



**AGENDA**  
**Licensing/Permit Committee**

**625 52<sup>nd</sup> Street, Room 202**  
**August 8, 2016**  
**4:30 P.M.**

**Chairperson Curt Wilson**  
**Vice-Chairperson Patrick Juliana**

**Aldersperson Jesse Downing**  
**Aldersperson Anthony Kennedy**  
**Aldersperson John Fox**

**Call to Order**  
**Roll Call**  
**Citizen Comments**

Approval of the minutes of the regular meeting held July 25<sup>th</sup> and special meeting held August 1<sup>st</sup>, 2016.

1. Applications for new Operator (Bartender's) Licenses, with a recommendation from the City Attorney to grant, subject to:
  - **0 demerit points:**
    - a. David Gullo
  - **10 demerit points:**
    - b. Tinesha Sifuentas
  - **50 demerit points:**
    - c. Eric W. Lefstad
    - d. Ryan Larsen
  - **60 demerit points:**
    - e. Tara M. Christianson
  - **95 demerit points:**
    - f. Sharon C. Cartharn
  
2. Applications for new Operator (Bartender's) Licenses, with a recommendation from the City Attorney to deny, based on:
  - **material police record:**
    - a. Patrick J. Michaelis
    - b. Kathleen K. Lyman
  
3. Application of Diana Lewis for a new Operator (Bartender's) License, with a recommendation from the City Attorney to deny, based on material police record. (Deferred from the meeting on July 25, 2016)

4. Application of Daniel Love for a new Operator (Bartender's) License, with a recommendation from the City Attorney to deny, based on material police record. (Referred from the Common Council meeting on August 1<sup>st</sup>, 2016)
5. Application of Moran Foods, LLC, (Precious Mitchell, Agent), for a Class "A" Beer/"Class A" Liquor License located at 4216 52<sup>nd</sup> St., (Save-A-Lot #880), with no adverse recommendations. (District 10) (Deferred from the meetings on June 27<sup>th</sup>, July 11<sup>th</sup>, and July 25<sup>th</sup>, 2016)
6. Application for Successor of Agent status of the Class "A" Beer/"Class A" Liquor License located at 3500 52<sup>nd</sup> St., (Kenosha Fresh Market), from Holly Schroeder to Kathleen Jewell, with a recommendation from the City Attorney to grant, subject to 20 demerit points. (District 10)

**ALDERPERSONS' COMMENTS:**

***IF YOU ARE DISABLED AND NEED ASSISTANCE, PLEASE CALL 262-653-4170 BY NOON BEFORE THIS MEETING TO MAKE ARRANGEMENTS FOR REASONABLE ON-SITE ACCOMMODATIONS.***



**MINUTES**  
**July 25, 2016**  
**Licensing/Permit Committee**

A meeting of the Licensing/Permit Committee was held on July 25, 2016, in Room 202 of the Kenosha Municipal Building.

The meeting was called to order at 4:30 p.m. by Chairperson Curt Wilson.

At roll call, the following members were present: Alderpersons Downing, Juliana and Fox. Alderperson Kennedy was absent. Deputy City Attorney Matt Knight was present.

Citizen Comments: None.

Approval of the minutes of the regular meeting held July 11<sup>th</sup> and special meeting held July 18<sup>th</sup>, 2016.

**It was moved by Alderperson Juliana, seconded by Alderperson Downing to approve. Motion carried unanimously.**

1. Applications for new Operator (Bartender's) Licenses, with a recommendation from the City Attorney to grant, subject to:
  - **10 demerit points:**
    - a. Priscella Gazda – *present and spoke*
  - **15 demerit points:**
    - b. Travis Barcalow – *present and spoke*
  - **30 demerit points:**
    - c. Dillon May
    - d. Blanca Maslowski
    - e. Mariah Peterson
  - **70 demerit points:**
    - f. Gregory Reget – *present and spoke*

**It was moved by Alderperson Downing, seconded by Alderperson Juliana to concur with the recommendation of the City Attorney. Motion carried unanimously.**

2. Applications for new Operator (Bartender's) Licenses, with a recommendation from the City Attorney to deny, based on:
  - **material police record:**
    - a. Daniel Love – *present and spoke*
  - **material police record and false application:**
    - b. Jennifer Guerra – *present and spoke, withdrew application*
    - c. Jeremy Beck – *present and spoke*

**Alderperson Wilson spoke, applicant b withdrew her application. It was moved by Alderperson Downing, seconded by Alderperson Juliana to concur with the recommendation of the City Attorney. Motion carried unanimously.**

3. Application of Diana Lewis for a new Operator (Bartender's) License, with a recommendation from the City Attorney to defer.

**Applicant was present and spoke. It was moved by Alderperson Downing, seconded by Alderperson Juliana to defer to the meeting on August 8, 2016. Motion carried unanimously.**

4. Renewal applications for Operator (Bartender's) Licenses, with a recommendation from the City Attorney to grant, subject to:
  - 15 demerit points:
  - a. Amy Rodgers (deferred from the meetings on June 27<sup>th</sup> and July 11<sup>th</sup>, 2016)
  - 60 demerit points:
  - b. Brandon Zigner

**Applicants were present and spoke. It was moved by Alderperson Downing, seconded by Alderperson Juliana to concur with the recommendation of the City Attorney. Motion carried unanimously.**

***It was moved by Alderperson Juliana, seconded by Alderperson Downing to take items 6-10 out of order and move item 5 to the end of the agenda. Motion carried unanimously.***

5. Application of Moran Foods, LLC, (Precious Mitchell, Agent), for a Class "A" Beer/"Class A" Liquor License located at 4216 52<sup>nd</sup> St., (Save-A-Lot #880), with no adverse recommendations. (District 10) (Deferred from the meetings on June 27<sup>th</sup> and July 11<sup>th</sup>, 2016)

**It was moved by Alderperson Downing, seconded by Alderperson Juliana to defer to the meeting on August 8, 2016. Motion carried unanimously.**

6. Application for Successor of Agent status of the Class "B" Beer/"Class C" Wine License located at 7224 118<sup>th</sup> Ave., Ste. A, (Noodles & Company), from Jennifer Miller to Michael Scaff, with a recommendation from the City Attorney to grant, subject to 0 demerit points. (District 16)

**It was moved by Alderperson Downing, seconded by Alderperson Juliana to approve. Motion carried unanimously.**

7. Application of Flint's Inn, Inc., to Request to Change Closing Hours of the Outdoor Extension located at 4708 22<sup>nd</sup> Ave., (Flint's Inn), to 1:30 a.m., with no adverse recommendations. (District 7)

**It was moved by Alderperson Juliana, seconded by Alderperson Downing to approve. Motion carried unanimously.**

8. Application of The Waves Bar & Grill, LLC, for a Probationary Cabaret License located at 3214 60<sup>th</sup> St., (The Waves Bar & Grill), effective July 19, 2016 to January 19, 2017, with no adverse recommendations. (District 11) (Deferred from the meeting on July 11<sup>th</sup>, 2016)

**Applicant was present and spoke. Alderpersons Fox and Juliana spoke. It was moved by Alderperson Juliana, seconded by Alderperson Downing to deny, due to parking issues. Motion carried unanimously.**

9. Application of Woman's Club of Kenosha for a Yearly Public Entertainment License

located at 6028 8<sup>th</sup> Ave., with a recommendation from the City Attorney to deny. (District 2)

**David Varek was present and spoke. It was moved by Alderperson Juliana, seconded by Alderperson Downing to concur to deny, based on material police record and false application. Motion carried unanimously.**

10. Application of Zignego Company, Inc., for a Temporary Cement Batch Plant License located at 7515 60<sup>th</sup> St., (Zignego Company), with no adverse recommendations. (District 16)

**It was moved by Alderperson Juliana, seconded by Alderperson Downing to approve. Motion carried unanimously.**

**ALDERPERSONS' COMMENTS: Alderperson Juliana asked Attorney Knight a question regarding density guidelines for a self-serve gas station/mini mart.**

**There being no further business to come before the Licensing/Permit Committee, it was moved, seconded and unanimously carried to adjourn at 5:08 p.m.**



**MINUTES**  
**SPECIAL MEETING on August 1, 2016**  
**Licensing/Permit Committee**

A meeting of the Licensing/Permit Committee was held on August 1, 2016, in Room 100 of the Kenosha Municipal Building.

The meeting was called to order at 6:50 p.m. by Chair Wilson.

At roll call, the following members were present: Alderpersons Downing and Fox. Alderperson Juliana was excused and Alderperson Kennedy was absent.

1. Application of Jennifer Guerra for a new Operator (Bartender's) License, with a recommendation from the City Attorney to grant, subject to 80 demerit points.  
**It was moved by Alderperson Downing, seconded by Alderperson Fox to concur with the recommendation of the City Attorney. Motion carried unanimously.**

**ALDERPERSONS' COMMENTS: None**

**There being no further business to come before the Licensing/Permit Committee, it was moved, seconded and unanimously carried to adjourn at 6:52 p.m.**

**Operator's (Bartender) License**

1a

**Police Record Report**

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
7/25/2016	David Gullo		Valid
License Number	Address of Applicant	Business (where license is to be used)	Business Address
N170600	805 40th Street	Parkway Chateau	12304 75th Street

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
2/29/2016	WEAPON/OTHER VIOLATION**	REF CRIMINAL COURT	N	N/A
	** HAS NOT BEEN CHARGED			

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points	0	
Were all offenses listed on the application?	Y	
<b>TOTAL DEMERIT POINTS</b>	<b>0</b>	

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION	
<input checked="" type="checkbox"/>	GRANT, Subject to <input type="text" value="0"/> Demerit Points
<input type="checkbox"/>	DENY, based on material police record (substantially related to the license activity)
<input type="checkbox"/>	DEFER or GRANT subject to Non-Renewal Revocation due to False Application

**Operator's (Bartender) License**

16

**Police Record Report**

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
7/25/2016	Tinesha Sifuentes		Valid
License Number	Address of Applicant	Business (where license is to be used)	Business Address
N170601	1820 45th St, Lower	CVS/Pharmacy	

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
1/30/2013	OPERATING WHILE SUSPENDED	GUILTY	Y	10

CITY ATTORNEY'S RECOMMENDATION	
Offense Demerit Points	10
Were all offenses listed on the application?	Y
<b>TOTAL DEMERIT POINTS</b>	<b>10</b>

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION
<input checked="" type="checkbox"/> GRANT, Subject to <input type="text" value="10"/> Demerit Points
<input type="checkbox"/> DENY, based on material police record (substantially related to the license activity)
<input type="checkbox"/> DEFER or GRANT subject to Non-Renewal Revocation due to False Application

**Operator's (Bartender) License  
Police Record Report**

1c

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
7/26/2016	Eric W. Lefstad		Revoked
License Number	Address of Applicant	Business (where license is to be used)	Business Address
N170608	8120 75th St Apt 2	The Garage	3001 60th St

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
11/17/2015	BLOOD ALCOHOL CONTENT	GUILTY	Y	50
11/17/2015	OPERATING WHILE INTOXICATED	GUILTY	Y	

