CITY OF STOUGHTON
207 South Forrest Street
Stoughton, Wisconsin 53589
(608) 873-6677

July 19/2023

Angelica Frye
[redacted]

Dear Ms. Frye:

This letter is to inform you that the City of Stoughton's Public Safety Committee will reconsider your application for an Operator's License at its next meeting to be held at 6:00 p.m., July 26th, 2023 council Chamber (2nd floor of Public Safety Building) 321 South Fourth Street, Stoughton, Wisconsin. You are invited to appear before the Committee to discuss your application. ** Applicant contacted and message left via voice mail, July 19, 2023 at 9:53 a.m..**

Your application has not been denied. However, our background check of your criminal and driving records have identified certain offenses that may disqualify you from being issued an Operator's License under state law. The Public Safety Committee will evaluate the type and nature of these offenses to determine whether they may be considered during this licensing process. If they may be considered, and if the Committee finds that the circumstances of these offenses substantially relate to the circumstances of the job, the Committee may recommend to the City Council that your application be denied.

Under state law, you have the right to present evidence of rehabilitation and fitness to perform this type of work. Such evidence may allow you to receive this license despite your prior offenses. Additional information regarding the types of evidence of rehabilitation and fitness that the law requires the City to consider is attached to this letter.

Please do not hesitate to contact our office with any questions you may have 608-873-6677.

Sincerely,

Candee Christen
City Clerk

ATTACHMENT

Under Wis. Stat. § 111.335(4)(c), you have the right to present evidence of rehabilitation and fitness to engage in the licensed activity. Such evidence may allow you to receive an Operator's License despite your prior offenses. Wis. Stat. § 111.335(4)(d) provides that:

1. Competent evidence of sufficient rehabilitation and fitness to perform the licensed activity under par. (c) 1. b. may be established by the production of any of the following:
   - **a.** The individual's most recent certified copy of a federal department of defense form DD-214 showing the person's honorable discharge, or separation under honorable conditions, from the U.S. armed forces for military service rendered following conviction for any offense that would otherwise disqualify the individual from the license sought, except that the discharge form is not competent evidence of sufficient rehabilitation and fitness to perform the licensed activity if the individual was convicted of any misdemeanor or felony subsequent to the date of the honorable discharge or separation from military service.
   - **b.** A copy of the local, state, or federal release document; and either a copy of the relevant department of corrections document showing completion of probation, extended supervision, or parole; or other evidence that at least one year has elapsed since release from any local, state, or federal correctional institution without subsequent conviction of a crime along with evidence showing compliance with all terms and conditions of probation, extended supervision, or parole.

2. In addition to the documentary evidence that may be provided under subd. 1. to show sufficient rehabilitation and fitness to perform the licensed activity under par. (c) 1. b., the licensing agency shall consider any of the following evidence presented by the individual:
   - **a.** Evidence of the nature and seriousness of any offense of which he or she was convicted.
   - **b.** Evidence of all circumstances relative to the offense, including mitigating circumstances or social conditions surrounding the commission of the offense.
   - **c.** The age of the individual at the time the offense was committed.
   - **d.** The length of time that has elapsed since the offense was committed.
   - **e.** Letters of reference by persons who have been in contact with the individual since the applicant's release from any local, state, or federal correctional institution.
   - **f.** All other relevant evidence of rehabilitation and present fitness presented.

Chief Daniel W Jenks
Stoughton Police Department
321 S Fourth Street
Stoughton, WI 53589
(608) 873-3374 Dispatch
(608) 873-0286 Fax

July 19, 2023

TO: Public Safety Committee
City Clerk

RE: Alcohol Operators License Angelica Frye

After reviewing the application and running a records check for a bartender's license from Angelica Frye, the records check indicates she is currently on probation after being convicted for an Operating While Intoxicated /Causing Injury second offense. The conviction stems from an incident from 11/25/2019 and a conviction date of 10-22-2021. Frye's two years of probation ends in October of 2023. I contacted Frye's probation agent who verified the probation status. The severity is listed as a felony and Ms. Frye is currently sentenced to probation. One of the rules of her probation indicates she is not to possess or consume alcohol.

