Form AB-220

Temporary Alcohol Beverage License

Municipality		
1		

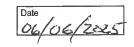
License(s) Requested					Fees			
				License Fees	\$ 10.00			
☐ Temporary "Class B" \	Wine	✓ Temporary Class	"B" Beer	Background Che				
Total Fees \$ \0								
Part A: Organization Informa	ition							
1. Organization Name								
American Legion Post	t 258							
2. Organization Permanent Address								
PO Box 20								
3. City				4. State	5. Zip Code			
Little Chute				WI	54140			
6. Mailing Address (if different from pe	rmanent ad	idress)						
7. FEIN		8. Date of Organization/Incor	poration	9. State of Organia	zation/Incorporation			
· · · = · · ·		April 29, 1920		WI	·			
10. Phone								
920-858-1332 mhuss@baycomwi.com								
12. Organization type (check one)								
□ Bona Fide Club □ Church □ Fair Association/Agricultural Society ✓ Veteran's Organization								
		of Commerce or similar C	•	-	-			
	Onamboi	- Commerce of Similar C						
13. Is this organization required to			· · · · · · · · · · · · · · · · · · ·	8 187 2 187 3 1 E.	Yes No			
14. Wisconsin Seller's Permit Number ((if applicable	e)						
Part B: Individual Information	n							
List the name, title, and phone nut (Form AB-100) for each person lis				zation. Include a	n Individual Questionnaire			
Corporations must also include Ale								
Last Name	First Nar		Title		Phone			
Lage Hame								
Wendel	Marano	la 	Commander		810-1443			
Siebers	Tom		First Vice	Commander	585-6574			
Kobussen	Gene		Adjutant		788-5053			
Peeters	Ken		Finance Off	icer	788-1790			

 $\textit{Continued} \rightarrow$

Part C: Event Information									
Name of Event (if applicable)									
Car Show & Brat Fry									
2. Dates of Operation					3. h	lours of O	pera	tion	
08/19/25 08/19/25 2:30 PM - 8 PM									
4. Premises Address									
316 E Fourteenth Street									
5. City 6. State 7. Zip Code									
Kaukauna						WI		54130	
8. County	9. Governing Mun	icipality	☑ City	Town	□ \	/illage	10.	Aldermanic Di	strict
Outagamie of: Kaukauna 2									
11. Organizer of Event (if not the named applicant) 12. Email and/or Phone Number for Organizer of Event									
St. Paul Elder Services									
13. Organizer Website		14. E	vent Website						
stpaulelders.org									
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. The event will take place in the main parking lot, the beer will be sold out of coolers in the parking lot where the event is taking place.									
Part D: Attestation									
Who must sign this application?									
one officer or director of the nonprofit o	rganization								
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.									dual or entity be assigned of beverages spection will dunderstand and that I may
Last Name		First N	ame						M.I.
Wendel		Mara	nda						
Title Commander	Email							Phone 810-1443	3
Signature					1	Date		06/05/25	
									-
r									
Part E: For Clerk Use Only									
Date Application Was Filed With Clerk	16/12/25	I	icense Numbe	er					
Date License Granted		ı	Date License I	ssued					
Signature of Clerk/Deputy Clerk									

Form AB-100

Alcohol Beverage Individual Questionnaire



All individuals involved in the alcohol beverage business must complete this form, including:

· sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
- · all partners of a partnership
- · members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