CITY ATTORNEY'S RECOMMENDATION	
Offense Demerit Points	50
Were all offenses listed on the application?	Y
<b>TOTAL DEMERIT POINTS</b>	<b>50</b>

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION
<input checked="" type="checkbox"/> GRANT, Subject to <input type="text" value="50"/> Demerit Points
<input type="checkbox"/> DENY, based on material police record (substantially related to the license activity)
<input type="checkbox"/> DEFER or GRANT subject to Non-Renewal Revocation due to False Application

**Operator's (Bartender) License**

1d

**Police Record Report**

**APPLICANT INFORMATION**

<b>Date of Application</b>	<b>Name of Applicant</b>	<b>Applicant's Date of Birth</b>	<b>Driver's License Status</b>
7/25/2016	Ryan Larsen		Revoked
<b>License Number</b>	<b>Address of Applicant</b>	<b>Business (where license is to be used)</b>	<b>Business Address</b>
	309 E. Euclid Avenue	Wine Knot Bar & Bistro	5611 6th Avenue

<b>DATE OF CHARGE</b>	<b>OFFENSE</b>	<b>CASE STATUS</b>	<b>OFFENSE LISTED ON APPLICATION</b>	<b>POINTS</b>
5/29/2016	BLOOD ALCOHOL CONTENT	GUILTY	Y	50
5/29/2016	OPERATING WHILE INTOXICATED	GUILTY	Y	

<b>CITY ATTORNEY'S RECOMMENDATION</b>		
<b>Offense Demerit Points</b>	<b>50</b>	
<b>Were all offenses listed on the application?</b>	<b>Y</b>	
<b>TOTAL DEMERIT POINTS</b>	<b>50</b>	

<b>CITY ATTORNEY'S COMMENTS</b>

<b>FINAL RECOMMENDATION</b>
<input checked="" type="checkbox"/> <b>GRANT, Subject to 50 Demerit Points</b>
<input type="checkbox"/> <b>DENY, based on material police record (substantially related to the license activity)</b>
<input type="checkbox"/> <b>DEFER or GRANT subject to Non-Renewal Revocation due to False Application</b>

**Operator's (Bartender) License**

1e

**Police Record Report**

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
7/20/2016	Tara M. Christianson		Suspended
License Number	Address of Applicant	Business (where license is to be used)	Business Address
N170591	4803 14th Avenue, Upper	Meijer	7701 Green Bay Rd

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
5/29/2013	OPERATING WHILE SUSPENDED	GUILTY	Y	10
10/10/2013	OPERATING WHILE SUSPENDED	GUILTY	Y	20
5/1/2014	OPERATING WHILE SUSPENDED	GUILTY	Y	20
10/21/2015	OPERATING WHILE SUSPENDED	GUILTY	Y	10

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points	60	
Were all offenses listed on the application?	Y	
<b>TOTAL DEMERIT POINTS</b>	<b>60</b>	

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION	
<input checked="" type="checkbox"/>	GRANT, Subject to <input type="text" value="60"/> Demerit Points
<input type="checkbox"/>	DENY, based on material police record (substantially related to the license activity)
<input type="checkbox"/>	DEFER or GRANT subject to Non-Renewal Revocation due to False Application

**Operator's (Bartender) License  
Police Record Report**

1f

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
7/20/2016	Sharon C. Cartharn		Suspended
License Number	Address of Applicant	Business (where license is to be used)	Business Address
N170592	6301 73rd St, Apt 102	Meijer	7701 Green Bay Rd

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
2/7/2012	OPERATING WHILE SUSPENDED	GUILTY	N	10
2/15/2012	OPERATING WHILE SUSPENDED	GUILTY	N	20
9/28/2013	OPERATING W/O LICENSE	GUILTY	N	5
1/24/2014	OPERATING WHILE SUSPENDED	GUILTY	N	10
5/2/2016	OPERATING WHILE SUSPENDED	GUILTY	N	10
6/30/2016	OPERATING WHILE SUSPENDED	DISPO PENDING	N	20

CITY ATTORNEY'S RECOMMENDATION	
Offense Demerit Points	75
Were all offenses listed on the application?	N=20
<b>TOTAL DEMERIT POINTS</b>	<b>95</b>

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION
<input checked="" type="checkbox"/> <b>GRANT</b> , Subject to <input type="text" value="95"/> Demerit Points
<input type="checkbox"/> <b>DENY</b> , based on material police record (substantially related to the license activity)
<input type="checkbox"/> <b>DEFER or GRANT subject to Non-Renewal Revocation due to False Application</b>

**Operator's (Bartender) License**

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**Police Record Report**

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
7/22/2016	Patrick J. Michaelis		Revoked
License Number	Address of Applicant	Business Address (where license is to be used)	Business Address
N170598	3711 Sheridan Rd, Upper	Kenosha Moose Lodge #286	3003 30th Ave

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
10/1/2015	OPERATING WHILE INTOXICATED 2ND	GUILTY	Y	50
10/1/2015	BLOOD ALCOHOL CONTENT	GUILTY	Y	
10/5/2013	LIQUOR, LICENSE VIOLATION	GUILTY BY DEFAULT	Y	20
2/22/2016	NON-COMPLIANCE SAFETY PLAN			100

CITY ATTORNEY'S RECOMMENDATION	
Offense Demerit Points	170
Were all offenses listed on the application?	Y
<b>TOTAL DEMERIT POINTS</b>	<b>170</b>

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION
<input type="checkbox"/> GRANT, Subject to <input type="checkbox"/> Demerit Points
<input checked="" type="checkbox"/> DENY, based on material police record (substantially related to the license activity)
<input type="checkbox"/> DEFER or GRANT subject to Non-Renewal Revocation due to False Application



*Adverse*

FILED	<u>7/22/16</u>
INITIALS	<u>SD</u>
ADVERSE/NO ADV	
LP	
CC	
LETTER	

**BARTENDER'S (OPERATOR'S) LICENSE  
CLK217 (rev. 03/16)**

Fee: \$75.00  new  renewal

Beverage Course Completed  
 HOLD for Beverage Course

License # N170598  
Provisional Issued: yes  no

I hereby apply for an Operator's License to serve Alcoholic Beverages in any place of business operated under a Class "B", "Class B", Class "A", "Class A", and/or "Class C" License in the City of Kenosha to and including the 30<sup>th</sup> day of June, 2018 (unless sooner revoked). I hereby note that I am responsible for knowing and abiding by the contents of Chapter 125 of the Wisconsin Statutes and Chapter 10 of the Code of General Ordinances and that my license may be suspended, revoked, or not renewed, and/or I may be subject to a civil forfeiture for non-compliance therewith.

Last Name: Michaelis First Name: Patrick MI: J  
(NOTE: Name must appear exactly as it appears on driver's license or state ID)

Date of Birth: \_\_\_\_\_ Gender: M Phone: 262-948-9322

Home Address: 3711 Sheridan Rd Upper Kenosha WI 53140  
CITY STATE ZIP

Email: micha46@yahoo.com  
(correspondence will be via email if address is given)

Driver's License or State ID Number: \_\_\_\_\_  
STATE NUMBER

Name of Business Where License will be used Kenosha Moose Lodge #286  
(PLEASE NOTE: license may be utilized in the City of Kenosha only.)

**ANSWER THE FOLLOWING QUESTIONS TRULY AND COMPLETELY:**

- Have you, as an adult, ever been convicted of a major crime (felony), minor crime (misdemeanor), or of violating a municipal or county ordinance in Wisconsin, or in any other State; or do you have a charge pending at this time?  Yes  No If yes, state: charge, year, result:  
Lic. License violation (License had expired) 10/05/2013 - Guilty by default  
DWI Alcohol - 01/31/2004 - Guilty  
DWI - 10/01/2015 - Guilty
- Have you, as an adult, ever served time; or have been sentenced to serve time in a jail or prison in Wisconsin or any other State?  Yes  No If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_



3. Have you ever had your driver's license suspended or revoked in Wisconsin or in any other State?

Yes  No If yes, explain:

01/2004 - DWI  
10/2015 - DWI

4. Have you received any traffic citations in Wisconsin or in any other state within the past five (5) years; or do you have any such citations pending?  Yes  No If yes, state: charge, year, result:

09/01/2012 - Exceeding Speed Zones - Guilty, 09/01/2012 operate lg. veh. after rev/susp of registration - Guilty, 10/01/2015 operating while under the influence - Guilty, 10/01/2015 operating w/v w/par. - Dismissed, 10/01/2015 operating w/o valid license - Dismissed, 10/01/2015 fail/obey traffic officer signal - Dismissed.

5. Have you, as an adult, within the past five (5) years, while operating a business or engaged in a profession, been convicted of any state or federal charges; or do you have charges pending at this time involving unfair trade practices, unethical conduct, or discrimination?  Yes  No

If yes, state: charge, year, result:

6. List the name and address of all employers for which you have worked and/or businesses you have operated in the past five (5) years:

Kenosha Moose Lodge - 3003 30th Ave Kenosha, WI 53144, Shenanigan's Liquor Store/Pub 2615 60th St. Kenosha, WI 53140, Marcos Pizza - 2931 75th St Kenosha WI 53143, Family Video - 741 Glen Fern Ave Waukegan, IL 60085, Pizza Hut 2401 Douglas Ave Racine, WI 53402, Huffer Mongolian Grill 7214 Greenbay Rd #100 Kenosha, WI 53142

7. List all addresses at which you have lived in the past five (5) years:

3711 Sheridan Rd Upper Kenosha WI 53140  
1332 30th Ave Kenosha WI 53140

**READ CAREFULLY BEFORE SIGNING:** I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, it may be denied.

Applicant's Signature:

Date:

7/22/16

**Operator's (Bartender) License  
Police Record Report**

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APPLICANT INFORMATION			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
7/19/2016	Kathleen K. Lyman		Valid
License Number	Address of Applicant	Business (where license is to be used)	Business Address
N170589	4733 78th Place	Festival Foods	3207 80th St

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
7/22/2015	CHILD ABUSE-INTENTIONALLY CAUSE HARM -FELONY H - 6 CTS.	DISPO PENDING	Y	600

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points	600	
Were all offenses listed on the application?	Y	
<b>TOTAL DEMERIT POINTS</b>	<b>600</b>	

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION
<input type="checkbox"/> GRANT, Subject to <input type="checkbox"/> Demerit Points
<input checked="" type="checkbox"/> DENY, based on material police record (substantially related to the license activity)
<input type="checkbox"/> DEFER or GRANT subject to Non-Renewal Revocation due to False Application



*Adverse*

FILED	<u>7/19/16</u>
INITIALS	<u>[initials]</u>
ADVERSE/NO ADV	
LP	
CC	
LETTER	

**OPERATOR'S (BARTENDER) LICENSE**

Type: 217 Fee: \$75.00  new  renewal

Beverage Course Completed  
 HOLD for Beverage Course

License # N170589  
 Provisional Issued: yes  no

I hereby apply for an Operator's License to serve Alcoholic Beverages in any place of business operated under a Class "B", "Class B", Class "A", "Class A", and/or "Class C" License in the City of Kenosha to and including the 30<sup>th</sup> day of June, 2018. (Unless sooner revoked). I hereby note that I am responsible for knowing and abiding by the contents of Chapter 125, Wisconsin Statutes and Chapter 10 of the Code of General Ordinances and that my license may be suspended, revoked, or not renewed, and/or I may be subject to a civil forfeiture for non-compliance therewith.

