

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	\$ 30.00

Part A: Organization Information

1. Organization Name
Columbus Historic Landmarks + Preservation Commission

2. Organization Permanent Address
105 N Dickason Blvd

3. City
Columbus IA

4. State
IA

5. Zip Code
53925

6. Mailing Address (if different from permanent address)
Same

7. FEIN
456-0000205087-02

8. Date of Organization/Incorporation
prior to 1990

9. State of Organization/Incorporation
IA

10. Phone
920 946 4475

11. Email
dulib913@gmail.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)
NA

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
Hermanson	Ruth	Commissioner	920 210 7676
Gebertson	Elizabeth	Vice Chair	920 946 4475

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Summer concert series			
2. Dates of Operation 6/17/26; 7/15/26; 8/12/26		3. Hours of Operation 5-8pm	
4. Premises Address 1049 Park Ave.			
5. City Columbus		6. State OH	7. Zip Code 53025
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) Columbus historic landmarks Preservation Comm		12. Email and/or Phone Number for Organizer of Event dulleb913@gmail.com	
13. Organizer Website cityofcolumbuswi.com		14. Event Website cityofcolumbuswi.com	
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. Franklin picnic shelter & green space of park			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<p>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.</p>			
Last Name Gulbertson		First Name Elizabeth	M.I. A
Title vice chair	Email dulleb913@gmail.com		Phone 9209464475
Signature E Gulbertson		Date 5/12/2026	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 5-12-2026	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk Susan J. Caine	