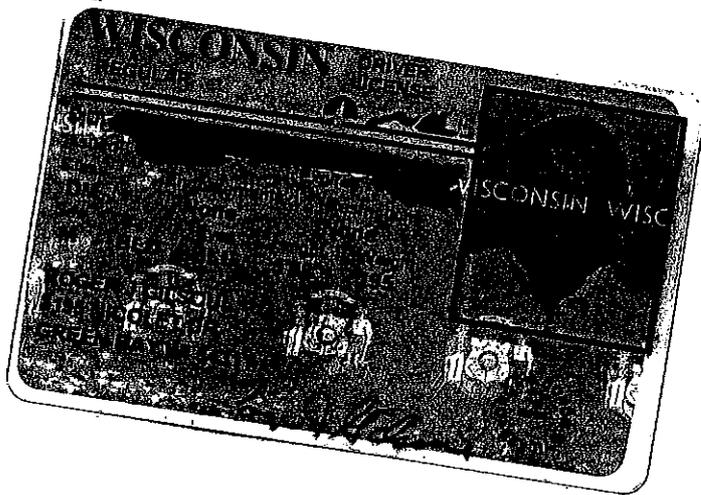


www.villageofhoward.com

REC'D APR 20 2011

**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: GILSOUL	First Name: ROGER	Middle Name: JAMES
Residence: Street Address: 3195 NICOLET DR.	City: GREEN BAY	State: WI
Residence Phone: 468-1240	Birthdate: [REDACTED]	Zip: 54311
Driver's License # (State & Number) [REDACTED]	Birth Place (City, State): GREEN BAY WI	Race: W
	Sex: M	Height: 5'6"
	Weight: 220	Hair: BL
	Eyes: BLUE	
	Establishment Where Employed: RETIRED	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: <input checked="" type="checkbox"/>	From:	To:
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 _____)		



HOWARD, WI VILLAGE

2456 GLENDALE AVE

PO BOX 12207

GREEN BAY WI 54313

920-434-4640

Transaction 1192

20-Apr-11 03:12pm

Operators License

\$40.00

Roger Gilsoul

Subtotal

\$40.00

Cash

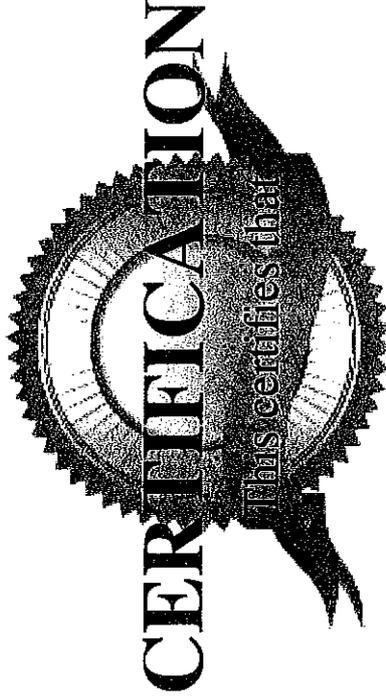
\$100.00

VALIDATE ONLINE AT SERVINGALCOHOL.COM

CODE: TKLLRARR8D

ONLINE TRAINING

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



Roger Gilsoul

has completed the Serving Alcohol Inc. approved course
Wisconsin Alcohol Seller-Server (2011)

April 15, 2011

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

iv



Operator License Application
Village of Howard

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<input type="checkbox"/> Renewal	<input type="checkbox"/> Provisional \$ 15.00	
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Last Name: <u>Gordon</u>		First Name: <u>Heather</u>		Middle Name: <u>Lynn</u>				
Residence: Street Address: <u>2104 Memorial Dr. 206</u>		City: <u>Green Bay</u>		State: <u>WI</u>		Zip: <u>54303</u>		
Residence Phone: <u>920-371-7370</u>	Birthdate: [REDACTED]	Birth Place (City, State): <u>Green Bay, WI</u>	Race: <u>W</u>	Sex: <u>F</u>	Height: <u>5'8</u>	Weight: <u>245</u>	Hair: <u>Red</u>	Eyes: <u>Blue</u>
Driver's License # (State & Number): [REDACTED]		Establishment Where Employed: <u>Velp Mobil</u>			Contact Person & Phone Number: <u>Sumit 405-0060</u>			