Last Name: Lyman First Name: Kathleen MI: WI  
 (NOTE: Name must appear exactly as it appears on driver's license or state ID)

Date of Birth: \_\_\_\_\_ Gender: Female Phone: 262-455-8256

Home Address: 61733-78<sup>th</sup> Place Kenosha WI 53142  
 CITY STATE ZIP

Email: lyman.kathy@hotmail.com  
 (correspondence will be via email if address is given)

Driver's License or State ID Number \_\_\_\_\_  
 STATE NUMBER

Name of Business Where License will be used Festival Foods  
 (PLEASE NOTE: license may be utilized in the City of Kenosha only.)

**ANSWER THE FOLLOWING QUESTIONS TRULY AND COMPLETELY:**

1. Have you, as an adult, ever been convicted of a major crime (felony), minor crime (misdemeanor), or of violating a municipal or county ordinance in Wisconsin, or in any other State; or do you have a charge pending at this time?  Yes  No If yes, state: charge, year, result:  
Charge 7-22-15 with 6 accounts of child abuse. child in my care as a foster parent. have not gone to jail. Father abusing me, harming child.

2. Have you, as an adult, ever served time; or have been sentenced to serve time in a jail or prison in Wisconsin or any other State?  Yes  No If yes, explain:  
 \_\_\_\_\_  
 \_\_\_\_\_



3. Have you ever had your driver's license suspended or revoked in Wisconsin or in any other State?  
 Yes  No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you received any traffic citations in Wisconsin or in any other state within the past five (5) years; or do you have any such citations pending?  Yes  No If yes, state: charge, year, result:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you, as an adult, within the past five (5) years, while operating a business or engaged in a profession, been convicted of any state or federal charges; or do you have charges pending at this time involving unfair trade practices, unethical conduct, or discrimination?  Yes  No  
If yes, state: charge, year, result:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. List the name and address of all employers for which you have worked and/or businesses you have operated in the past five (5) years:

Piggly Wiggly, Jewel Food Store  
2201 Orchard Ave 4011 Green Bay Rd  
Kenosha, WI Kenosha, WI 53144

7. List all addresses at which you have lived in the past five (5) years:

4733 - 78th Place Kenosha, WI 53142  
1004 Willmors + tract Racine, WI 53402

**READ CAREFULLY BEFORE SIGNING:** I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, it may be denied.

Applicant's Signature: Kathleen Lyman Date: 7-19-16





3. Have you ever had your driver's license suspended or revoked in Wisconsin or in any other State?  
 Yes  No If yes, explain: Same as other side 1984

4. Have you received any traffic citations in Wisconsin or in any other state within the past five (5) years, or do you have any such citations pending?  Yes  No If yes, state: charge, year, result:

5. Have you, as an adult, within the past five (5) years, while operating a business or engaged in a profession, been convicted of any state or federal charges; or do you have charges pending at this time involving unfair trade practices, unethical conduct, or discrimination?  Yes  No  
If yes, state: charge, year, result:

6. List the name and address of all employers for which you have worked and/or businesses you have operated in the past five (5) years:  
Fire side Resturant  
Kenosha WI

7. List all addresses at which you have lived in the past five (5) years:  
7103- 316 Ave Kenosha WI 53142  
~~3100~~ - 6417 107 Street Pleasant Prank WI 53158

**READ CAREFULLY BEFORE SIGNING:** I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, it may be denied.

Applicant's Signature: *Diana K. Lewis* Date: 7-12-16

**New Operator's (Bartender) License  
Police Record Report**

4

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
7/5/2016	Daniel Love		Valid
License Number	Address of Applicant	Business (where license is to be used)	Business Address
N170558	5921 6th Avenue	N/A	

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
9/10/2015	DISORDERLY CONDUCT	GUILTY	Y	10
11/11/2011	DISORDERLY CONDUCT	GUILTY	Y	10
11/6/2002	FALSE IMPRISONMENT-FELONY E	GUILTY/NO CONTEST	Y	100
11/6/2002	2ND DEGREE RECKLESSLY ENDANGERING SAFETY-FELONY E	GUILTY/NO CONTEST	Y	100

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points	220	
Were all offenses listed on the application?	Y	
<b>TOTAL DEMERIT POINTS</b>	<b>220</b>	

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION	
<input type="checkbox"/>	GRANT, Subject to <input type="checkbox"/> Demerit Points
<input checked="" type="checkbox"/>	DENY, based on material police record (substantially related to the license activity)
<input type="checkbox"/>	DEFER or GRANT subject to Non-Renewal Revocation due to False Application



*Adverse*

FILED	<u>7/5/16</u>
INITIALS	<u>DL</u>
ADVERSE/NO ADV	
LP	_____
CC	_____
LETTER	_____

**BARTENDER'S (OPERATOR'S) LICENSE**  
 CLK217 (rev. 03/16)

Fee: \$75.00  new  renewal

Beverage Course Completed  
 HOLD for Beverage Course

License # N170558  
 Provisional Issued: yes  no

I hereby apply for an Operator's License to serve Alcoholic Beverages in any place of business operated under a Class "B", "Class B", Class "A", "Class A", and/or "Class C" License in the City of Kenosha to and including the 30<sup>th</sup> day of June, 2018 (unless sooner revoked). I hereby note that I am responsible for knowing and abiding by the contents of Chapter 125 of the Wisconsin Statutes and Chapter 10 of the Code of General Ordinances and that my license may be suspended, revoked, or not renewed, and/or I may be subject to a civil forfeiture for non-compliance therewith.

Last Name: Love First Name: Daniel MI: R  
 (NOTE: Name must appear exactly as it appears on driver's license or state ID)

Date of Birth: 1/1/1980 Gender: Male Phone: 262-496-7475  
 Home Address: 5921 6th Ave #2 Kenosha WI 53140  
CITY STATE ZIP  
 Email: drlovewhiz@gmail.com  
(correspondence will be via email if address is given)

Driver's License or State ID Number \_\_\_\_\_  
STATE NUMBER

Name of Business Where License will be used Still looking  
(PLEASE NOTE: license may be utilized in the City of Kenosha only.)

**ANSWER THE FOLLOWING QUESTIONS TRULY AND COMPLETELY:**

1. Have you, as an adult, ever been convicted of a major crime (felony), minor crime (misdemeanor), or of violating a municipal or county ordinance in Wisconsin, or in any other State; or do you have a charge pending at this time?  Yes  No If yes, state: charge, year, result:  
- False Imprisonment & 2nd-Degree Recklessly Endangering Safety, 2002, Result: Ordered to Probation with 1yr County Jail as Condition  
- Disorderly Conduct, 2011, Fine  
- Disorderly Conduct, 2015, Fine
2. Have you, as an adult, ever served time; or have been sentenced to serve time in a jail or prison in Wisconsin or any other State?  Yes  No If yes, explain:  
- Ordered to do 1 Year County Jail as a condition of probation on 11-03-2003. Successfully completed probation & discharged 11/03/10  
- 07/27/2007 to 07/26/2007 Probation Hold  
- 04/19/2011 to 04/21/2011 Probation Hold  
- 11/11/2011 to 11/16/2011 Probation Hold

3/12

3. Have you ever had your driver's license suspended or revoked in Wisconsin or in any other State?  
 Yes  No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

4. Have you received any traffic citations in Wisconsin or in any other state within the past five (5) years; or do you have any such citations pending?  Yes  No If yes, state: charge, year, result:

Failure to Obey Traffic Sign or Signal, 2011, Fine  
\_\_\_\_\_

5. Have you, as an adult, within the past five (5) years, while operating a business or engaged in a profession, been convicted of any state or federal charges; or do you have charges pending at this time involving unfair trade practices, unethical conduct, or discrimination?  Yes  No  
If yes, state: charge, year, result:

\_\_\_\_\_  
\_\_\_\_\_

6. List the name and address of all employers for which you have worked and/or businesses you have operated in the past five (5) years:

- Captain Mike's Kenosha Tavern, 5118 6th Ave, Kenosha, WI 53140  
- Superior Wireless Inc, 6007 22nd Ave, Kenosha, WI, 53143  
\_\_\_\_\_

7. List all addresses at which you have lived in the past five (5) years:

5901 6th Avenue #2, Kenosha, WI 53140  
\_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING:** I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, it may be denied.

Applicant's Signature:  Date: 07/05/2016

**Reference: Application For Bartender (Operator) License  
Licensee: Daniel R Love, License Number: N170558,**

**Objection to Denial Based On Material Police Record.**

**Charges dated 11/06/2002 (False Imprisonment-Felony E, 2<sup>nd</sup> Degree Recklessly Endangering Safety-Felony E) do not substantially relate to the licensed activity as required per Wisconsin State Statute Sec. 111.335(1)(c)**

**Thus denial to issue license is in violation of Wisconsin State Statute Sec.111.322(1)., Discriminatory actions prohibited Subject to ss. 111.33 to 111.365 which provides in part:**

**It is an act of employment discrimination to do any of the following :**

**(1) To refuse to hire, employ, admit or license any individual, to bar or terminate from employment or labor organization membership any individual, or to discriminate against any individual in promotion, compensation or in terms, conditions or privileges of employment or labor organization membership because of any basis enumerated in s. 111.321.**

**Common Council Agenda Item C.3 Page 23-25**

**See attached Support Materials**

**Daniel Love Support Materials for  
Kenosha Common Council  
August 1, 2016**

1. Superior Wireless Materials
  - a. Jeff Baas Letter of Recommendation
  - b. Cingular Mystery Shopper Recognition Memo
  - c. Cingular Employee of the Year Certificate
  - d. Cingular Employee of the Year Recognition Memo
2. Legal Materials
  - a. Discharge Certificate (Part 1 of 2)
  - b. Discharge Certificate (Part 2 of 2)
3. Education Materials
  - a. Gateway acceptance letter
  - b. Gateway Program Outline
  - c. Gateway Course Schedule
  - d. Carthage College Unofficial Transcript
  - e. KUSD High School Diploma
  - f. HSED Completion Report
  - g. HSED Diploma
  - h. Poetry Editor's Choice Award Certificate
4. Food Service Materials
  - a. Wisconsin Seller/Server Certification
  - b. NRFSP Food Safety certificate
  - c. 360training Safe Food Temperatures certificate
  - d. 360training Food Safety certificate
5. Foodshare Employment and Training Program
  - a. Foodshare program referral
  - b. Proof of work requirement exemption
  - c. Program Description
  - d. ResCare Academy Business Law Basic Concepts Certificate
  - e. ResCare Academy Business Law and Ethics Certificate
  - f. ResCare Academy Insurance Industry Overview Certificate
6. Living Free Program
  - a. Program Completion Verification
  - b. HOPE Program certificate of completion
  - c. Anger Management certificate of completion
  - d. Sexual Violence/Abuse Education certificate of accomplishment
  - e. Domestic Abuse Prevention certificate of recognition
  - f. Substance Abuse certificate of completion
  - g. AODA Counseling certificate of achievement
  - h. Anger Management Certificate of Achievement
7. Other
  - a. Addams AODA Program certificate
  - b. UW-Parkside Abuse Conference certificate of attendance



---

5919 6th Avenue, Kenosha, WI 53140

Tel: (262)658-2355 Fax: (262)925-8601

August 1<sup>st</sup> 2016

Dear Common Council,

I'm writing you on behalf of Daniel Love in reference to approving his bartender license. I first met Daniel in November 2004 shortly after he was released from jail while he was applying for a job at my cellular telephone store Superior Wireless. I was initially impressed with his enthusiasm, communication skills, and professional demeanor. So I decided to give him a chance and I hired him.

