

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

Part A: Organization Information		
1. Organization Name Holy Cross Parish		
2. Organization Permanent Address 309 Desnoyer St.		
3. City Kaukauna	4. State WI	5. Zip Code 54130
6. Mailing Address (if different from permanent address) 112 W. 8th St.		
7. FEIN 39-0807048	8. Date of Organization/Incorporation 11/20/18	9. State of Organization/Incorporation WI
10. Phone [REDACTED]	11. Email	
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) 008-0000430596-05		

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
Ferris	Luke	Priest	[REDACTED]
Tetzlaff	Mark	Board Trustee	[REDACTED]

Continued →

Part C: Event Information

1. Name of Event (if applicable) Holy Cross Parish - Oktoberfest			
2. Dates of Operation November 1, 2026		3. Hours of Operation 10:00 am - 6:00 pm	
4. Premises Address 309 Desnoyer St.			
5. City Kaukauna		6. State WI	7. Zip Code 54130
8. County Outagamie	9. Governing Municipality ☒ City ☐ Town ☐ Village of: Kaukauna		10. Aldermanic District
11. Organizer of Event (if not the named applicant) Lawrence Ortnier		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website www.kaukaunacatholicparishes.org		14. Event Website same	
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. Event will take place inside the gym and basement of St. Ignatius school. Beer will be served in the basement and will have a Home Brew Tasting event allowed by state statute 125.6(3m)			

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 Ferris		First Name Luke	M.I.
Title Priest	Email lferris@kaucp.org	Phone [REDACTED]	
Signature <i>Lawrence Ortnier</i>		Date 9/22/26	

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 2/26/26

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 is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Holy Cross Parish

2. Business Trade Name or DBA

Church

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization

Part B: Individual Information

1. Last Name

TETZLAFF

2. First Name

MARK

3. M.I.

J

4. Relationship to Business (Title)

TRUSTEE

5. Email

6. Phone

7. Home Address

8. City

KAUKAUNA

9. State

WI

10. Zip Code

54130

11. Date of Birth

4/4/69

12. Driver's License/State ID Number

13. Driver's License/State ID State of Issuance

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 (MM/YYYY) 4/4/69

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

City

State

Zip Code

Same as above

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

County

State

County

State

County

State

County

WI

Outagamie

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 <i>OWI</i>	Location <i>Dodge County</i>	Conviction Date <i>1995</i>
Penalty Imposed <i>Fine + Suspended License</i>		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
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 <i>M. A. H.</i>	Date <i>8/26/26</i>

Alcohol Beverage
Individual Questionnaire

Date 8/18/26

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

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Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Holy Cross Parish

2. Business Trade Name or DBA

Church

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☐ Limited Liability Company☐ Corporation☒ Nonprofit Organization

Part B: Individual Information

1. Last Name

Ferris

2. First Name

Luke

3. M.I.

A

4. Relationship to Business (Title)

Pastor

5. Email

6. Phone

7. Home Address

8. City

Kaukauna

9. State

WI

10. Zip Code

54130

11. Date of Birth

07/27/64

12. Driver's License/State ID Number

13. Driver's License/State ID State of Issuance

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

(MM/YYYY)

12/2008

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

City

Green Bay

State

WI

Zip Code

54304

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

County

IL

Cook

State

County

IN

Spencer

State

County

IN

St. Joseph

State

County

State

County

State

County

State

County

State

County

Continued →

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Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
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Signature <i>Rev. Luke Q. Ferris</i>	Date <i>8/19/26</i>