

Department of Police



RONALD J. TISCHER, CHIEF

December 1, 2017

Rhonda J. Boardman 819 Avon St La Crosse, WI 54603

Dear Ms. Boardman:

Your application for Beverage Operator's License is being recommended for denial for the following reason(s):

(<u>X</u>)	Probation/Parole status. 3 Months left
	Current charges pending.
(_)	Outstanding warrants.
(<u>X</u>)	Past conviction record: Felony conviction-La Crosse County Case Number 2009CF000056
(_)	Incomplete Application:
(_)	Other:

If you have questions or want to discuss this recommendation please contact the Police Records Supervisor Steve Butterfield at (608) 789-7230.

You may also appeal this denial by requesting a hearing before the Judiciary and Administration Committee of the Common Council no later than 5:00 P.M., fifteen (15) days before the second Thursday of the month. This can be done by contacting the City Clerk at (608) 789-7510.

Sincerely,

Steve Butterfield

Star Botta Q. Q

Records/Licensing Division

La Crosse Police Department

(608) 789-7230

ec. Chief of Police, City Attorney, City Clerk

"Pursuing Excellence"

Application for Beverage Operator's License - La Crosse, WI

Receipt Number:

152810

14-Day

Renewal:

New: X

The undersigned respectfully applies for a Beverage Operator's License for:

X 60-Day

To The Common Council of the City of La Crosse:

X 2 Year

Year ending June 30, 2019	Period ending:Perio	d from:	
Sold of the Sold o		to:	
Last Name	BOARDMAN		
First Name and MI	RHONDA J		
Full Middle Name	JOLYNN		
Age	46		
Date of Birth			
Place of Birth	LA CROSSE WI		
Phone	(608) 792-6861		
Current Address	819 AVON ST		
City, State, Zip	LA CROSSE WI 54603		
Add'l Mail Name			
Mailing Address	819 AVON ST		
Mailing City, State, Zip	LA CROSSE WI 54603		
Previous Address			
Previous City, State, Zip			
Place of Employment	DEWEY'S SIDE STREET SALOON		
Identification			
license. Further, I understand th	true, correct and complete, and that falsification may at refunds are not allowed for any portion of the applications and/or for any outstanding debts owed to the Ci	ation fe	in denial of such
——————————————————————————————————————	Signature of Applicant: An Un Cl	SYL	<i>x</i>
FOR OFFICE USE ONLY			
Initial of CCO Emp: SLC	Granted: 2-Year License Nun	nber :	
Tuetata and an annual and an an an an an			
Training: CERTIFICATION 11/17/	17		