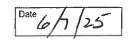
Part A: Business Information	n								
1. Legal Business Name (individual na			_	F	>				
AMERICAN LEG	100	SACOB (071	15 F	097 258				
2. Business Trade Name or DBA NONE PROFIT VETERANS SERVICE DREANIZATION									
	XC	1014103	2	CFX	(Cts ()(C))	MICE	TION		
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization									
Part B: Individual Information	on								
1. Last Name				rst Name			3. M.I.		
KOBUSSEN				EUGO	- E		R		
4. Relationship to Business (Title)		5. Email	*				6. Phone		
APJUTANT		GLKC	88	3000	mau. Com		920 788-5053		
7. Home Address		-		2	,				
1005 TAYLOR	ST	,			54				
8. City				9. State	10. Zip Code		11. Date of Birth		
LITTLE CHUT	15			W	54140		09/05/1946		
12. Drivers License/State ID Number 13. Drivers License/State ID State of Issuance							e of Issuance		
K125-2164-6325-09 WISCONSIN						1			
Part C: Address History									
1. Do you currently live in Wisconsin?									
							(MM/YYYY)		
If yes, provide the month and y	ear whe	n you permanently	move	ed to Wisc	onsin	+ +(9)(+(9) +(9)(+	09/1946		
	·		145	٨4	lask additional abasto	if nanana			
2. List in chronological order all o	T your ad	aresses within the	-	years, Au	ach additional sheets	State			
Previous Address 1	7 6	, <u>=</u>	City				Zip Code		
SAME AZ A	10	CE							
Previous Address 2			City			State	Zip Code		
Previous Address 3			City			State	Zip Code		
Trevious Address 6			John John John John John John John John						
Previous Address 4			City			State	Zip Code		
Trovidad Address 1			0,						
Previous Address 5			City			State	Zip Code		
3. List all states and counties you	ı have liv	ed in as an adult. A	Attach	additional	sheets if necessary.				
State County	State	County		State	County	State	County		
WI OUTAGAMIE									
State County	State	County		State	County	State	County		
					1				

Continued →

Part D: Criminal History			
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state)	e's laws or of any coun	ty or municipal ordinances?	
If yes to question 1, please list details of each conviction	on below. Attach addition	onal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
DUI	DUTAGAN	ME COUNTY	07/2019
Penalty Imposed FINE / SUSPENSION		Was sentence completed?	. Yes 🗌 No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of per sheets as needed.	another state's laws or	any county or municipal	🗌 Yes 💹 No
Part E: Attestation	F		
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted. Signature	ating in this business of that any license issu y be prosecuted for sul ly provides materially t	due to any involvement in anoth- led contrary to Wis. Stat. Chapt bmitting false statements and aff	er tier of the alcohol er 125 shall be void idavits in connection ion may be required

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 members and agent of a limited liability company
- sole proprietorall partners of a partnership

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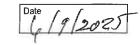
D 14	D. J. J. J. J. S. W. A.									
	Business Informat		i-t							
1. Legal Business Name (individual name if sole proprietor) AMERICAN LEGION JACOB COPPUS POST 258										
2. Business Trade Name or DBA										
Z. Busille	Aby Perest	1/27	ERANB S) 5 R	1110	E 66	2000			
2. Business Trade Name or DBA Who Profit VETERANS SERVICE GROWP 3. Entity Type (check one)										
Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization									ganization	
	i									
Part B:	Individual Informat	tion								
1. Last Name 2. First Name 3.1								3. M.I.		
	PERTERS				KEN)				. 15
4. Relatio	nship to Business (Title)		5. Email		1 -				6. Phone	
(N)	ANCE OFF	CER	Ke	MADO	CTE	25(0)	Arr. con		920-7	88-1790
7. Home				- 1						
N3	2815 SHAR	ON F	BOSZ CT							
8. City	100				9. State		Code		11. Date of Bi	/
L A	HPLETON				W(54913	6/12/47		
12. Drivers License/State ID Number 13. Drivers License/State						ID State	e of Issuance	. ,		
P362-5764-7212 -07 WI										
Part C: Address History										
	ou currently live in Wisco	onsin?	***********	(80 × 16 × 03)	0-161-10919-361-03	(i	800	· % •(*)• (*	🛭 Y	es No
	-								(MM	/YYYY)
If yes	, provide the month and	year whe	n you permanently	/ move	d to Wisc	onsin .				6/1947
0 1 :-4 :-		-f.v	descos within the	last 6	vooro At	took odd	litional chaots if n	000000	nrv.	7 - 7 1 1
	chronological order all	or your ac	aresses within the		years. At	tacri auu	illional sheets in t	State	Zip Code	
Previous	Address 1 SAME A	la sa		City			State	Zip Code		
		7 1100	02				01-1-	7th Code		
Previous	Address 2			City				State	Zip Code	
Devidence	Address			0.4				State	Zip Code	
Previous	Address 3			City				State	Zip Code	
D	A.1.C			City				State	Zip Code	
Previous	Address 4			City				State	Zip Code	
Dravious	Address 5			City				State	Zip Code	
Pievious	Address 5			City				Ctato	Zip code	
				_				-		
3. List a	II states and counties yo	ou have liv	ed in as an adult.	Attach		I sheets	if necessary.			
State	County	State	County		State	County		State	County	
W (6NTAGAMIE									
State	County	State	County		State	County		State	County	