He proved to be reliable, dedicated, and a driven leader. Within three months I promoted him to Manager at which point he took over day to day operations. He consistently met or surpassed all of his assigned goals while training and supervising the stores staff in a high pressure environment with the upmost professionalism. Daniel's team player mind-set, enthusiastic embrace of change, ability to work with minimal supervision and unwavering commitment to exceeding customer expectations became the corner stone of the business. He embodied the company motto, "At Superior Wireless you receive superior customer service."

Organized and diligent, Daniel not only oversaw the store he became an active member of the Uptown Business Improvement District. All of this while also going to school at Carthage College and working the Academic Information Services Desk there. That's not to mention his active volunteer work at Women's And Children's Horizons as well as volunteering for The Kenosha Theatre Restoration Project which he still does to this day.

I would describe Daniel as a model employee, model citizen, and reformed criminal. I urge you to consider what he has done to improve himself, the community, and others around him before you make a decision. He's attempting to go back to school starting in September and without a valid bartender license all of the funding he has worked so hard to get will be taken away.

Thank you for the consideration.

A handwritten signature in black ink that reads "Jeff Baas". The signature is stylized with a large, looping initial "J" and a long horizontal stroke at the end.

Jeff Baas  
President  
Kenosha Theatre Restoration Project



May 31, 2006

To: **Daniel Love**  
From: Cathy Choppa  
Re: Celebration Breakfast

***Congratulations on you recent Mystery Shop success!***

In recognition of your 100%, you have been pledged to the Mystery Shop 100 Club.

Please make plans to join your April 100% club member peers along with your Cingular support staff at breakfast to be held in your honor.

Date and Time: Thursday, May 18<sup>th</sup> @ 8:30 a.m.

Location: The Original Pancake House  
16460 W. Bluemound Rd.  
Brookfield, WI

We look forward to seeing you there and thank you for your continued focus on raising the bar with Cingular.

---

# CERTIFICATE OF APPRECIATION

AWARDED TO

**Daniel Love – General Manager**

For Receiving The 2006 Employee Of The Year Award

We couldn't do it without you!

Awarded this 31<sup>st</sup> day of December, 2006

 x cingular  
raising the bar...all™



Cathy Choppa – Regional Manager



December 31, 2006

To: **Daniel Love**  
From: Cathy Choppa  
Re: Employee Of The Year

***Congratulations on your recent success!***

In recognition of your 100% scores and wonderful customer service, you have been pledged to the Employee Of the Year Club.

Please make plans to join your 2006 Employee of The Year peers along with your Cingular support staff at breakfast to be held in your honor.

Date and Time: Thursday, January 18<sup>th</sup> @ 8:30 a.m.

Location: The Original Pancake House  
16460 W. Bluemound Rd.  
Brookfield, WI

We look forward to seeing you there and thank you for your continued focus on raising the bar with Cingular.

---

Scott Walker  
Governor  
  
Edward F. Wall  
Secretary



Mailing Address  
  
3099 E. Washington Ave.  
Post Office Box 7925  
Madison, WI 53707-7925  
Telephone (608) 240-5000  
Fax (608) 240-3300

**State of Wisconsin  
Department of Corrections**

**DISCHARGE CERTIFICATE**

DANIEL R. LOVE, #440829-A ("A-02" case)

You were placed on probation on November 3, 2003 by the Circuit Court of KENOSHA County, Court Case #02CF01249, after being found guilty of violating the Wisconsin Statutes sections(s):

939.50(3)(E), 939.63(1)(A)3, 940.30, 941.30(2)

The department having determined that you have satisfied said judgment, it is ordered that effective November 3, 2012, you are discharged from said judgment only.

Persons committing crimes after April 9, 1990 may have a civil judgment issued for any unpaid restitution.

11/08/2012

Date Signed

Secretary - Department of Corrections

Scott Walker

Governor

Edward F. Wall

Secretary



Mailing Address

3099 E. Washington Ave.  
Post Office Box 7925  
Madison, WI 53707-7925  
Telephone (608) 240-5000  
Fax (608) 240-3300

**State of Wisconsin  
Department of Corrections**

**DISCHARGE CERTIFICATE**

DANIEL R. LOVE, #440829-A

You were placed on probation.

The department having determined that you have satisfied said probation, it is ordered that effective November 3, 2012, you are discharged absolutely.

This discharge does not forgive your current (tentative) balance of unpaid supervision fees, in the amount of 180.00. This amount is subject to supervision fees for your last month of supervision and any outstanding payments. The balance is (tentative) as a result of delayed supervision fee charges still to be posted.

Failure to pay the full amount due may result in the taking of future Wisconsin income tax refunds or lottery winnings.

Restoration of civil rights for felony convictions:

This certifies that the following civil rights are restored to you:

1. The right to vote.
2. The obligation for jury duty.

The following civil rights are not restored to you:

1. Firearms may not be used or possessed unless a pardon, which does not restrict possession of firearms, is received from the governor.
2. Public office can not be held unless a pardon is obtained from the governor.

Persons committing crimes after April 9, 1990 may have a civil judgment issued for any unpaid restitution.

11/08/2012

Date Signed

Handwritten signature of Edward F. Wall in black ink.

Secretary - Department of Corrections



May 6, 2015

Daniel R. Love  
5921 6th Ave  
Apt 2  
Kenosha WI 53140-4140

Dear Daniel,

Student ID: 1162910

Congratulations on your acceptance into our National Restaurant Assoc Professional Mgmt Development Program at Gateway Technical College! For over 100 years Gateway Technical Colleges has proudly welcomed thousands of new Red Hawks every year and we are excited for you to be part of this tradition! You and your family should be proud of the achievements that you have accomplished and we are honored that you have chosen Gateway Technical College to lead you into your future. As a member of the Gateway Technical College you will join a dynamic student community with endless possibilities.

Gateway Technical College, serving more than 25,000 students in the Southeastern Wisconsin counties of Kenosha, Racine and Walworth, continues to lead the country with its innovative approach to career and technical education. Our faculty, students and administration look forward to welcoming you into our community. We have every confidence that you will enjoy your educational experience with us. On behalf of the entire Gateway staff, we welcome you and wish you all the best for your career! We appreciate your enthusiasm in our college, and hope that all your educational wishes are fulfilled in your time at Gateway Technical College.

Congratulations on taking the first step into your future!

Sincerely,

A handwritten signature in black ink, appearing to read "ABE", is positioned above the typed name of the sender.

Angela Becerra-Chvilicek  
Director of College Access  
262.741.8100  
admissionsgroup@gtc.edu



## 2016-2017 Certificate

**Certificate:** NATIONAL RESTAURANT ASSOCIATION PROFESSIONAL MANAGEMENT DEVELOPMENT PROGRAM (90-316-7)

**Credits:** 13 Credits

**Description:** All certificate courses can be applied toward an associate degree in Culinary Arts. All courses must have been taken in the last 10 years.

**Related program:** Culinary Arts

**Campuses Available:** Racine Campus

### REQUIRED COURSES

✓	<b>Semester One</b>	<b>Credits</b>	<b>Prerequisite</b>	<b>Corequisite</b>
<input type="checkbox"/>	316-131 Culinary Skills I*	4		316-170
<input type="checkbox"/>	316-170 Sanitation and Hygiene*	1		
<input type="checkbox"/>	316-130 Nutrition*	2		
✓	<b>Semester Two</b>	<b>Credits</b>	<b>Prerequisite</b>	<b>Corequisite</b>
<input type="checkbox"/>	316-133 Menu Planning, Purchasing, Cost Control	3		
✓	<b>Semester Three</b>	<b>Credits</b>	<b>Prerequisite</b>	<b>Corequisite</b>
<input type="checkbox"/>	316-190 Food Service Supervision	3		
<b>Total Credits</b>		<b>13</b>		

### ADDITIONAL REQUIREMENTS

Students must submit all health and immunization forms prior to the first day of attending classes marked with an (\*).

CURRENT STUDENTS

Student Schedule

Page 1

11:41:06 08-01-16

Student: Daniel R. Love  
 5921 6th Ave  
 Apt 2  
 Kenosha, WI 53140-4140

Student ID: 1162910  
 CELL 262-496-7475  
 HOME 262-496-7475  
 Student WebMail Address: loved14@mail.gtc.edu

Current Active Program(s)  
 90-316-7: National Restau  
 Advisor:  
 Raquel G. Palacios

Course Section, Title	Inst	Credits	Start/End Dates	Refund Dates
Instructor	Meth	Days	Start/End Times	Start/End Times
Course Location:	Resident	Term, Reg. Stat.	Refund	Drop
Campus, Room, Building	Tuit/Fees	Perct	By	

316-131-2R1A		14.00cr	09/06/16 12/13/16	100%	09/05/16
Culinary Skills I	Lect	T	08:05am 10:30am	80%	09/13/16
No Faculty Assigned	Lab	T	10:30am 02:05pm	60%	09/22/16
RACI, 009 Lake Building		\$805.48	2016FA New		
RACI, 002 Lake Building					

Comments | In State Section Cost: \$805.48

316-190-2R1A		3.00cr	09/08/16 12/15/16	100%	09/07/16
Food Service Supervision	Lect	Th	08:05am 11:05am	80%	09/15/16
No Faculty Assigned		\$430.11	2016FA New		60%
RACI, 009 Lake Building					

Comments | In State Section Cost: \$430.11

316-133-2R1A		3.00cr	09/08/16 12/15/16	100%	09/07/16
Menu Planning Purch Cost Ctrl	Lect	Th	02:35pm 05:35pm	80%	09/15/16
No Faculty Assigned		\$430.11	2016FA New		60%
RACI, 009 Lake Building					

Comments | In State Section Cost: \$430.11

316-130-2R1A		2.00cr	09/12/16 12/12/16	100%	09/11/16
Nutrition	Lect	M	02:35pm 04:35pm	80%	09/19/16
Marianne W. Hinder		\$288.24	2016FA New		60%
RACI, 009 Lake Building					

Comments | In State Section Cost: \$288.24

316-170-2R1A		1.00cr	09/26/16 11/07/16	100%	09/25/16
Sanitation and Hygiene	Lect	M	09:10am 12:10pm	80%	09/29/16
Marianne W. Hinder		\$146.37	2016FA New		60%
RACI, 009 Lake Building					

Comments | In State Section Cost: \$146.37

Total Credits: 13.00

Student Accident Insurance Fee: \$6.00

Total Balance Due: \$2,106.31

Payment or payment option for classes expected at the time of registration (Associate Degree and Technical Diploma level classes payment deadline exception is described below). Classes without payment options are dropped.