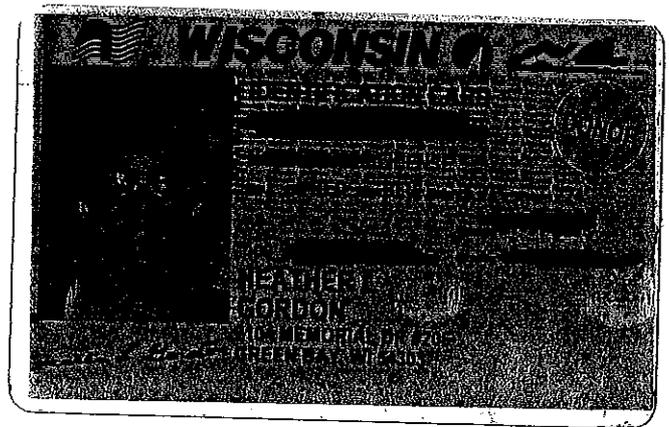
Other Names, Aliases or Birthdates ever used:
Heather Whitcomb

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 _____)



HOWARD, WI VILLAGE

2456 GLENDALE AVE
PO BOX 12207
GREEN BAY WI 54313
920-434-4640

Transaction 987
18-Apr-11 10:15am

Operators License \$40.00

Heather Lynn Gordon

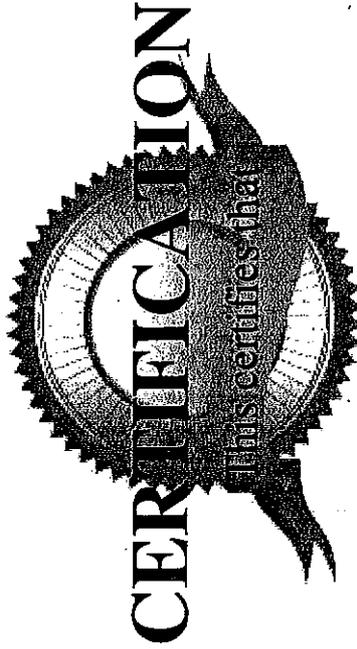
Subtotal \$40.00
Cash \$40.00

VALIDATE ONLINE AT SERVINGALCOHOL.COM

CODE: 4IFAGV4TPB

ONLINE TRAINING

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



Heather Gordon

has completed the Serving Alcohol Inc. approved course
Wisconsin Alcohol Seller-Server (2011)

April 16, 2011

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



**Operator License Application
Village of Howard**

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<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: <i>Larson</i>	First Name: <i>Korey</i>	Middle Name: <i>Linn</i>
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Residence: Street Address: <i>3289 Peterson Rd.</i>	City: <i>Milwaukee</i>	State: <i>WI</i>	Zip: <i>53211</i>
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Residence Phone: <i>920-609-2124</i>	Birthdate: <i>[Redacted]</i>	Birth Place (City, State): <i>Milwaukee WI</i>	Race: <i>W</i>	Sex: <i>M</i>	Height: <i>5'11"</i>	Weight: <i>160</i>	Hair: <i>Brown</i>	Eyes: <i>Brown</i>
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Driver's License # (State & Number): <i>[Redacted]</i>	Establishment Where Employed: <i>Symbas</i>	Contact Person & Phone Number: <i>Ben Simms 920-660-7984</i>
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Other Names, Aliases or Birthdates ever used:

Cities & States lived in the past 10 years: <i>Green Bay WI</i>	From:	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:
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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 _____)

21

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: Yes No

Since your 17th birthday, have you ever been convicted of a felony or misdemeanor (including criminal traffic offenses)? List below: Yes No

As a juvenile, were you ever waived into adult court and convicted of a felony or misdemeanor? List below: Yes No

Have you even been convicted by military court-martial? List below: Yes No

Are you currently subject to any pending charges? List below: Yes No

Speeding ticket Howard

List all convictions, citations, tickets and pending charges:

MONTH/YEAR	LOCATION	CHARGE	DISPOSITION
2011	Howard	Speeding	ticket ^{Paying} paid fine
2010 Aug	Howard V.G.B	OWI	ticket ^{Paying} ticket
Sept 93	Green Bay	Poss Control sub	ticket ^{Paid} fine
Sept 93	Green Bay	Carrying Control Weapon	ticket ^{Paid} fine
Nov 94	Green Bay	Promoting	ticket ^{Paid} fine
Nov 94	Green Bay	Battery	ticket ^{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.

