

License(s) Requested	Fees	
☐ Temporary "Class B" Wine	License Fees	\$ 10.00
☒ Temporary Class "B" Beer	Background Check	\$ —
	Total Fees	\$ 10.00

Part A: Organization Information

1. Organization Name Columbus Lions		
2. Organization Permanent Address P.O. Box 22		
3. City Columbus	4. State WI	5. Zip Code 53925
6. Mailing Address (if different from permanent address) same		
7. FEIN	8. Date of Organization/Incorporation	9. State of Organization/Incorporation
10. Phone (920) 350-2628	11. Email jack.sanderson54@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)		

Part B: Individual Information

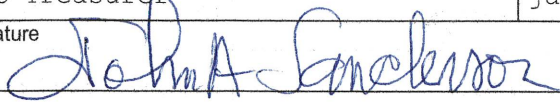
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Miller	Brad	President	(608) 212-0640
Sanderson	Jack	Treasurer	(920) 350-2628
Josh	Daggett	Secretary	(608) 217-1870

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Lion's Slip & Slide			
2. Dates of Operation June 13, 2026		3. Hours of Operation 11AM - 5PM	
4. Premises Address Fireman's Park			
5. City Columbus		6. State WI	7. Zip Code 53925
8. County Columbia	9. Governing Municipality ☒ City ☐ Town ☐ Village of: City of Columbus		10. Aldermanic District
11. Organizer of Event (if not the named applicant) Columbus Lions		12. Email and/or Phone Number for Organizer of Event jack.sanderson54@gmail.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. On the picnic grounds next to the Pavillion in Fireman's Park.			

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 Sanderson		First Name John (Jack)	M.I. A
Title Club Treasurer	Email jack.sanderson54@gmail.com	Phone (920) 350-2628	
Signature 		Date 04/22/26	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 5-27-2026	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	