

* ODD FOOD TRUCK FEST 05-10-2025

Form
AB-220

Temporary Alcohol Beverage License

Municipality
CITY of COLUMBUS

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine	License Fees	\$ <i>per day</i> 10.00
<input checked="" type="checkbox"/> Temporary Class "B" Beer	Background Check	\$
	Total Fees	\$ 10.00

Part A: Organization Information

1. Organization Name TRI-COUNTY ODD FELLOWS LODGE #40		
2. Organization Permanent Address 131 W. JAMES ST		
3. City COLUMBUS	4. State WI	5. Zip Code 53925
6. Mailing Address (if different from permanent address)		
7. FEIN	8. Date of Organization/Incorporation 12/15/2007	9. State of Organization/Incorporation WI
10. Phone N/A	11. Email N/A	
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 checked="" 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
WESTLAKE	GLENN	PRESIDENT	920-410-0246
HANUSZAK	JESSE	VICE PRESIDENT	608-609-6915
HOEFF	CASEY	SECRETARY	920-350-2828
KANOUSE	JEFF	TREASURER	920-344-0715

Continued →

Part C: Event Information

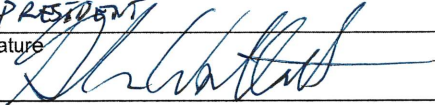
1. Name of Event (if applicable) ODD FOOD TRUCK FEST			
2. Dates of Operation MAY 10, 2025		3. Hours of Operation 10AM-6PM	
4. Premises Address 1049 PARK AVE			
5. City COLUMBUS		6. State WI	7. Zip Code 53925
8. County COLUMBIA	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: COLUMBUS		10. Aldermanic District
11. Organizer of Event (if not the named applicant) GARY TUCKER		12. Email and/or Phone Number for Organizer of Event 608-225-6227	
13. Organizer Website N/A		14. Event Website N/A	
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. CONCESSION STAND BY BATERAUL FIELD / BY FRANKLIN & PARKVIEW SHELTER			

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 WESTLAKE		First Name GELYN		M.I. C.
Title PRESIDENT	Email GKWESTLAKE@GMAIL.COM		Phone 920-410-0246	
Signature 			Date 03/06/2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 03-06-2025	License Number 2-2025
Date License Granted 4-14-2025	Date License Issued 4-14-2025
Signature of Clerk/Deputy Clerk Sharon L. Caine, Clerk	