[Signature]
Applicant's Signature

2-28-2010
Date

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

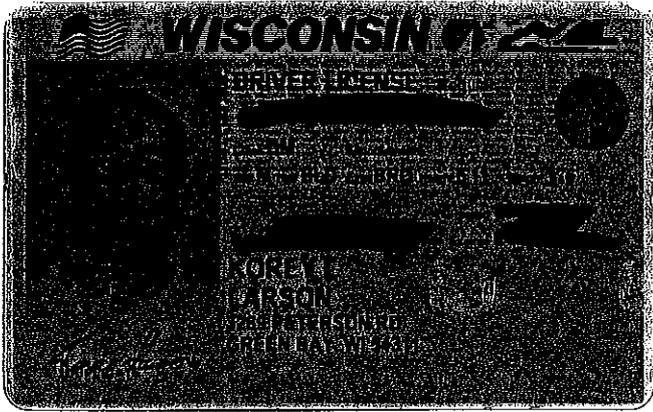
Subject has no Criminal Arrest Record with either the Wisconsin State Crime Bureau

Files indicate that subject has the attached Criminal Arrest Record.

[Signature]
Authorized signature performing background check

3/9/11
Date

Receipt # 83708 Dated: 2/28/11 Mail or Pick Up Date: _____



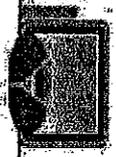
VILLAGE OF HOWARD
2456 Glendale Ave.
PO Box 12207
Green Bay WI 54307
9201434-4648

Transaction 83708
02/28/2011 12:21pm
Nicole R CASHREGISTER

Operator's License	\$40.00
Karen Larsen	
Receipt Total	\$40.00
Check Payment	\$40.00

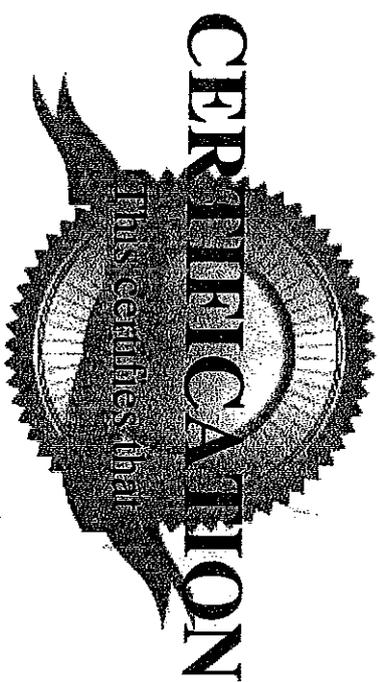
VALIDATE ONLINE AT SERVINGALCOHOL.COM

CODE: LFC\$XVL47M



ONLINE TRAINING

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



korey larson

has completed the Serving Alcohol Inc. approved course
Wisconsin Alcohol Seller-Server (2011)

February 23, 2011

APPROVED BY THE STATE OF WISCONSIN SS-125.04
PROVIDER TRAINING IN COMPLIANCE WITH SS-134.66
STUDENT ACKNOWLEDGED UNDERSTANDING OF SS-134.88:
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- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

DEPARTMENT OF JUSTICE CRIME INFORMATION BUREAU

03/08/2011

Order Number : 2713939

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

Name	KOREY LINN LARSON
Date of Birth	04/23/1973
Sex	M
Race	W

**Wisconsin Criminal History**

Report Date: 03/08/2011

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

IDENTIFICATION**KOREY LINN LARSON**

Alias Names/Fraudulent Data

Male / White

Born in Wisconsin ; Citizen of USA

04/23/1973

5'11" 176lbs Brown Eyes ; Brown Hair

3289 Peterson Rd, Green Bay, WI 54311 as of 03/01/2011

3289 Peterson Rd., Green Bay, WI 54311 as of 08/27/2010

404 James St, Green Bay, WI

FBI: Unknown

STATE ID: WI613456

PALM PRINT, ORI AND WI0050000-BROWN COUNTY SHERIFF
LITERAL:

EMPLOYER: Unknown

OCCUPATION: Unknown

ALIAS NAMES/FRAUDULENT DATA:

Alias Names: KOREY L LARSON

PHOTO INFORMATION:

05/03/1996 WI0050200 Green Bay Pd

01/12/1994 WI0380000 Marinette County Sheriff

WI013035Y WI CIB Identification Section

CRIMINAL HISTORY**Cycle 1**

EARLIEST EVENT DATE: July 30, 1993

DATE OF OFFENSE: July 30, 1993

ARREST DATA

SUBJECT NAME: KOREY LINN LARSON

TYPE: Adult Only

DATE: July 30, 1993

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

CHARGE

SEQUENCE NUMBER: 02
LITERAL: POSSESS DRUG PARAPHERNALIA
NCIC CODE: 3550
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: Other