Respectfully,

Daniel W. Jenks
Chief of Police

vm 5/15/23
vm 6/6/23

E230584

CITY OF STOUGHTON
OPERATOR LICENSE APPLICATION

Receipt Number: 100068555

RECEIVED MAY 10 2023 By

SUBMIT RENEWALS NO LATER THAN MAY 15 FOR TIMELY PROCESSING

- [x] OPERATOR- 1 YEAR (NEW APPLICANT) - $50.00
- [ ] OPERATOR- 2 YEAR (RENEWAL)- $75.00
- [ ] PROVISIONAL- OPERATOR- $15.00 (issued after background check)
- [ ] TEMPORARY OPERATOR (EVENT ONLY) - $10

TO BE FILLED OUT BY THE APPLICANT:

NAME OF APPLICANT: LAST	FIRST	MI	WISCONSIN DRIVER'S LICENSE NUMBER:
Frye	Angelica	C	[redacted]

HOME ADDRESS: STREET CITY STATE ZIPCODE
[redacted]

PHONE NUMBER:	BIRTHDATE:	BIRTHPLACE:
[redacted]	[redacted]	[redacted]

HOW LONG HAVE YOU CONTINUOUSLY RESIDED IN WISCONSIN? 45	HAVE YOU COMPLETED BEVERAGE SERVER TRAINING? [x] YES [ ] NO
PLACE OF EMPLOYMENT AS AN OPERATOR/MANAGER: ALDI	HOW LONG HAVE YOU BEEN EMPLOYED AS AN OPERATOR/MANAGER? 9 months

Please list ANY and ALL prior convictions for any felony, misdemeanor or other offenses (including all alcohol related traffic offenses) AND ANY pending criminal charges against you. (If you need additional space please use the back of this application.)
The following websites may help you locate your records:
www.dot.wisconsin.gov/drivers/drivers/points/abstract.htm OR http://wi-recordcheck.org

ARRESTING AGENCY: CHARGE: DISPOSITION:

* Madison WI, Driving while under the influence

IMPORTANT NOTE: This application must be completed fully and in its entirety, if the application is submitted incomplete it will be returned to you as such and you will be required to complete a new application. Application fees are NON-REFUNDABLE so a new application will require another fee.**

I hereby apply for a license to serve, from date hereof to June 30, 20___, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by Section 125.32(2) and 125.68(2) of the Wisconsin State Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

The undersigned affirms that he/she made and signed the foregoing application for an operator license and that he/she made complete and true answers to each question. Any incomplete, misleading or falsified application information may result in a denial of the application.

Angelica Frye 05/10/2023
APPLICANT SIGNATURE DATE SIGNED

TO BE FILLED OUT BY THE STOUGHTON POLICE DEPARTMENT

____ Recommend Approval
✓ Recommend Denial
____ RESTRICTED TO 1 YEAR RENEWALS

DATE:	AUTHORIZED SIGNATURE:
July 17 2023	Daniel W Jerke

* paid June 8th

RETURN FULLY COMPLETED APPLICATION AND APPLICABLE FEE TO:
CITY CLERK - ATTN: LICENSING, 207 S. FORREST ST, STOUGHTON, WI 53589

PD
See attached

AUTHORIZATION FOR RELEASE OF INFORMATION

Angelica C Frye [redacted],

Name: First M.I. Last Date of Birth

Residing at [redacted], [redacted]

Address City

I hereby authorize the Stoughton Police Department to release to the City Clerk's Office, the City Attorney and the City Council, my driving records and any arrest records for review in connection with my application for an Operator's License and/or Alcohol License with the City of Stoughton.

Angelica Frye

Signature

5/10/2023

Date

ORDINANCE TO PROHIBIT LICENSING OF PERSONS HAVING OUTSTANDING CITY OF STOUGHTON DELINQUENCIES

Section 14-2 of the Stoughton Municipal Code reads as follows:

> Sec. 14-2 License withholding for unpaid city claims.
>
> City representatives shall not issue a permit or an original or renewal license to any person who has delinquent financial claims outstanding to the city, including, without limitation due to enumeration in this section, unpaid taxes, assessments, delinquent municipal utility charges or unpaid ordinance violation convictions.

I understand the above ordinance and hereby state that I do not have any delinquent accounts with the City of Stoughton or its Electric and Water Utility. False statements will constitute immediate revocation of permit or license.

Signed: Angelica Frye
License Applicant's signature

OPERATOR APPLICATION CHECKLIST

Application filled out X

Authorization for release of information filled out & signed X

Form for License withholding for unpaid city claims signed X

Given information sheet for bartenders X

Given State booklet for laws relating to underage persons X

Given copy of ordinance for point system X

Given sheet on alcohol license application review process X

Informed that they must attend the Responsible Beverage Servers Course and bring in or send a copy of the completion certificate before regular license will be issued x

Angelica Frye

Applicant's Signature

5/10/2023

Date

360 training

LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Angelica Frye

is awarded this certificate for

Wisconsin Responsible Beverage Server Training

[illegible]

[illegible]

[illegible]