Form
AB-220

Temporary Alcohol Beverage License

Municipality: City of Kaukauna

License(s) Requested	Fees	
☐ Temporary "Class B" Wine ☑ Temporary Class "B" Beer	License Fees	$
	Background Check	$
	Total Fees	$ 10

Part A: Organization Information

1. Organization Name: Center for Community Stewardship - Project: Never Alone

2. Organization Permanent Address: 116 N. Few Street

3. City	4. State	5. Zip Code
Madison	WI	53703

6. Mailing Address (if different from permanent address): 444 Patricia Lane, Wrightstown, WI 54180

7. FEIN	8. Date of Organization/Incorporation	9. State of Organization/Incorporation
68-0501459	2002	Wisconsin

10. Phone	11. Email
(608) 620-4266	[redacted]

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
Gutsmiedl	Maria	Project Leader	[redacted]

Continued →

Part C: Event Information

1. Name of Event (if applicable)			
Focus On Suicide			
2. Dates of Operation		3. Hours of Operation	
10/3/2026		Noon to 8pm	
4. Premises Address			
110 County Hwy-KK E			
5. City		6. State	7. Zip Code
Kaukauna		WI	54130
8. County	9. Governing Municipality ☑ City ☐ Town ☐ Village of: Kaukauna		10. Aldermanic District
Outagamie			16
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event	
Maria Gutsmiedl		[redacted]	
13. Organizer Website		14. Event Website	
https://www.facebook.com/profile.php			

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 be held at the Roundabout Bar and Grill outside under a tent in their parking lot along with inside in their lower level dining room. There will be no liquor/beer/wine sales in the lower dining room area. Attendees will either go to the the bar area inside their establishment or under the tent outside. Under the tent we will have a bar area set up that will have a mix of liquor, beer, and canned seltzer sales along with water and soda. Beverages will all be stored in some sort of cooler.

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.
Gutsmiedl	Maria	J
Title	**Email**	**Phone**
Project Leader	[redacted]	[redacted]
Signature		**Date**
Maria J. Gutsmiedl		08/12/26

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	

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date
08/12/2026

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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)
Center for Community Stewardship

2. Business Trade Name or DBA
Project: Never Alone

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☑ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Gutsmiedl	Maria	J

4. Relationship to Business (Title)	5. Email	6. Phone
Project Leader	[redacted]	[redacted]

7. Home Address
[redacted]

8. City	9. State	10. Zip Code	11. Date of Birth
Wrightstown	WI	54180	10/29/93

12. Driver's License/State ID Number	13. Driver's License/State ID State of Issuance
[redacted]	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) 10/1993

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

Previous Address 1: W3085 Springfield Drive	City: Appleton	State: WI	Zip Code: 54915
Previous Address 2: 320 E. 16th Street	City: Kaukauna	State: WI	Zip Code: 54130
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	WI	Winnebago	WI	Portage		
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?..... ☐ 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	Date
Maria J. Gutsmiedl	08/12/2026

Form
AB-101

Alcohol Beverage Appointment of Agent

Date
08/12/2026

Agent Type *(check one)*

☑ Original (no fee) ☐ Successor ($10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Center for Community Stewardship

2. Business Trade Name or DBA
Project: Never Alone

3. Entity Type *(check one)*
☐ Limited Liability Company ☐ Corporation ☑ Nonprofit Organization

4. Alcohol Beverage Business Authorization *(check one)*
☐ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Gutsmiedl	Maria	J

4. Email	5. Phone
[redacted]	[redacted]

6. Home Address
[redacted]

7. City	8. State	9. Zip Code	10. Date of Birth
Wrightstown	WI	54180	10/29/1993

11. Driver's License/State ID Number	12. Driver's License/State ID State of Issuance
[redacted]	WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☑ Yes ☐ No

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☑ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. ☑ Yes ☐ No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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.
Biese	Duane	

Title	Email	Phone
Owner	[redacted]	[redacted]

Signature	Date
Duane Biese	08/12/26

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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.
Gutsmiedl	Maria	J

Signature	Date
Maria J. Gutsmiedl	08/12/26