CHARGE

SEQUENCE NUMBER: 03
LITERAL: CARRY CONCEALED WEAPON
NCIC CODE: 5202
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: Other

CHARGE

SEQUENCE NUMBER: 04
LITERAL: LIQUOR LAW VIOLATION
NCIC CODE: 4199
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: Other

COURT

SUBJECT NAME: KOREY LINN LARSON
DATE: September 10, 1993, September 10, 1993
CASE NUMBER: M0120535
COURT: MUNICIPAL COURTWI000000M, Unknown

CHARGE

SEQUENCE NUMBER: 01
LITERAL: POSSESS CONTROLLED SUBSTANCES
NCIC CODE: 3562
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: Other

COURT ACTION:

LITERAL: Convicted
DISPOSITION DATE: September 10, 1993
DISPOSITION: CONVICTED

CHARGE

SEQUENCE NUMBER: 02
LITERAL: POSSESS DRUG PARAPHERNALIA
NCIC CODE: 3550
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: Other

COURT ACTION:

LITERAL: Dismissed
DISPOSITION DATE: September 10, 1993

DISPOSITION: DISMISSED

CHARGE

SEQUENCE NUMBER: 03

LITERAL: CARRY CONCEALED WEAPON

NCIC CODE: 5202

COUNTS: 1

CLASSIFICATION:

CHARGE SEVERITY: Other

COURT ACTION:

LITERAL: Convicted

DISPOSITION DATE: September 10, 1993

DISPOSITION: CONVICTED

CHARGE

SEQUENCE NUMBER: 04

LITERAL: LIQUOR LAW VIOLATION

NCIC CODE: 4199

COUNTS: 1

CLASSIFICATION:

CHARGE SEVERITY: Other

COURT ACTION:

LITERAL: Dismissed

DISPOSITION DATE: September 10, 1993

DISPOSITION: DISMISSED

SENTENCING

DATE: September 10, 1993

CASE NUMBER: M0120535

CONVICTED OFFENSE:

CHARGE SEQUENCE NUMBER: 01

SENTENCE:

SENTENCE: Fine

SENTENCE BEGIN DATE: 1993-09-10

SENTENCING

DATE: September 10, 1993

CASE NUMBER: M0120535

CONVICTED OFFENSE:

CHARGE SEQUENCE NUMBER: 03

SENTENCE:

SENTENCE: Fine

SENTENCE BEGIN DATE: 1993-09-10

Cycle 2

EARLIEST EVENT DATE: January 12, 1994

DATE OF OFFENSE: January 12, 1994

ARREST DATA

SUBJECT NAME: KOREY LINN LARSON

TYPE: Adult Only

DATE: January 12, 1994

ARREST AGENCY: WI0380000 MARINETTE COUNTY SHERIFF

BOOKING

AGENCY: WI0380000 MARINETTE COUNTY SHERIFF

CHARGE

SEQUENCE NUMBER: 01
STATUTE NUMBER: 946.41(1)
LITERAL: RESISTING OR OBSTRUCTING AN OFFICER
NCIC CODE: 4899
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: Misdemeanor

COURT

SUBJECT NAME: KOREY LINN LARSON
DATE: February 28, 1994
CASE NUMBER: 94CM13
COURT: MARINETTE CO CIRCUIT COURT BRANCH 1WI038013J

CHARGE

SEQUENCE NUMBER: 01
STATUTE NUMBER: 946.41
LITERAL: RESISTING OR OBSTRUCTING AN OFFICER
NCIC CODE: 4899
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: Unknown

COURT ACTION:

LITERAL: Dismissed
DISPOSITION DATE: February 28, 1994
DISPOSITION: DISMISSED

Cycle 3

EARLIEST EVENT DATE: November 30, 1994
DATE OF OFFENSE: November 30, 1994

ARREST DATA

SUBJECT NAME: KOREY L LARSON
TYPE: Adult Only
DATE: November 30, 1994
ARREST AGENCY: WI0050200 GREEN BAY PD

BOOKING

AGENCY: WI0050200 GREEN BAY PD

CHARGE

SEQUENCE NUMBER: 01
LITERAL: BATTERY
NCIC CODE: 1399
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: Other