Payment options are cash, check, credit card, awarded Financial Aid, payment plan, or third party authorization. See the website for information as options vary by course type and credit load.

Exception: Associate Degree and Technical level courses will be held until the payment option deadline dates. For Summer 2016 classes the deadline is April 18. For Fall 2016 classes the deadline is August 16. After those dates, registrations without payment will be dropped.

OK

[CHANGE PASSWORD](#)

[LOG OUT](#)

[MAIN MENU](#)

[STUDENTS MENU](#)

[CONTACT US](#)

# Carthage

Kenosha, Wisconsin

Page 1 of 1

Name: Daniel Robert Love  
ID Number: 0079816

Date of Birth:

Undergraduate

Degree 1: Bachelor of Arts  
Major 1: Biology

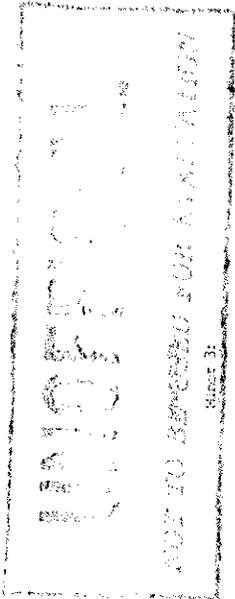
Minor 1:

Degree 2:  
Major 2:

Minor 2:

Date Conferred:

Mat. Date: 3/06/07



REG. OR TITLE	TR	CR	GRD	GRD	GRD	GRD
2001-2003 Transfer Credit						
APPLIED TECHNICAL COLLEGE						
MTN 102	TR	3.00	.00	.00	.00	0.00
2005-2006 Fall Term						
ENTERED ON ACADEMIC PROBATION						
ENGL 000	SU	0	.00	.00	.00	.00
ENGL 105	SU	4.00	4.00	10.38		
PSYC 150	A	4.00	4.00	16.00		
ENGL 100	SA	4.00	4.00	13.32		
REMOVED FROM PROBATION						
TERM:		12.00	12.00	40.00	3.33	
2005-2006 Spring Term						
CLAS 140	B	4.00	4.00	12.00		
ENGL 200	C	4.00	4.00	8.66		
TERM:		8.00	8.00	18.66	2.33	
2006-2007 Fall Term						
PSYC 245	A*	4.00	4.00	14.68		
PSYC 325	A	4.00	4.00	16.00		
TERM:		8.00	8.00	30.68	3.85	
2006-2007 Spring Term						
GRDZK:		31.00	28.00	89.36	3.191	

\*\* END OF RECORD \*\*

The Family Educational Rights and Privacy Act of 1974 prohibits release of the attached information without the student's written consent. If you are unable to comply with this condition of release, please return the material to: Carthage College Registrar's Office Kenosha, WI 53140-1994

\* indicates graduate level credit

THE ABOVE COPY APPEARS WHEN PHOTOCOPIED

# Kenosha Unified School District No. 1

This Certifies That

*Daniel Love*

has completed the requirements prescribed by the Board of Education  
and is therefore entitled to this

## High School Diploma

Given at Kenosha, in the State of Wisconsin  
March Eleventh, Two Thousand Four

*Robert Pine*  
Superintendent

*Ernest J. Kline*  
President, Board of Education



**EDUCATION REPORT TO JPRC (HSED)**

Lincoln Hills School

LAST NAME OF YOUTH LOVE	FIRST NAME OF YOUTH DANIEL	MIDDLE INITIAL OF YOUTH R	J-NUMBER 00440829
LIVING UNIT ADDAMS	SPED	IEP DATE	REPORT DATE 06/17/2003
CURRENT GRADE 0	CREDITS EARNED SINCE LAST REVIEW 0	PREPARED BY HALL, RICHARD	
STANDARD TESTS: Reading Standard Math Standard		DATE 03/21/2003 03/21/2003	LEVEL 8.7 10.1
GRADUATION:	DATE	SCHOOL NAME	LEVEL

HSED TESTS				HSED REQUIREMENTS				
Test	Date	Score	Mfn. Score	Test Name / Course Name	Completion Date	Test Score	Course Credits	Pass Score
Writing	05/23/2003	440	410	Civics Test / Civics - HSED	05/09/2003		0.50	
Social Studies	05/09/2003	560	410	Subject: Social Studies			2.00	
Science	05/06/2003	640	410	Health Test / Health - HSED	05/20/2003	70		55
Literature/Arts	05/13/2003	540	410	Subject: Health				
Mathematics	05/02/2003	600	410	Careers				
			2780	Subject: Electives				
MINIMUM TOTAL SCORE 2250				<b>COMMENTS</b> Employability and careers completed.				

**SUMMARY OF STUDENT PERFORMANCE AND TRANSITION PLAN**  
 Mr. Love was in HSED for a total of 19 classroom days. Daniel was an outstanding student who was focused, pleasant, and committed. Mr. Love exited the HSED program as a graduate on 6/10/2003.

RESPONSIBILITY	WORKING QUALITY	ATTITUDE	PEER SKILLS
<input checked="" type="checkbox"/> TAKES DIRECTION	<input checked="" type="checkbox"/> OUTSTANDING	<input checked="" type="checkbox"/> POSITIVE	<input checked="" type="checkbox"/> ROLE MODEL
<input checked="" type="checkbox"/> DEMONSTRATES INITIATIVE	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> NEGATIVE	<input checked="" type="checkbox"/> PEER TUTOR
<input checked="" type="checkbox"/> TASK-FOCUSED	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> VARIABLE	<input type="checkbox"/> GROUP LEADER
<input checked="" type="checkbox"/> ACHIEVES ACADEMIC GOALS CONSISTENTLY	<input type="checkbox"/> BELOW AVERAGE		<input checked="" type="checkbox"/> POSITIVE INFLUENCE
<input checked="" type="checkbox"/> UTILIZES TIME EFFECTIVELY	<input type="checkbox"/> UNACCEPTABLE		

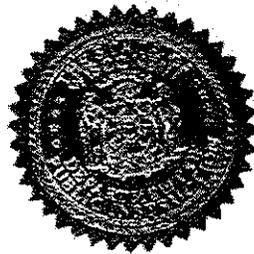
DISTRIBUTION: Original: SS File Copies: QJOR Pupil Services File Social Worker Cottage Parents Youth Agent County

Wisconsin Department of Public Instruction  
*High School Equivalency Diploma*

*This certifies that*

**DANIEL R. LOVE**

has met the requirements of a high school course of study or its equivalent as determined  
by the State Superintendent of Public Instruction and is herewith granted this  
*State of Wisconsin High School Equivalency Diploma.*



Given under my hand and seal of office in  
the city of Madison, Wisconsin, this 6th  
day of June 2003.

**Equivalency Diploma Number 190566**

*Elizabeth Burmeister*  
State Superintendent

*Not valid if name has been changed or altered. Not valid unless official Wisconsin seal is affixed.*

**Editor's Choice Award**

Presented to

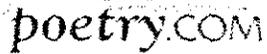
*Daniel Love*

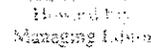
*August 2005*

For Outstanding Achievement in Poetry

Presented by

poetry.com and the International Library of Poetry

 poetry.COM

 Howard E. H. ...  
Managing Editor

---

# WISCONSIN

## SELLER / SERVER CERTIFICATION

**Trainee Name:** Daniel Love  
**Date of Completion:** 03/10/2016

**School Name:** 360training.com, Inc.  
**Certification #** WI-36281



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

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66

---



learn2  
serve

Corporate Headquarters  
13601 Burnet Rd., Suite 100  
Austin, Texas 78727  
P: 800-442-1149



NATIONAL REGISTRY OF  
FOOD SAFETY PROFESSIONALS®

CERTIFIES

DANIEL R LOVE

HAS SUCCESSFULLY SATISFIED THE REQUIREMENTS FOR THE  
FOOD SAFETY MANAGER  
UNDER THE  
CONFERENCE FOR FOOD PROTECTION STANDARDS



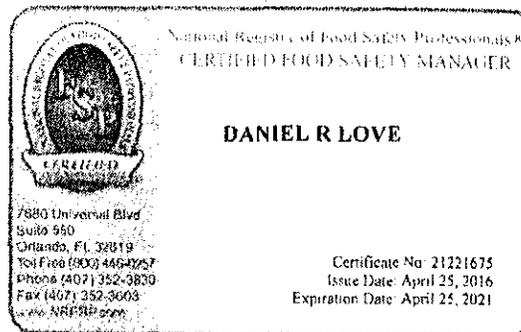
7680 Universal Blvd., Suite 550, Orlando, FL 32819  
P (800) 446-0257 | F (407) 352-3603 | www.NRFSP.com  
National Registry of Food Safety Professionals®

PRESIDENT:   
LAWRENCE J. LYNCH, CAE

ISSUE DATE: APRIL 25, 2016  
EXPIRATION DATE: APRIL 25, 2021  
CERTIFICATE NO: 21221675  
TEST FORM: EXE48  
This certificate is not valid for more than five years from date of issue.

Notification of Test Result

ID#: xxx-xx-  
Scaled Test Score: 99  
Candidate Status: Pass  
Test Date: April 25, 2016



Congratulations! Attached is your certificate and wallet card. Please notify the National Registry of name or address changes at the address below.

DANIEL R LOVE  
5921 6TH AVE STE 2  
KENOSHA, WI 53140

- Preventing Contamination and Cross Contamination (Mastered)
- Ensuring Personal Hygiene and Employee Health (Mastered)
- Actively Managing Controls in a Food Establishment (Mastered)
- Monitoring the Flow of Foods (Mastered)
- Ensuring Product Time and Temperature (Mastered)
- Conducting Cleaning and Sanitizing (Mastered)
- Managing Physical Facility Design & Maintenance: Preventing & Controlling Pests (Mastered)

# Certificate of Completion

This is to certify that

Daniel Love

has completed

Safe Food Temperatures for Sizzling Summer Heat

Completion Date 05/12/2016

Course Duration 0.0

Certificate # 000010319652

  
 **360training**

# Certificate of Completion

This is to certify that

Daniel Love

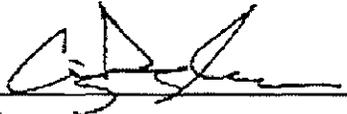
has completed

Food Safety: From Farm to Fork

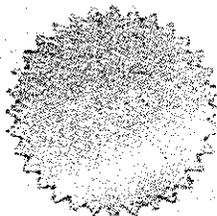
Completion Date 05/12/2016

Course Duration 0.0

Certificate # 000010319650

  
 **360training** LLC

360training.com ♦ 13801 Burnet Rd., Suite 100 ♦ Austin, TX 78727 ♦ 800-442-1149 ♦ www.360trainingsupport.com



CDPU  
CENTRALIZED DOCUMENT PROCESSING UNIT  
PO BOX 5234  
JANESVILLE WI 53547 5234



**State of Wisconsin**

Case #: 8119910389

Mailing Date: 07/27/2016

000030  
DANIEL LOVE  
5921 6TH AVE 2  
KENOSHA WI 53140 4140

**Wisconsin's Kenosha Racine Partners**

Toll Free Number: 1-888-794-5820  
Worker: . KENOSHA TEAM ONE  
CDPU Fax Number: 1-855-293-1822  
Use Fax to send verifications



The State of Wisconsin is an equal opportunity service provider. This letter contains information that affects your benefits. If you need this material in a different format because of a disability or if you need this letter translated or explained in your own language, please call 1-888-794-5820. These services are free.

