

Form  
AB-220

Temporary Alcohol Beverage License

Municipality  
Town Clayton

CL# 14582

License(s) Requested	Fees	
	<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
	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  
greystone@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

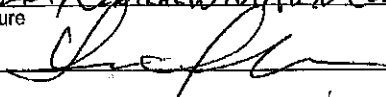
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

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

Last Name	First Name	Title	Phone
Tank	Susan	President	920-279-3350
Bangert	Don	Vice President	920-424-9997
Tank	Dan	Secretary	920-279-7965
Meyer	Jack	Treasurer	920-259-2300

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Central Wisconsin Auto Collectors 42 <sup>nd</sup> Annual Benefit Car Show			
2. Dates of Operation 8/18/2024		3. Hours of Operation 8am - 4pm	
4. Premises Address 3280 Breezewood Ln			
5. City Neenah		6. State WI	7. Zip Code 54956
8. County Winnebago	9. Governing Municipality <input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> 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			
<p><b>READ CAREFULLY BEFORE SIGNING:</b> 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.</p>			
Last Name TANK		First Name SUSAN	M.I. S
Title President, Central Wis. Auto Collectors		Email gregston@vbe.com	Phone 920-279-3350
Signature 		Date 7.24.24	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 7/16/24 → 7/24/24	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Old form compared