CHARGE

SEQUENCE NUMBER: 02
LITERAL: PROWLING
NCIC CODE: 5314
COUNTS: 1
CLASSIFICATION:

SENTENCING

DATE: November 30, 1994
CASE NUMBER: M0277689
CONVICTED OFFENSE:
CHARGE SEQUENCE NUMBER: 03
SENTENCE:
SENTENCE: Fine
SENTENCE BEGIN DATE: 1994-11-30

SENTENCING

DATE: November 30, 1994
CASE NUMBER: M0277689
CONVICTED OFFENSE:
CHARGE SEQUENCE NUMBER: 04
SENTENCE:
SENTENCE: Fine
SENTENCE BEGIN DATE: 1994-11-30

SENTENCING

DATE: November 30, 1994
CASE NUMBER: M0277689
CONVICTED OFFENSE:
CHARGE SEQUENCE NUMBER: 04
SENTENCE:
SENTENCE: Restitution
SENTENCE BEGIN DATE: 1994-11-30

Cycle 4

EARLIEST EVENT DATE: May 03, 1996
DATE OF OFFENSE: May 03, 1996

ARREST DATA

SUBJECT NAME: KOREY L LARSON
TYPE: Adult Only
DATE: May 03, 1996
ARREST AGENCY: WI0210000 FOREST COUNTY SHERIFF

BOOKING

AGENCY: WI0210000 FOREST COUNTY SHERIFF

CHARGE

SEQUENCE NUMBER: 01
STATUTE NUMBER: 161.41(1M)
LITERAL: POSS W/INTENT TO DELIVER/MANUFACTURE CON
NCIC CODE: 3560
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: Felony

COURT

SUBJECT NAME: KOREY L LARSON
DATE: September 04, 1997
CASE NUMBER: 96CF20
COURT: FOREST CO CIRCUIT COURT WI021013J

CHARGE

CHARGE SEVERITY: Other

COURT

SUBJECT NAME: KOREY L LARSON
DATE: November 30, 1994, November 30, 1994
CASE NUMBER: M0277689
COURT: Unknown, MUNICIPAL COURTWI000000M

CHARGE

SEQUENCE NUMBER: 01
LITERAL: BATTERY
NCIC CODE: 1399
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: Other

COURT ACTION:

LITERAL: Other
DISPOSITION DATE: November 30, 1994
DISPOSITION: DISPOSITION NOT REPORTED

CHARGE

SEQUENCE NUMBER: 02
LITERAL: PROWLING
NCIC CODE: 5314
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: Other

COURT ACTION:

LITERAL: Other
DISPOSITION DATE: November 30, 1994
DISPOSITION: DISPOSITION NOT REPORTED

CHARGE

SEQUENCE NUMBER: 03
LITERAL: PROWLING
NCIC CODE: 5314
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: Other

COURT ACTION:

LITERAL: Convicted
DISPOSITION DATE: November 30, 1994
DISPOSITION: CONVICTED

CHARGE

SEQUENCE NUMBER: 04
LITERAL: BATTERY
NCIC CODE: 1399
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: Other

COURT ACTION:

LITERAL: Convicted
DISPOSITION DATE: November 30, 1994
DISPOSITION: CONVICTED

SEQUENCE NUMBER: 01
STATUTE NUMBER: 961.41(1M)
LITERAL: POSSESS W/INTENT DEL/MANUF CONT SUBS
NCIC CODE: 3560
COUNTS: 1
CLASSIFICATION:

CHARGE SEVERITY: Felony
COURT ACTION:
LITERAL: Dismissed
DISPOSITION DATE: September 04, 1997
DISPOSITION: DISMISSED

Cycle 5

EARLIEST EVENT DATE: August 27, 2010
ARREST TRACKING NUMBER: 5001008270137
DATE OF OFFENSE: August 27, 2010

ARREST DATA

SUBJECT NAME: KOREY L LARSON
TYPE: Adult Only
DATE: August 27, 2010
CASE NUMBER: WI0050000
ARREST AGENCY: WI0050000 BROWN COUNTY SHERIFF

BOOKING

AGENCY: WI0050000 BROWN COUNTY SHERIFF

CHARGE

SEQUENCE NUMBER: 01
CASE NUMBER: WI0050000
STATUTE NUMBER: 346.63(1)(A)
LITERAL: OPERATING WHILE INTOXICATED
NCIC CODE: 5404
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: Misdemeanor

