

Temporary Alcohol Beverage License

Municipality COLUMBUS

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 50.00
	Background Check	\$ —
	Total Fees	\$ 50.00

13705

Part A: Organization Information		
1. Organization Name COLUMBUS 4TH JULY ORGANIZATION, INC		
2. Organization Permanent Address PO BOX 283		
3. City COLUMBUS	4. State WI	5. Zip Code 53925
6. Mailing Address (if different from permanent address)		
7. FEIN 93-0736785	8. Date of Organization/Incorporation 04/21/19	9. State of Organization/Incorporation WISCONSIN
10. Phone (920) 344-0101	11. Email TORYWEIDE@HOTMAIL.COM	
12. Organization type (check one)		
<input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input checked="" type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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
WEIDEMANN	TORY	PRESIDENT	(920) 344-0101
MAYLONE	DAVE	VICE PRESIDENT	(616) 240-4111
KANOUSE	TAMI	TREASURER	(608) 338-2948
REHFELDT	THOMAS	SECRETARY	(608) 516-6858

Continued →

Part C: Event Information			
1. Name of Event (if applicable) COLUMBUS 4TH JULY CELEBRATION			
2. Dates of Operation JULY 1, 2026 - JULY 5, 2026 JUNE 30 - JULY 4 2026		3. Hours of Operation ALL DAY 12:00 Noon - 10 pm	
4. Premises Address 1049 PARK AVENUE			
5. City COLUMBUS		6. State WI	7. Zip Code 53925
8. County COUMBIA	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: COLUMBUS		10. Aldermanic District
11. Organizer of Event (if not the named applicant) COLUMBUS 4TH JULY		12. Email and/or Phone Number for Organizer of Event 920-344-0101	
13. Organizer Website COLUMBUS4THJULY.COM		14. Event Website SAME	
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. ALL BUILDINGS AND AREAS IN COLUMBUS FIREMANS PARK INCLUDING BASEBALL DIAMOND. <i>Alcohol being sold in Beer Garden area on Wed. 7/1/26 through Sat. 7/4/26. Alcohol being sold in Pavilion on Sun 7/5/26. Stored in Beer Trailers and in Beer Garden Building. Records also being stored in Beer Garden Building.</i>			

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 WEIDEMANN <i>Kanouse</i>		First Name TORY <i>Tami</i>	M.I. M A
Title PRESIDENT <i>Treasurer</i>	Email <i>tinkanouse@gmail.com</i> TORYWEIDE@HOTMAIL.COM	Phone <i>608-338-2948</i> (920) 344-0101	
Signature <i>Tami Kanouse</i>		Date <i>5-11-26</i> 04/30/26	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk <i>Susan J. Caine 5-11-2026</i>	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	