**FOODSHARE EMPLOYMENT AND TRAINING PROGRAM REFERRAL**

The FoodShare Employment and Training (FSET) program provides FoodShare members services to help build job skills and find employment. Certain FoodShare members are required to take part in a work program, like FSET, in order to receive FoodShare benefits. Any member required to take part in a work program may only receive FoodShare benefits for a limited time if they choose not to take part in a work program.

You or any other household members may choose to enroll in FSET even if taking part in a work program is not required. The table below lists the members who have been referred to the FSET program. You and other household members may take part in FSET when your FoodShare benefits begin. An FSET agency in your area will contact each person listed below to set up an appointment to enroll in the FSET program.

Member Name	Referral Type	Begin Month
DANIEL	Voluntary	Jan. 2016

**REFERRAL TYPE**

**Voluntary Referral**

A referral was sent to the FSET program for this member because he or she asked to take part in the FSET program. If this member no longer wants to take part in FSET, contact the agency listed above. FoodShare benefits will not decrease or end if this member does not take part in FSET activities.

### **Time Limited FoodShare Referral**

Certain adults between the ages of 18 and 49 with no minor children in the home will only get 3 months of time limited FoodShare benefits in a 36 month period, unless they meet the FoodShare work requirement. There are three ways to meet the work requirement:

- Working at least 80 hours each month,
- Taking part in an allowable work program such as FSET, Wisconsin Works (W-2) or certain programs under the Workforce Investment Act (WIA) at least 80 hours each month, or
- Both working and taking part in an allowable work program for a combined total of at least 80 hours each month.

If someone in your home meets one of the following, they do not have to meet the work requirement and will not have to take part in FSET:

- Living with a child under age 18,
- Caring for a person who cannot care for himself or herself,
- Caring for a child under age 6 who does not live in the home,
- Physically or mentally unable to work,
- Pregnant,
- Applied for or receiving unemployment insurance, or
- Taking part in an alcohol or substance abuse (AODA) program.

If you have any questions, see your Enrollment & Benefits handbook or contact the agency listed on page 1. You can also go to [dhs.wisconsin.gov/em/customerHelp/](http://dhs.wisconsin.gov/em/customerHelp/).

### **Proof Needed**

Anyone who has an exemption may need to provide proof. See the last page of this letter for items that can be used as proof. If you have an exemption from the work requirement and you already provided proof, you do not need to take any other action at this time.

Complete the Proof of Work Requirement Exemption form in this letter and return it along with any proof to:

If you live in Milwaukee County:

MDPU  
PO Box 05676  
Milwaukee WI 53205  
Fax: 1-888-409-1979

If you **do not** live in Milwaukee County:

CDPU  
PO Box 5234  
Janesville, WI 53547-5234  
Fax: 1-855-293-1822

**PROOF OF WORK REQUIREMENT EXEMPTION**

**Instructions:** If anyone in the household meets any of the below, check the box and write their name in the space provided. See the section listed for items you can use to provide proof.

**Work Requirements – See Section A on the back if you checked any of these boxes.**

<input type="checkbox"/> Working at least 80 hours each month.	Name(s):
<input type="checkbox"/> Taking part in an allowable work program such as FSET, Wisconsin Works (W-2), or programs under WIA at least 80 hours each month.	Name(s):
<input type="checkbox"/> Both working and taking part in an allowable work program for a combined total of at least 80 hours each month.	Name(s):

**Providing Care for Another Person – See Section B on the back if you checked any of these boxes.**

<input type="checkbox"/> Living with a minor child under the age of 18.	Name(s):
<input type="checkbox"/> Caring for a person who cannot care for himself or herself.	Name(s):
<input type="checkbox"/> Caring for a child under age 6 who does not live in the home.	Name(s):

**Health Conditions – See Section C on the back if you checked either of these boxes.**

<input type="checkbox"/> Unable to work due to a physical or mental health condition.	Name(s):
<input type="checkbox"/> Pregnancy.	Name(s):

**Unemployment Insurance – See Section D on the back if you checked this box.**

<input type="checkbox"/> Applied for or receiving unemployment insurance.	Name(s):
---	----------

**Alcohol or Substance Abuse Program – See Section E on the back if you checked this box.**

<input type="checkbox"/> Taking part in an alcohol or substance abuse (AODA) program.	Name(s):
---	----------

## ITEMS YOU CAN USE TO PROVIDE PROOF

### Section A – Work Requirements

- All check stubs received in the last 30 days
- A signed statement from employer that includes gross earnings, hours worked and pay dates expected in the next 30 days
- An Employer Verification of Earnings form - to get a copy of this form, contact your agency listed on page 1 or call Member Services at 1-800-362-3002
- A statement from an allowable employment program that includes participation hours

### Section B – Providing Care for another Person

- A signed statement from the parent or legal guardian
- Custody agreement

### Section C – Health Conditions

- Note or letter from a certified healthcare provider confirming pregnancy, physical or mental health condition
- Approval letter from the State Disability Determination Bureau
- Award letter from the Social Security Administration

### Section D – Unemployment Compensation

- Current award letter
- Copy of last check
- Bank statements

### Section E – Alcohol or Substance (AODA) Program

- Letter from an AODA counselor



**What is FSET (FoodShare Employment and Training)?**

The purpose of FSET is to provide FoodShare members the assistance and support they need to obtain employment. FSET draws on the strengths, needs and preferences of the job seeker to provide services that result in successful competitive employment, while promoting economic self-sufficiency.

**What are the benefits of the program?**

The FSET program consists of several services intended to help participants move into gainful employment.

**ResCare Academy:** You will have 24-hour access to this proprietary online training platform that offers more than 4,000 courses, which can be used for GED preparation and credential-earned training in more than 100 industries.

**Resume Pro:** With ResCare's ResumePro, our job seekers can produce a very professional resume in a short time.

**RoadMaps to Success:** This proprietary training curriculum includes training modules taught by our certified facilitators to job seekers.

**Workshops:** Are available to assist you with applications, resumes and cover letters. Interviewing skills are also provided; including how to answer tough questions concerning legal barriers or employment gaps. Our goal is to help you develop the self-confidence you need to sell yourself to a potential employer.

**Skill Training Opportunities:** CDL, CNA, CBRF, Forklift driver & IT communication are just a few of the trainings that could be available to you.

**ResCare Talent Market:** This interactive employment tool allows us to match our job seekers with potential employers.

**Case Management:** Upon enrollment you will be assigned a talent development specialist who will help you develop a plan tailored to meet your career goals and a timeline to achieve your goals. They are your advocate who will show you how to take advantage of opportunities offered by FSET and other community partners. This includes supportive services to help overcome any barriers such as transportation and childcare needs.

**Job Retention:** Transitional services will continue for up to 90 days after finding new employment. Examples include assistance with uniforms, tools and transportation. We want to ensure there are no barriers preventing you from retaining your new job.

**How to Enroll in FoodShare**

If you are not receiving FoodShare; but, think you might be eligible due to low income or unemployment there are several ways to find out:

1. You can apply on line at the following website: [www.access.wisconsin.gov](http://www.access.wisconsin.gov)
2. You may talk to someone about eligibility and enrolling by calling:  
 Region 1 - 888-794-5820 (Racine/Kenosha Counties) or 888-446-1239 (Walworth County)  
 Region 2 - 888-947-6583 (Milwaukee County)  
 Region 3 - 888-446-1239 (Waukesha, Ozaukee & Washington counties)
3. You can also apply in person or by mail. The phone numbers listed above can be used to find out more information about these application options.



**How to be referred to FSET**

If you currently receive FoodShare benefits you can contact your county's FoodShare program (numbers listed above) and ask to be referred to FSET. If you do not currently receive FoodShare you must apply and be approved prior to being referred to FSET.

**Our locations**

<u>Region 1</u>	<u>Region 2</u>	<u>Region 3</u>
<p><b><u>Kenosha County</u></b>            Kenosha County Job Center            8600 Sheridan Rd Kenosha, WI 53143            262-697-4500</p>	<p><b><u>MAWIB</u></b>            Administration/Intake            2342 North 27<sup>th</sup> St            Milwaukee, WI 53210            414-270-1800</p>	<p><b><u>Waukesha County</u></b>            Workforce Development Center            892 Main St Ste G Pewaukee, WI 53072            262-695-7937</p>
<p><b><u>Racine County</u></b>            Racine Kenosha Community Action Agency            2113 N. Wisconsin St Racine, WI 53402            262-637-8377</p>	<p><b><u>Silver Mill Shopping Center</u></b>            6111 North Teutonia Ave            Milwaukee, WI 53209</p>	<p><b><u>Ozaukee County</u></b>            Workforce Development Center            5555 W. Highland Rd Mequon, WI 53092            262-238-4420</p>
<p><b><u>Walworth County</u></b>            Walworth Job Center            Gateway Campus South Building            400 County Rd H Elkhorn, WI 53121            262-741-5180</p>	<p><b><u>YWCA</u></b>            1915 North Dr. Martin Luther King Dr            Milwaukee, WI 53212</p>	<p><b><u>Washington County</u></b>            Workforce Development Center            2200 Green Tree Rd West Bend, WI 53090            262-306-3503</p>
	<p><b><u>Mitchell Park Shopping Center</u></b>            823 South Layton Blvd            Milwaukee, WI 53215</p>	
	<p><b><u>Community Advocates</u></b>            728 North James Lovell St            Milwaukee, WI 53203</p>	

This institution is an equal opportunity provider.

**Who We Serve & What We Offer**

ResCare Workforce Services supports economically challenged individuals in Wisconsin Works (W-2) and FoodShare Employment and Training Program (FSET). We link jobseekers to employment through customized case management, career planning, coaching, soft skills training, job skills training and motivation. Our job seekers are often eligible for the Work Opportunity Tax Credit (WOTC) and Fidelity Bonding. These programs offer your company financial incentives for hiring our participants.

**Job Development**

*Connecting with talented and qualified candidates is easier than you think!*

ResCare Workforce Services links jobseekers to employment opportunities and provides related supportive services to persons in Kenosha, Racine, and Walworth, Milwaukee, Waukesha, Ozaukee and Washington County's. Our resources provide a variety of programs designed to assist economically disadvantaged individuals in their efforts to establish self-sufficiency. Our primary goal is to ensure the successful transition of our clients into the workforce by establishing a successful career path. ResCare's Job Developers work with local industry and community organizations to promote workforce development projects. In addition, ResCare conducts employability preparation and soft skills workshops for program members.

