

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	\$ 100.00

\$10/day x 10 days


pd

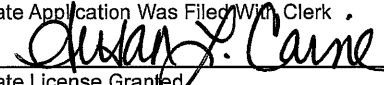
Part A: Organization Information				
1. Organization Name Columbus Crawdads Baseball Club				
2. Organization Permanent Address 342 Waterloo Street				
3. City Columbus			4. State WI	5. Zip Code 53925
6. Mailing Address (if different from permanent address) 342 Waterloo Street				
7. FEIN 46-4842317		8. Date of Organization/Incorporation 02/18/20		9. State of Organization/Incorporation Wisconsin
10. Phone (920) 763-2811		11. Email boscohouse@gmail.com		
12. Organization type (check one)				
<input checked="" type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input 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 checked="" 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
Sauer	Craig	Manager	(920) 763-2811

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Columbus Crawdads Home Talent Baseball Games			
2. Dates of Operation Attached		3. Hours of Operation Attached	
4. Premises Address 1049 Park Ave			
5. City Columbus		6. State WI	7. Zip Code 53925
8. County Columbia	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Columbus		10. Aldermanic District 3
11. Organizer of Event (if not the named applicant) Craig Sauer		12. Email and/or Phone Number for Organizer of Event boscohouse@gmail.com	
13. Organizer Website www.facebook.com/ColumbusCrawdads		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. The premises includes the baseball concession stand for point-of-sale transactions and an outdoor consumption zone encompassing the bleachers, the open seating areas along the first and third-base fencelines, and the immediate area behind the concession stand. Alcohol will be brought to the park on a per-game basis and removed at the end of each event; no overnight storage will occur on-site.			

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 Sauer		First Name Craig	M.I. M
Title Manager	Email boscohouse@gmail.com		Phone (920) 763-2811
Signature 		Date 02/24/26	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk  5-13-26	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Event Dates	Game Time	Alcohol Sales
Wednesday, May 13	7:30 PM	7:00-10:00 PM
Monday, May 25	1:00 PM	12:00-5:00 PM
Sunday, May 31	1:00 PM	12:00-5:00 PM
Sunday, June 7	1:00 PM	12:00-5:00 PM
Wednesday, June 10	7:30 PM	7:00-10:00 PM
Sunday, June 21	1:00 PM	12:00-5:00 PM
Thursday, June 25	7:30 PM	7:00-10:00 PM
Thursday, July 9	7:30 PM	7:00-10:00 PM
Thursday, July 23	7:30 PM	7:00-10:00 PM
Sunday, July 26	1:00 PM	12:00-5:00 PM
Sunday, August 2	1:00 PM	12:00-5:00 PM

$$\begin{array}{r}
 11 @ \$10 = \$110.00 \\
 - \quad 10.00 \\
 \hline
 100.00 \\
 + 50.00 \\
 \hline
 \$150.00 \quad (P)
 \end{array}$$

Premise Map

Red Highlighted Areas

