

# Temporary Alcohol Beverage License

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$
	<b>Total Fees</b>	<b>\$ 110.00</b>

Part A: Organization Information			
1. Organization Name St Jerome Church			
2. Organization Permanent Address 1550 Farnham 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		9. State of Organization/Incorporation
10. Phone 920-623-3753	11. Email		
12. Organization type (check one)			
<input type="checkbox"/> Bona Fide Club <input checked="" 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 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
Hying	Donald	Pres	608.821-3000
Leeser	James	PRES	920 623-3753
Smith	David	trustee	608-577-9961

Continued →

**Part C: Event Information**

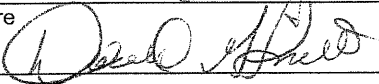
1. Name of Event (if applicable) Bingo			
2. Dates of Operation see list		3. Hours of Operation 5pm to 9pm	
4. Premises Address 1550 Farnham st			
5. City columbus		6. State WI	7. Zip Code 53925
8. County columbia	9. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>columbus</u>		10. Aldermanic District
11. Organizer of Event (if not the named applicant) Sylvester Weisensel		12. Email and/or Phone Number for Organizer of Event syweisensel@yahoo.com	
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. School gym			

**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 Smith		First Name David		M.I. G
Title Trustee-Secretary	Email kadsmith7153@gmail.com		Phone 608577-9961	
Signature 			Date 1-25-2025	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk 2-5-2025	License Number —
Date License Granted April 21, 2025 eff. beg. 5-6-25	Date License Issued May 6, 2025
Signature of Clerk/Deputy Clerk Sharon J. Caine, Clerk	

Bingo dates for picnic license

5/10/2025

6/14/2025

7/12/2025

8/9/2025

9/13/2025

10/11/2025

11/8/2025

12/13/2025

1/10/2026

2/14/2026

3/4/2026