

Form
AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF COLUMBUS

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

Part A: Organization Information		
1. Organization Name Oddfellows Tri-County 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 26-1660831	8. Date of Organization/Incorporation 12/15/2007	9. State of Organization/Incorporation WI
10. Phone (920) 410-0246	11. Email gkwestlake@gmail.com	
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
Hanuszcak	Jesse	Vice President	608-609-6915
Lenz	Rick	Treasurer	608-520-4395
Hoeft	Casey	Secretary	920-350-2828
Lindsey	Adam	Financial Secretary	608-479-1346

Continued →

Part C: Event Information

1. Name of Event (if applicable)

Oddtoberfest 2026

2. Dates of Operation

09/26/2026

09/26/2026

3. Hours of Operation

12:00-10:00PM

4. Premises Address

1049 Park Ave

5. City

Columbus

6. State

WI

7. Zip Code

53925

8. County

Columbia

9. Governing Municipality



City



Town



Village

10. Aldermanic District

of Columbus

11. Organizer of Event (if not the named applicant)

Glenn Westlake

12. Email and/or Phone Number for Organizer of Event

920-410-0246

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.

Firemans' Park Pavilion, entire building and parking lot area

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

Glenn

M.I.

C

Title

President

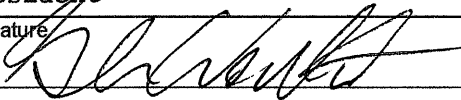
Email

gkwestlake@gmail.com

Phone

920-410-0246

Signature



Date

1-21-2026

Part E: For Clerk Use Only

Date Application Was Filed With Clerk

1-21-2026

License Number

Date License Granted

Date License Issued

Signature of Clerk/Deputy Clerk