Continued →

Part D: Criminal History	have? lodest	ß.			
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state)				. Yes	OM-EX
If yes to question 1, please list details of each conviction	on below. Attach additi	onal sheets as nee	eded.		
Law/Ordinance Violated	Location			Conviction I	Date
Penalty Imposed		Was sentence c	ompleted?	Yes	☐ No
Law/Ordinance Violated	Location			Conviction I	Date
Penalty Imposed		Was sentence c	ompleted?	Yes	☐ No
Law/Ordinance Violated	Location			Conviction I	Date
Penalty Imposed		Was sentence c	ompleted?	Yes	☐ No
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of persheets as needed.	another state's laws or	any county or mui	nicipal 	. Yes	X №
D (F A) ()					
Part E: Attestation	in zwa Zuminkov		r in the police like	coinounib:	dau Şı
READ CAREFULLY BEFORE SIGNING: Under pena truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	ating in this business of that any license issu y be prosecuted for su	due to any involve ued contrary to W bmitting false state	ement in another is. Stat. Chapter ements and affid	r tier of the r 125 shall lavits in con	alcohol be void nection
Signature Perlans		Date	6/7/2.	5	

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Part A: Business Information									
1. Legal Business Name (individua	I name if sole p	roprietor)							
25 Business Trade Name or DBA POST 258									
NON PROFIT ETRANS DERVICE ORGANIZATION									
3. Entity Type (check one)									
Sole Proprietor	Partnership	Limited Liabi	ity Compar	ny Corporation	121	Ionprofit Organization			
Dont Dolladistation Informati	41au								
Part B: Individual Informa	tion	2.5	irst Name			3. M.I.			
1. Last Name		2. F		a nC		J. W.I.			
SIEDERY			HON	177	- 1-	- R			
4. Relationship to Business (Title)	on most	5. Email	ensl	lo amail	C E W	Phone 928-585-651			
7. Home Address	STREE	T		·		Ç. Y			
8. City	111100	-	9. State	10, Zip Code	11	1. Date of Birth			
KegkagnA			WI	54130		TAN /21/1952			
12. Drivers License/State ID Numb	er		100 /	13. Drivers License/Sta	te ID State	of Issuance			
5-162-8345-3				WISCON	25				
2 (60, 0/6)	0)1-07			V. 1.)001	211				
	Part C: Address History								
1. Do you currently live in Wisc	onsin?					🔀 Yes 🗌 No			
If yes, provide the month and			ad to Miss	anain		(MM/YYYY)			
in yes, provide the month and	u year wrien y	ou permanently mov	ed to wisc	Onsiii		0/1953			
2. List in chronological order al	of your addre	esses within the last	5 years. At	tach additional sheets if	necessary	1.			
Previous Address 1		City			State	Zip Code			
214 TAY/OR	3]		41/11	Le Chale	WI	54140			
Previous Address 2	n-1-	City	15	/	State	Zip Code			
726 main	31		6///	echylt	WI	24170			
Previous Address 3		City	. 1		State	Zip Code			
J35 RAMKER	NSI		-11116	Chilt	1001	54140			
Previous Address 4		City	1 -+1		State	Zip Code,			
1518 Email	17		4/11/0	chyle	wf	54190			
Previous Address 5		City			State	Zip Code			
3. List all states and counties y	ou have lived	in as an adult. Attac	n additiona	I sheets if necessary.					
State County WI OUTAGAMIC		ounty	State	County	State	County			
State County		ounty	State	County	State	County			

