Form **AB-220**

Temporary Alcohol Beverage License

Municipality: T of Clayton

License(s) Requested	Fees	
☐ Temporary "Class B" Wine ☒ Temporary Class "B" Beer	License Fees	$ 10.00
	Background Check	$ —
	Total Fees	$ 10.00

Part A: Organization Information

1. Organization Name: Central Wisconsin Auto Collectors
2. Organization Permanent Address: PO Box 2132
3. City: Oshkosh
4. State: WI
5. Zip Code: 54903-2132
6. Mailing Address (if different from permanent address):
7. FEIN:
8. Date of Organization/Incorporation: 1968
9. State of Organization/Incorporation: WI
10. Phone: 920-279-3350
11. Email: greyston@vbe.com
12. Organization type *(check one)*
☒ Bona Fide Club ☐ Church ☐ Fair Association/Agricultural Society ☐ Veteran's Organization
☐ Lodge/Society ☐ Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.
13. Is this organization required to hold a Wisconsin Seller's permit? ☐ Yes ☒ No
14. Wisconsin Seller's Permit Number (if applicable):

Part B: Individual Information

List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Tank	Susan	President	920-279-3350
Bargert	Don	Vice President	920-424-9997
Tank	Dan	Secretary	920-379-7965
Meyer	Jack	Treasurer	920-235-2300

Continued →

Part C: Event Information

1. Name of Event (if applicable)
Central Wisconsin Auto Collectors 43rd Annual Benefit Car Show

2. Dates of Operation
8/17/2025

3. Hours of Operation
8am-4pm

4. Premises Address
3282 Breezewood Ln

5. City
Neenah

6. State
WI

7. Zip Code
54956

8. County
Winnebago

9. Governing Municipality ☐ City ☒ Town ☐ Village of: Clayton

10. Aldermanic District

11. Organizer of Event (if not the named applicant)

12. Email and/or Phone Number for Organizer of Event
920-279-3350

13. Organizer Website

14. Event Website

15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

to cover. outside area in front of the main hangar/check-in building, runway, and inside main hagar.

Part D: Attestation

Who must sign this application?

- one officer or director of the nonprofit organization

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Tank	Susan	S

Title	Email	Phone
President	greyston@rbe.com	920-279-3350

Signature: [signature]

Date: 6-25-25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number
6/30/25 w/o pmt	
Date License Granted	**Date License Issued**
Signature of Clerk/Deputy Clerk	