

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

**Part A: Organization Information**

1. Organization Name

*HOLY CROSS MEN'S OPEN*

2. Organization Permanent Address

*309 DESNOYER ST.*

3. City

*KAUKAUNA, WI.**WI**54130*

6. Mailing Address (if different from permanent address)

*P.O. Box 374 KAUKAUNA, WI. 54130*

7. FEIN

*39-0807048*

8. Date of Organization/Incorporation

*Early 1900's*

9. State of Organization/Incorporation

*WI.*

10. Phone

*920-540-0007*

11. Email

*LVANDERSAND@AOL.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
<i>VANDERSAND</i>	<i>LEE H.</i>	<i>DIRECTOR</i>	<i>920-540-0007</i>

*Continued →*

Part C: Event Information			
1. Name of Event (if applicable)			
<i>Holy Cross Men's Open Basketball Tournament</i>			
2. Dates of Operation		3. Hours of Operation	
<i>March 10, 11, 12</i>		<i>12:00PM - 12:00AM</i>	
4. Premises Address			
<i>220 Doty St.</i>			
5. City		6. State	7. Zip Code
<i>Kaukauna</i>		<i>WI</i>	<i>54130</i>
8. County	9. Governing Municipality	<input checked="" type="checkbox"/> City	<input type="checkbox"/> Town
<i>Outagamie</i>	<i>Kaukauna</i>	<input type="checkbox"/> Village	10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event	
<i>Lee H. Vanner Sanden</i>		<i>920-540-0007</i>	
13. Organizer Website		14. Event Website	
<i>Facebook</i> <input checked="" type="checkbox"/>		<i>Facebook</i> <input checked="" type="checkbox"/>	
<i>Holy Cross Men's Open</i>		<i>Holy Cross Men's Open</i>	
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.			
<i>Concessions / Lobby / Gym / Cafeteria</i>			

Part D: Attestation			
Who must sign this application?			
<ul style="list-style-type: none"> <li>one officer or director of the nonprofit organization</li> </ul>			
<b>READ CAREFULLY BEFORE SIGNING:</b> 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	First Name	M.I.	
<i>Vanner Sanden</i>	<i>Lee</i>	<i>H.</i>	
Title	Email	Phone	
<i>Director</i>	<i>LVANNER@AOL.COM</i>	<i>920-540-0007</i>	
Signature	Date		
<i>Lee H. Vanner Sanden</i>	<i>1-13-26</i>		

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

## Temporary Alcohol Beverage License

Municipality

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	\$

## Part A: Organization Information

1. Organization Name	<i>HOLY CROSS MENS OPEN</i>		
2. Organization Permanent Address	<i>309 DESNOYER ST.</i>		
3. City	<i>KAUKAUNA</i>	4. State	<i>WI</i>
5. Zip Code	<i>54130</i>		
6. Mailing Address (if different from permanent address)	<i>P.O. Box 374 KAUKAUNA, WI. 54130</i>		
7. FEIN	8. Date of Organization/Incorporation	9. State of Organization/Incorporation	
<i>39-0807048</i>	<i>EARLY 1900'S</i>	<i>WI</i>	
10. Phone	11. Email	<i>LVANDERSAND@GMAIL.COM</i>	
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 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
<i>VANDER SANDEN</i>	<i>LEE H.</i>	<i>DIRECTOR</i>	<i>920-540-0007</i>

Continued →

**Part C: Event Information**

1. Name of Event (if applicable)

HOLY CROSS MEN'S OPEN BASKETBALL TOURNAMENT

2. Dates of Operation

MARCH 27, 28, 29

3. Hours of Operation

12:00 - 12:00 pm

4. Premises Address

220 DORY ST.

5. City

KAUKAUNA

6. State

WI

7. Zip Code

54130

8. County

OUTAGAMIE

9. Governing Municipality

 City

 Town

 Village

10. Aldermanic District

of: KAUKAUNA

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

LEE H. VANDER SANDEN

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

920-540-0007

13. Organizer Website

FACEBOOK X

HENRY VANDER HEN

14. Event Website

FACEBOOK X

HOLY CROSS MEN'S OPEN

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.

CONCESSIONS/Lobby/GYM/CATERIA

**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	First Name	M.I.
VANDER SANDEN	LEE	H.
Title	Email	Phone
Deputy	LVANDERSANDEN@AOL.COM	920-540-0007
Signature	Date	
	1-13-26	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk

License Number

Date License Granted

Date License Issued

Signature of Clerk/Deputy Clerk

**Alcohol Beverage  
Individual Questionnaire**

Date

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.

<b>Part A: Business Information</b>								
1. Legal Business Name (individual name if sole proprietor) <i>HOLY CROSS PARISH</i>								
2. Business Trade Name or DBA <i>HOLY CROSS MEN'S OPEN</i>								
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization								

<b>Part B: Individual Information</b>								
1. Last Name <i>VANDER SANDEN</i>			2. First Name <i>LEE</i>			3. M.I. <i>H.</i>		
4. Relationship to Business (Title) <i>DIRECTOR</i>			5. Email <i>LVANDERSAN@AOL.COM</i>			6. Phone <i>920-510-0007</i>		
7. Home Address <i>616 SHERIDAN ST.</i>			9. State <i>WI</i>			10. Zip Code <i>54130</i>		
8. City <i>KAUKAUNA</i>			11. Date of Birth <i>12-21-1956</i>			12. Drivers License/State ID Number <i>VS36-5285-6461-06</i>		
13. Drivers License/State ID State of Issuance <i>WI.</i>								

<b>Part C: Address History</b>								
1. Do you currently live in Wisconsin? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, provide the month and year when you permanently moved to Wisconsin .....  <i>12/21/1956</i> (MM/YYYY)								
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.								
Previous Address 1 <i>616 SHERIDAN ST.</i>			City <i>KAUKAUNA</i>			State <i>WI</i>		Zip Code <i>54130</i>
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. Attach additional sheets if necessary.								
State <i>WI</i>	County <i>OUTAGAMIE</i>	State	County	State	County	State	County	
State	County	State	County	State	County	State	County	

*Continued →*

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? .....  Yes  No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No

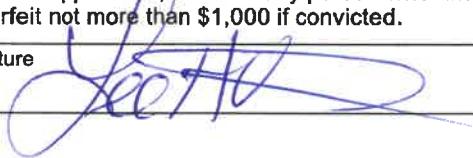
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? .....  Yes  No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature



Date





City of Kaukauna  
144 W 2nd Street  
Kaukauna WI  
54130  
United States

# Cash Sale

#CS8986

1/23/2026

**Bill To**

Liquor License Customer  
United States

**TOTAL**

**\$20.00**

<b>Payment Method</b>	<b>Check #</b>
Check	2679

<b>Quantity</b>	<b>Item</b>	<b>Options</b>	<b>Rate</b>	<b>Amount</b>
1	<b>LP03 - Liquor License</b> Holy Cross Men's Open Temp Class B application		\$20.00	\$20.00
			<b>Subtotal</b>	\$20.00
			<b>Tax (%)</b>	
			<b>Total</b>	\$20.00



CS8986