**Work Experience Sites**

*Our programs are "Work First" programs!*

To that end, we need work sites willing to train, mentor and coach our program job seekers. ResCare encourages W-2 and FSET job seekers to become independent through "volunteer" work opportunities called "Work Experience." Due to this "volunteer" work, job seekers continue to receive their benefits while learning new skills and preparing to join/rejoin the workforce. Your business does not pay wages for these individuals and Workers Compensation is paid for by the State of WI. You can also hire them at any time!

**ResCare Workforce Services is the nation's leading provider of workforce services and tools including:**

**ResCare Academy** – Our job seekers have 24-hour access to this proprietary online training platform that offers more than 4,000 courses, which can be used for GED preparation and credential-earned training in more than 100 industries.

**Resume Pro** - ResCare is dedicated to assisting our job seekers in building their personal advertisement. We designed and customized a resume tool with our workforce job seekers specifically in mind. With ResCare's ResumePro, our job seekers can produce a very professional resume in a short time.

**RoadMaps to Success** – This proprietary training curriculum was designed by our workforce experts and includes a 10-session training module that is taught by our certified facilitators to job seekers in the more than 330 career centers we manage throughout the nation.

**ResCare Talent Market** – This interactive employment tool allows us to match our job seekers to your vacancies.

**Customized Job Skills Training** - Do you want to develop your own talent pipeline? We can help you do that. Contact us for more information.

**Individualized Services** - Your potential employees have access to Fidelity Bonding, Driver's License recovery, Work Experience placements, Retention and Supportive Services including transportation and clothing help as well as many other skills training opportunities.



**Our locations**

<u>Region 1</u>	<u>Region 2</u>	<u>Region 3</u>
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This institution is an equal opportunity provider



## CERTIFICATE OF ACHIEVEMENT

**This is to certify that**

Daniel Love

**has completed the course**

Business Law Basic Concepts

Course Start Date

Course Completion Date

2/27/2016



## CERTIFICATE OF ACHIEVEMENT

This is to certify that

Daniel Love

**has completed the course**

Business Law and Ethics

Course Start Date

Course Completion Date

3/8/2016



## CERTIFICATE OF ACHIEVEMENT

**This is to certify that**

Daniel Love

**has completed the course**

The Insurance Industry Overview: Version 3

Course Start Date

Course Completion Date

2/18/2016

## KENOSHA COUNTY DETENTION CENTER

Date MAY 5th, 2004

Re: Nancy Love

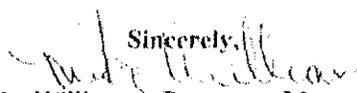
**Kenosha County Sheriff's Dept.**  
*Mike Williams, Program Mgr.*  
4777 88th Avenue  
Kenosha, WI 53144  
PH: (262) 605-5800

To Whom It May Concern.....

This letter is to verify that Nancy Love has completed the Living Free Program ". The Living Free Program is a twelve (12 ) week educational program that provides education and counseling in the following areas : Drug and Alcohol Abuse Education ; Domestic Abuse Education ; Sexual Abuse Education ; Vocational / Career Preparation ; Criminal Thinking & Maleness to Manhood Education.

The following community agencies facilitate the Living Free Program : WoMen's and Children's Horizons / Pathways of Courage ; Moore & Associates ; the H.O.P.E. Program Inc. & the Kenosha County Health Department.

By virtue of receiving this letter the above stated individual has demonstrated the ability to recognize his/her problems and has evidenced a strong desire to confront his/her problems in constructive manner.

Sincerely,  
  
Mike Williams - Programs Manager  
Kenosha County Sheriff's Department

# H.O.P.E. PROGRAM, INC.



Helping Others Prosper Educationally

## CERTIFICATE OF COMPLETION

This is to certify that

**Daniel Love**

has successfully completed all the activities and requirements include in the

### **Living Free Program**

Having participated in Group Therapy and Education  
on Chemical Dependence and Maleness to Manhood

Date: 6/25/2004

*Mike Williams, CMC III*

Program Manager

*John Smith*

Faciliator

# Kenosha County Detention Center

## CERTIFICATE OF COMPLETION

This is to certify that

Daniel Love

has successfully completed all the  
educational requirements of The  
**Anger Management**  
component of the

### Living Free Program

Date: 6/25/2004

*Nick Walker CSC III*  
Program Manager

# Certificate of Accomplishment

Presented to:

Dawn Love

For attending 12 weeks of sexual violation/abuse  
education presented by WoMen and Children's Horizons/Pathways of Courage, Inc.  
for the Living Free Program at the Kenosha County Detention Center.

Dated this 23<sup>rd</sup> day of June 2004

This program is strictly educational in nature. No counseling or therapy was provided.

Vicki Hegeman

Vicki Hegeman, Community Educator

WoMen's and Children's/Pathways of Courage

Mike Williams CMC III

Mike Williams, Program Manager

Kenosha County Detention Center

# ***Certificate of Recognition***

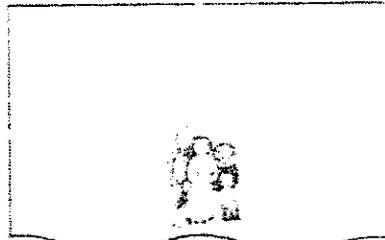
*Presented to*

***Daniel Love***

**For completing 12 weeks of  
Domestic Abuse Prevention Classes**

**for men from**

**WoMen and Children's Horizons/Pathways of Courage Inc.  
through the Living Free Program**



Marianne Zirkle, WoMen and Children's Horizons, Inc

Mike Williams, Kenosha County Detention Center

# Certificate of Completion

This is to certify that

Daniel Love

has successfully completed the

“Living Free” Substance Abuse Group Program

Mike Williams CAAC III

Program Manager

Angie M. Moore CAAC III

AODC Instructor

Richard C. Jeffrey

06-25-04

Date



# Certificate of Achievement

This certifies that

**DANIEL LOVE**

has successfully completed 12 (2 - hour) sessions of

**Anger Management**

And is hereby awarded this certificate

**GENESIS**

Behavioral services, Inc.

Transforming lives: serving the community

**Kenosha, Wisconsin**

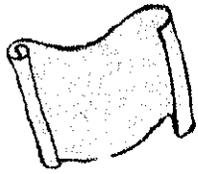
On this 14th day of February 2005

Date

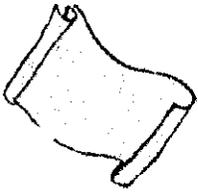
Month

Alice Portis, MSW, LPC

Alice Portis, Counselor, MSW, LPC



# High School Graduate



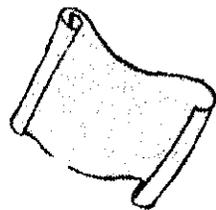
This certificate recognizes that

Ernest Jones

has completed the required assignments in the

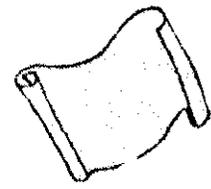
# High School ADDM PROGRAM

Dated the day May 7 1958



Mr. Fisher      Ms. Fisher

Social Workers





**CENTER FOR COMMUNITY PARTNERSHIPS**  
**Continuing Education**

*Certificate of Attendance*

**Daniel Love**

*Abuse Conference: The Effects of Violent Behaviors and Attitudes*

*December 10, 2004*

*0.55 Continuing Education Units (CEUs)*

5 #59446

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 17 April 20 16 ending March 30 20 17

TO THE GOVERNING BODY of the: [ ] Town of [ ] Village of [x] City of Kenosha

County of Kenosha Aldermanic Dist. No. 10 (if required by ordinance)

- 1. The named [ ] INDIVIDUAL [ ] PARTNERSHIP [x] LIMITED LIABILITY COMPANY [ ] CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

- 2. Name (Individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Moran Foods, LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company.

Table with columns: Title, Name, Home Address, Post Office & Zip Code. Rows include Eric Claus, Doyle Troyer, Michael Collins, and Precious Mitchell.

- 3. Trade Name: SAWE-A-let #880 Business Phone Number: 262-605-3088
4. Address of Premises: 4216 52nd St Post Office & Zip Code: Kenosha, WI 53144

- 5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? [x] Yes [ ] No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? [ ] Yes [x] No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? [ ] Yes [x] No
8. (a) Corporate/limited liability company applicants only: Insert state MD and date 3-9-83 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? [x] Yes [ ] No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? [ ] Yes [x] No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

- 9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. Stand alone building / cooler + backroom storage.
10. Legal description (omit if street address is given above):
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? [x] Yes [ ] No
(b) If yes, under what name was license issued? Fresca Market Kenosha LLC
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [x] Yes [ ] No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [x] Yes [ ] No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [x] Yes [ ] No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers.

SUBSCRIBED AND SWORN TO BEFORE ME

this 16 day of March, 2016

Signature of Notary Public: Jan Shanholtz

Signature of Applicant: Doyle Troyer

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

My commission expires 11-10-16

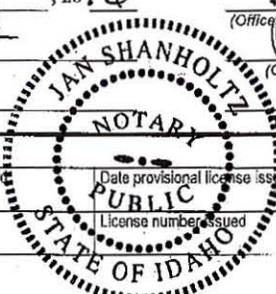
Signature of Applicant: Doyle Troyer

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

Additional Partner(s)/Member/Manager of Limited Liability Company if Any

TO BE COMPLETED BY CLERK

Table with 4 columns: Date received and filed with municipal clerk, Date reported to council/board, Date provisional license issued, Signature of Clerk / Deputy Clerk. Row 2: Date license granted, Date license issued, License number issued.



**CITY OF KENOSHA STATEMENT OF ECONOMIC IMPACT  
APPLICATION FOR BEER AND OR LIQUOR LICENSE - CHECK ALL THAT APPLY:**

<input checked="" type="checkbox"/>	<b>CLASS "A" BEER</b> (GROCERY STORE, LIQUOR STORE, GAS STATION)
<input type="checkbox"/>	<b>CLASS "B" BEER</b> (RESTAURANT, BAR)

<input checked="" type="checkbox"/>	<b>"CLASS A" LIQUOR</b> (GROCERY STORE, LIQUOR STORE, GAS STATION)
<input type="checkbox"/>	<b>"CLASS B" LIQUOR</b> (RESTAURANT, BAR)

- Applicant Name Doyle Troyer Business Name Save-A-Lot #880
- Property Information: Address 4316 52nd St. Owner Moran Foods, LLC  
 If applicant is not owner, does applicant have a lease agreement with the owner? **Yes** or No (NOTE: Proof of property ownership or proof of an executed lease must be provided to the City Clerk before the license will be issued.)
- Square footage of building 28037 Assessed value of property 1,247,800
- Assessed value of personal property (furniture, fixtures, equipment to be used in the business) 119,000
- If this application is for a "Class A" Liquor license, is the premises physically closed to customers during the hours in which sales are not permitted? **Yes** or No or Not Applicable (circle one)
- Gross Monthly Revenue - According to Section 10.03, applicants must come within 70% of the estimate of gross monthly revenue for alcohol beverages after one full license term or the license may be subject to revocation.

