

Temporary Alcohol Beverage License


License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 90.00
	Background Check	\$
	Total Fees	\$ 90.00

Part A: Organization Information		
1. Organization Name Columbus Area Chamber of Commerce		
2. Organization Permanent Address 100 S. Ludington St.		
3. City Columbus	4. State WI	5. Zip Code 53925
6. Mailing Address (if different from permanent address)		
7. FEIN 39-6127437	8. Date of Organization/Incorporation	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 623-3699	11. Email info@columbuswischamber.news	
12. Organization type (check one) <input 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 checked="" 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
Nichols	Katherine	President	(608) 669-2445
Kempfer	Tommy	Vice President	
Walker	Patti	Treasurer	(920) 285-4107
Milbourne	J.D.	Secretary	608-957-6080

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Wine Walk 2024 - Various Locations, please see attached list.			
2. Dates of Operation November 30, 2024		3. Hours of Operation noon - 6pm	
4. Premises Address			
5. City		6. State	7. Zip Code
8. County	9. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event	
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.			

Part D: Attestation			
Who must sign this application?			
<ul style="list-style-type: none"> • 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 Nichols		First Name Katherine	M.I. S.
Title President	Email kmsharrow@gmail.com	Phone (608) 669-2445	
Signature 		Date 10/24/24	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 10-24-2024	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	