Cycle 6

EARLIEST EVENT DATE: March 01, 2011
ARREST TRACKING NUMBER: 5001103010396
DATE OF OFFENSE: March 01, 2011

ARREST DATA

SUBJECT NAME: KOREY LINN LARSON
TYPE: Adult Only
DATE: March 01, 2011
ARREST AGENCY: WI0050000 BROWN COUNTY SHERIFF

BOOKING

AGENCY: WI0050000 BROWN COUNTY SHERIFF

CHARGE

SEQUENCE NUMBER: 01
STATUTE NUMBER: 346.63(1)(A)
LITERAL: OPERATING WHILE INTOXICATED

NCIC CODE: 5404
COUNTS: 1
CLASSIFICATION:
CHARGE SEVERITY: Misdemeanor

CONTRIBUTING AGENCIES

WI0050000 Brown County Sheriff
WI013035Y WI CIB Identification Section
WI0050200 Green Bay Pd
WI0380000 Marinette County Sheriff
WI000000M Municipal Court
WI038013J Marinette Co Circuit Court Branch 1
WI0210000 Forest County Sheriff
WI021013J Forest Co Circuit Court

YOUR REQUEST:

User ID:	10562	Date & Time:	03/08/2011 16:42:45
State Ident Number:	WI613456	Purpose Code:	A

vi



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>2011-614</u>
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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: <u>Malvitz</u>	First Name: <u>Jacalyn</u>	Middle Name: <u>mae</u>
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Residence: Street Address: <u>1838 St. Agnes Drive</u>	City: <u>Green Bay</u>	State: <u>WI</u>	Zip: <u>54304</u>
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Residence Phone: <u>920.495.3698</u>	Birthdate: <u>[REDACTED]</u>	Birth Place (City, State): <u>Milwaukee</u>	Race: <u>W</u>	Sex: <u>F</u>	Height: <u>4'11"</u>	Weight: <u>180</u>	Hair: <u>Blonde</u>	Eyes: <u>Hazel</u>
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Driver's License # (State & Number): <u>[REDACTED]</u>	Establishment Where Employed: <u>Duck Creek VFW</u>	Contact Person & Phone Number: <u>Donna Exford</u>
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Other Names, Aliases or Birthdates ever used:
Sargent

Cities & States lived in the past 10 years: <u>Sturgeon Bay, WI</u>	From: <u>1960</u>	To: <u>April 2010</u>
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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:
--	-------	-----

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
	N/A		

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.

Jacalyn M. Makin
Applicant's Signature

4/14/2011
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.

Annette Dudy
Authorized signature performing background check

APR 19 2011
Date

Receipt # 852 Dated: 4/14/11 Mail or Pick Up Date: _____

Village Of Ashwaubenon

No: 2010-12-188

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:

**Jacalyn M. Malvitz
848 S. Ridge Rd.
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.

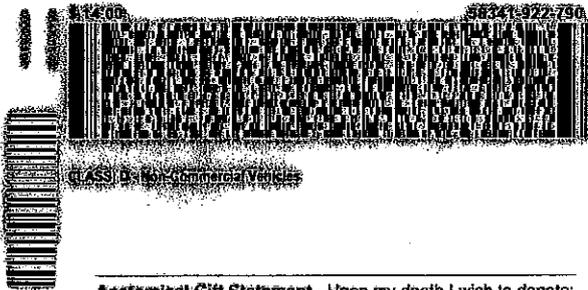
for the period from 7/01/2010 to 6/30/2012.

Given under my hand and the Seal of the Village of Ashwaubenon, County of Brown, State of Wisconsin, this 13th day of July, 2010.



Dawn A. Collins

Dawn A. Collins, Clerk



Anatomical Gift Statement - Upon my death I wish to donate:

All organs, tissues or eyes. I refuse to make an anatomical gift.

Except: _____

Signature: _____ Date: _____

PROVISIONAL OPERATORS LICENSE

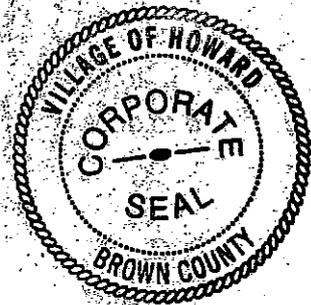
NO. 2011-014

\$ 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 MALVITZ, JACALYN MAE 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 June 14th, 2011 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 14th day of April, 2011

Deputy Clerk

Lynn K. Kobus