Part D: Criminal History	STOVER BOVER	A v		
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state)			. X Yes	No No
If yes to question 1, please list details of each convicti	on below. Attach additi	onal sheets as needed.	•	
Law/Ordinance Violated	Location		Conviction	Date
Penalty Imposed Sexually of ewce	oylaymi	a	JAW	10-2009
Penalty Imposed / / / / / / / / / / / / / / / / / / /		Was sentence completed?	. 🔀 Yes	☐ No
Law/Ordinance Violated	Location		Conviction	Date
Penalty Imposed	1	Was sentence completed?	. Yes	☐ No
Law/Ordinance Violated	Location	1	Conviction I	Date
Penalty Imposed		Was sentence completed?	. 🌠 Yes	☐ No
beverages) for violation of any federal, Wisconsin, or a ordinances?	• • • • • • • • • • • • • • • • • • • •		. Yes	No No
Part E. Attactation				
Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under pena truthfully. I certify that I am not prohibited from participate beverage industry as a restricted investor. I understan under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted. Signature	ating in this business of d that any license issu ly be prosecuted for sul	due to any involvement in anothe led contrary to Wis. Stat. Chapte bmitting false statements and affic	r tier of the r 125 shall lavits in con on may be r	alcohol be void inection required

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Part A: Business Information		17.77							
1. Legal Business Name (individual name if sole proprietor)									
American Legion H	ost 258								
2. Business Trade Name or DBA			1:0						
non protitiveterans s	ervice organ	20	nari						
3. Entity Type (check one)	Liability Company Corporation	V	Nonprofit Organization						
Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization									
Doub Do Individual Information									
Part B: Individual Information			10.111						
1. Last Name	2. First Name		3. M.I.						
4. Relationship to Business (Title) 5. Email		-	. Phone						
COMMANDER MY Serve	Davegmail. Com		1208101443						
7. Home Address									
8_City	9. State 10. Zip Code	1	1. Date of Birth						
Combined Locks	W1 54113	(0/29/1984						
12. Drivers License/State ID Number 13. Drivers License/State ID State of Issuance									
W5345508472900 WI									
Part C: Address History									
1. Do you currently live in Wisconsin? Yes No									
If yes, provide the month and year when you permanently	moved to Wisconsin	100 E 100	(MM/YYYY) 06/1984						
2. List in chronological order all of your addresses within the			,						
Previous Address 1	City	State	Zip Code						
120AC Same as april		C1-1-	7in Code						
Previous Address 2	City	State	Zip Code						
Previous Address 3	City	State	Zip Code						
Previous Address 4	City	State	Zip Code						
Previous Address 5	City	State	Zip Code						
3. List all states and counties you have lived in as an adult.									
State County State County OZauke	State County	State	County						
State County State County	State County	State	County						
WI Outagamie WI Milwal	the								

Continued \rightarrow

Part D: Criminal History	Colto hasvata	A	
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state)			. Yes 🗌 No
If yes to question 1, please list details of each conviction	on below. Attach additi	onal sheets as needed.	
Law/Ordinance Violated DISORCHETU CONQUET	Location () Utran	nie)	Conviction Date 4 15 14
Penalty Imposed Proportion		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	,	Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed? ,	. Yes No
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of persheets as needed.	another state's laws or	any county or municipal	. 🗌 Yes 📈 No
Part E: Attestation			
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Signature		Date	25