

19-6135
\$75 LICENSE ACCT #: 11101-44110
\$15 RECORD CHECK ACCT #: 11101-46100

0807-19



BILL #: 2405
DATE: 6/12/2019
RECEIPT #: 20173017-3

OPERATOR'S LICENSE APPLICATION

THIS LICENSE WILL BE MAILED TO THE ADDRESS LISTED BELOW.

NEW ☐ RENEWAL ☒

NAME Kautzmann Heather A MAIDEN NAME _____
LAST FIRST M.I.

ADDRESS 6408 West Bottsford Ave CITY Greenfield STATE WI ZIP 53220

DATE OF BIRTH _____ HOME TELEPHONE NO. 262-498-4913

BUSINESS NAME WHERE LICENSE IS TO BE USED Speedway

ARE YOU AT LEAST 18 YEARS OLD? ☒ YES ☐ NO

I hereby apply for an operator's license to draw, serve and/or sell alcohol beverages as defined by law, until the end of the licensing period, subject to the conditions and limitations imposed by chapter 125 of the Wisconsin statutes and by chapter 6 of the Racine municipal code.

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSES? You do not need to include minor traffic offenses.
YES ☒ NO ☐

(IF YES, GIVE LAW OR ORDINANCE VIOLATED, TRIAL COURT, TRIAL DATE AND PENALTY IMPOSED, AND/OR DATE, DESCRIPTION AND STATUS OF CHARGES PENDING.)

Currently on probation

DO YOU HAVE ANY CHARGES PENDING AGAINST YOU? You do not need to include minor traffic offenses.
YES ☐ NO ☒

(IF YES, DESCRIBE STATUS OF CHARGES PENDING.)

NOTE: WISCONSIN LAW PROHIBITS THE GRANTING OF AN OPERATOR'S LICENSE TO A PERSON WITH AN ARREST OR CONVICTION RECORD, SUBJECT TO WIS. STAT. SECS. 111.321, 111.322, 111.335 AND 125.12(1)(b).

[Signature]

SIGNATURE OF APPLICANT

Heather Kautzmann

Cover Sheet for Alcohol Beverage Application Background Checks

Type of license:

<input type="checkbox"/> Class "A"	<input type="checkbox"/> "Class A"
<input type="checkbox"/> Class "B"	<input type="checkbox"/> "Class B"
<input type="checkbox"/> Operator's license	<input type="checkbox"/> "Class C"

Background check: ☐ Sgt L.Webb ☐ 7/6/19
(Name of person at RPD) Date results received

Results:

- ☐ No Record
- ☐ Record exists, but the person still qualifies under policy guidelines
- ☐ Charges pending which, if convicted would disqualify the applicant under guideline number(s):
- ☒ Record exist and the person is disqualified under policy guidelines number(s):
- ☒ 1- Felony conviction which substantially relates
 - ☒ 2- One or more offenses within the past 5 years involving crimes of violence, lack of cooperation with law enforcement or distribution of drugs; or 2 or more of the same offenses within past 10 years, which substantially relates
 - ☒ 3- Two or more offenses within the past 5 years involving disorderly behavior, criminal damage to property, prostitution, alcohol beverage offenses, possession of a controlled substance, possession of paraphernalia, operating while under the influence of drugs or intoxicants, operating with a prohibited alcohol concentration, open intoxicants, perjury or other crimes of dishonesty, etc., which substantially relate
 - ☒ 4- A habitual law offense (2 or more offenses within the past year, 3 or more offenses within the past 5 years, 5 or more offenses within the past 10 years
 - ☐ 5- False statement on license application

Dear Applicant:

Your records check came back with the following convictions:

<u>Year</u>	<u>Offense</u>
2014	Possession of Drug Paraphernalia –Misd
2014	Bail jumping-Misd
2015	Possession of Drug Paraphernalia –Misd
2015	Possession of THC-Misd
2015	Bail jumping-Misd
2018	Possession of Amphetamine-Felony
2018	Possession of THC-Felony

Based on these convictions, you are disqualified under Policy Guideline # ____ (see cover sheet and policy guidelines for details) from obtaining an alcohol beverage/operator's license. The public safety and licensing committee will be notified of this records check, along with the fact that you do not qualify for a license.

This matter will now go before committee on **July 23, 2019 at 5:30p.m.Room 307** for a hearing. At that time, you must present **competent evidence of rehabilitation** in order to overcome the disqualification. These must include all of the following (if applicable to you).

- Certified copy of honorable discharge or separation under honorable conditions
- A copy of local, state or federal release document (from the Department of Corrections or your parole or probation agent) showing discharge from incarceration or probation/parole
- A copy of the department of correction's document showing completion of probation, extended supervision or parole
- Other evidence showing that one year has elapsed since release of institution without subsequent conviction of a crime along with evidence showing compliance with all terms of probation, extended supervision or parole.

In addition to presenting the above documentation, you should also address the following factors or bring documentation of the following before the committee:

- Evidence of the nature and seriousness of any offenses convicted

- Evidence of all circumstances relative to the offense, including mitigating circumstances or social conditions surrounding the commission of the offense
- The age of the individual at the time of the offense
- The length of time elapsed since offense committed
- Letters of reference by persons who have been in contact with the individual since the applicant's release
- Other relevant evidence of rehabilitation and present fitness presented

If you would like to submit any of these documents for the committee to consider, please do so at least 24 hours before the committee meeting at the clerk's office. Please contact us with any other questions. Thank you.