FOR EACH PRODUCT, PROVIDE GROSS MONTHLY REVENUE AND BASIS FOR ESTIMATES:

BEER \$26,240

LIQUOR Wine - \$26,240

FOOD \$209,923

OTHER  
(specify) \_\_\_\_\_

TOTAL GROSS MONTHLY REVENUE 262,403

(OVER)

CITY OF KENOSHA STATEMENT OF ECONOMIC IMPACT - PAGE TWO

Applicant Name Doyle Troyer Business Name Save-A-Lot #880  
Property Information: Address 4216 52nd St. Owner Moran Foods, LLC

7. Explain how the issuance of this license will benefit the City: Save A Lot offers quality + valued product from fresh produce to fresh meat cut daily as well as other grocery needs at a price that allows customers to purchase more for their needs. We offer a clean, well serviced team <sup>to help</sup>

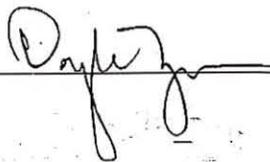
8. Explain why the business will have a substantial positive impact upon the surrounding properties: Save A Lot creates a destination for shoppers, this traffic also benefits other businesses in the same geo-area they may not otherwise come to this area to shop. More opportunities to shop = more will come <sup>to shop</sup>

9. Explain why the business have a significant, positive influence on the City economy: Save A Lot offers employment for citizens of the Kenosha area from management to part + full time to career meat cutters. Regardless of part or full time, Save A Lot offers a career that can be both beneficial + worthwhile to anyone who wishes to pursue this work.

10. Has the applicant contacted the alderperson of the district where this business is located? YES

11. List other factors the Common Council should consider: This location has already been operating as a Save A Lot grocery store and supplying the citizens of Kenosha with a quality selection of grocery needs. We simply want to add beer + wine to our already great selection of products to offer the citizens + shoppers of Kenosha.

Applicant's Signature



# Class "A" Beer / "Class A" Liquor License Application

## 4216 52nd Street



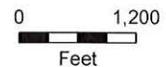
- Class "A"
- "Class A" Cider ONLY
- ◆ Class "B"
- ★ Class "B" & "Class B"
- ▲ "Class C"

— 5,280 feet from applicant

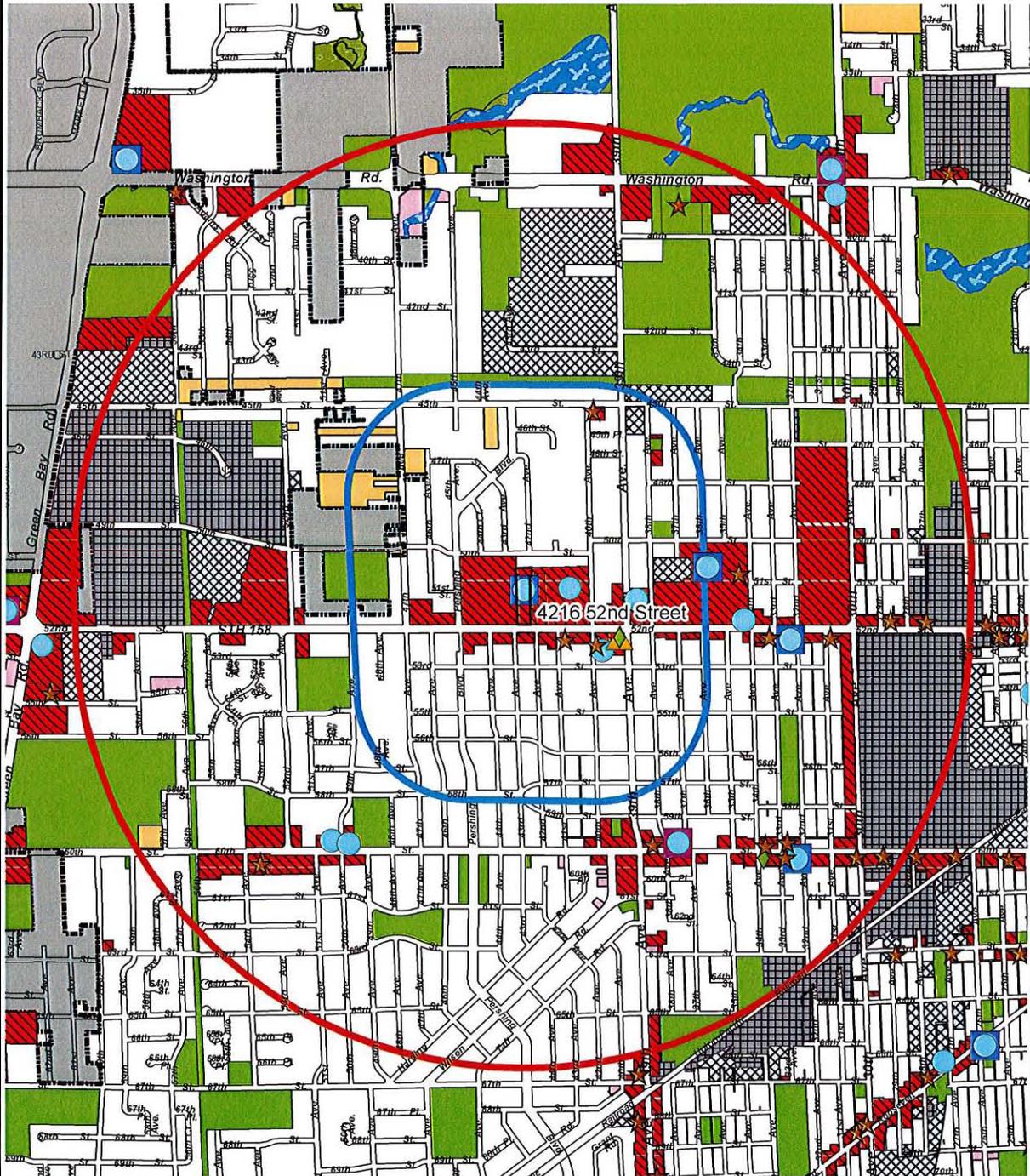
— 6 blocks from applicant

5,280 ft. Radius	Class "A"					
	Class "A"	Class "A" Cider ONLY	Class "B"	Class "B" & "Class B"	Class "C"	Other
Residential Districts	0	0	0	0	0	0
Business Districts	11	4	1	2	15	1
Other Districts	0	0	0	0	1	0

6 block Radius	Class "A"					
	Class "A"	Class "A" Cider ONLY	Class "B"	Class "B" & "Class B"	Class "C"	Other
Residential Districts	0	0	0	0	0	0
Business Districts	5	2	0	1	4	1
Other Districts	0	0	0	0	0	0



# Class "A" Beer / "Class A" Liquor License Application 4216 52nd Street



- Class "A"
- "Class A" Cider ONLY
- ◆ Class "B"
- ★ Class "B" & "Class B"
- ▲ "Class C"

Note: Residential districts are not colored.

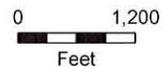
Note: Business districts are colored as follows: B-1 B-2 B-3 B-4

— 5,280 feet from applicant

5,280 ft. Radius	Class "A" / "Class A" Cider ONLY / Class "B" / Class "B" & "Class B" / Class "C"					
	Class "A"	"Class A" Cider ONLY	Class "B"	Class "B" & "Class B"	Class "C"	Other Districts
Residential Districts	0	0	0	0	0	0
Business Districts	11	4	1	2	15	1
Other Districts	0	0	0	0	1	0

— 6 blocks from applicant

6 block Radius	Class "A" / "Class A" Cider ONLY / Class "B" / Class "B" & "Class B" / Class "C"					
	Class "A"	"Class A" Cider ONLY	Class "B"	Class "B" & "Class B"	Class "C"	Other Districts
Residential Districts	0	0	0	0	0	0
Business Districts	5	2	0	1	4	1
Other Districts	0	0	0	0	0	0



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Adv  
LP 8/8  
CC 8/15

### AT-107a: SCHEDULE FOR SUCCESSOR OF AGENT

If there is a change in agent, each club, corporation, or limited liability company who holds a retail permit to sell fermented malt beverages and/or intoxicating liquor must appoint a successor agent pursuant to sec. 125.04(6), Wis. Stats. There is a \$10 change in agent processing fee due with this form. The following questions must be answered by the Agent. The appointment must be signed by the President and Secretary or members of limited liability company. The appointment must be approved by the licensing authority.

Kenosha Wisconsin July 19 2016  
(Municipality) (Date)

1. Name of agent Kathleen Amy Jewell

- Yes No
- 2.   Are you of legal drinking age?
- 3.   Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent?
- 4.   Have you ever been convicted of a federal law violation?
- 5.   Have you ever been convicted of a State law violation?
- 6.   Have you ever been convicted of a Local ordinance violation?
- 7.   Have you completed the required responsible beverage server program per sec. 125.04(5)(a)5, Wis. Stats.?

UNDER PENALTY OF LAW, I declare that all of the above information is true and correct to the best of my knowledge and belief.

Kathleen A. Jewell  
(Signature of Agent)  
1015 114th St. Pl. Prairie WI 53158  
(Address)

#### SUCCESSOR AGENT

The undersigned appoints Kathleen Amy Jewell as agent in accordance with sec. 125.04(6), Wis. Stats.

Name of Permittee PW Fresh Market, LLC

Date 7-21 2016

By Brian Buccum Member  
(Signature of President/Member)

(Signature of Secretary/Member)

I hereby accept appointment as agent for PW Fresh Market, LLC and assume full responsibility for the conduct of the business relative to fermented malt beverages and intoxicating liquors.

Date July 19 2016

Kathleen A. Jewell  
(Signature of Agent)

THE AGENT APPOINTED ABOVE MUST BE APPROVED BY THE LICENSING AUTHORITY TO BE EFFECTIVE. (See sec. 125.04(6), Wis. Stats.)

\_\_\_\_\_ WI \_\_\_\_\_ 20\_\_\_\_  
(Municipality) (Date)

\_\_\_\_\_  
(Signature of Official)

\_\_\_\_\_  
(Title)

# Transfer of Agent License

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## Police Record Report

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
7/14/2016	Kathleen A. Jewell		Valid
License Number	Address of Applicant	Business (where license is to be used)	Business Address
	1015-114th Street, Pl. Prairie	Piggly Wiggly Fresh Market	3500-52nd Street

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
<b>*ADVERSE DUE TO PREVIOUS AGENT - HOLLY SCHROEDER 02-08-15 LIQUOR, VIOLATION OTHER -DISMISSED</b>				
2/8/2015	NO OPER. LIC.			20

CITY ATTORNEY'S RECOMMENDATION	
Offense Demerit Points	20
Were all offenses listed on the application?	Y
<b>TOTAL DEMERIT POINTS</b>	<b>20</b>

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION
<input checked="" type="checkbox"/> <b>GRANT</b> , Subject to <input type="text" value="20"/> Demerit Points
<input type="checkbox"/> <b>DENY</b> , based on material police record (substantially related to the license activity)
<input type="checkbox"/> <b>DEFER or GRANT</b> subject to Non-Renewal Revocation due to False Application