

Form
AB-220

Temporary Alcohol Beverage License

Municipality
T of Clayton

License(s) Requested	Fees	
☐ Temporary "Class B" Wine	License Fees	\$ 10.00
☒ Temporary Class "B" Beer	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	920-279-7965
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.

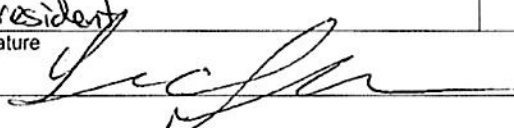
to cover outside area in front of the main hangar/check-in building, runway, and inside main hangar.

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 Tank		First Name Susan		M.I. S
Title President	Email greyston@rbe.com		Phone 920-279-3350	
Signature 			Date 6-25-25	

Part E: For Clerk Use Only

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