

## Temporary Alcohol Beverage License

Municipality

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

## Part A: Organization Information

1. Organization Name American Legion Post 258		
2. Organization Permanent Address PO Box 20		
3. City Little Chute	4. State WI	5. Zip Code 54140
6. Mailing Address (if different from permanent address)		
7. FEIN	8. Date of Organization/Incorporation April 29, 1920	9. State of Organization/Incorporation WI
10. Phone 920-858-1332	11. Email mhuss@baycomwi.com	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input checked="" 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
Wendel	Maranda	Commander	810-1443
Siebers	Tom	First Vice Commander	585-6574
Kobussen	Gene	Adjutant	788-5053
Peeters	Ken	Finance Officer	788-1790


Continued →



**Part C: Event Information**

1. Name of Event (if applicable) Car Show & Brat Fry			
2. Dates of Operation 08/19/25                      08/19/25		3. Hours of Operation 2:30 PM - 8 PM	
4. Premises Address 316 E Fourteenth Street			
5. City Kaukauna		6. State WI	7. Zip Code 54130
8. County Outagamie	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Kaukauna		10. Aldermanic District 2
11. Organizer of Event (if not the named applicant) St. Paul Elder Services		12. Email and/or Phone Number for Organizer of Event	
13. Organizer Website stpaulelders.org		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.  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 organization			
<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 Wendel		First Name Maranda	M.I.
Title Commander	Email		Phone 810-1443
Signature 		Date 06/05/25	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk CS7020 paid 6/12/25	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	



Alcohol Beverage  
Individual QuestionnaireDate  
06/06/2025

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

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

AMERICAN LEGION JACOB COPPUS POST 258

2. Business Trade Name or DBA

NONE PROFIT VETERANS SERVICE ORGANIZATION

3. Entity Type (check one)

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

## Part B: Individual Information

1. Last Name

KOBUSSEN

2. First Name

EUGENE

3. M.I.

R

4. Relationship to Business (Title)

ADJUTANT

5. Email

GLKOB83@GMAIL.COM

6. Phone

920 788-5053

7. Home Address

1005 TAYLOR ST.

8. City

LITTLE CAUTE

9. State

WI

10. Zip Code

54140

11. Date of Birth

09/05/1946

12. Drivers License/State ID Number

K125-2164-6325-09

13. Drivers License/State ID State of Issuance

WISCONSIN

## 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)

09/1946

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 <b>DUI</b>	Location <b>DOUTAGAMIE COUNTY</b>	Conviction Date <b>07/2019</b>
Penalty Imposed <b>FINE/SUSPENSION</b>		Was sentence completed? ..... <input checked="" 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 <b>06/06/2025</b>
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Alcohol Beverage  
Individual Questionnaire

Date 6/7/25

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

1. Legal Business Name (individual name if sole proprietor)			
AMERICAN LEGION JACOB COPPUS POST 258			
2. Business Trade Name or DBA			
NON PROFIT VETERANS SERVICE GROUP			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Nonprofit Organization

## Part B: Individual Information

1. Last Name		2. First Name		3. M.I.	
PEETERS		KEN		R	
4. Relationship to Business (Title)		5. Email		6. Phone	
FINANCE OFFICER		KENPEETERS@AOL.COM		920-788-1790	
7. Home Address					
N3815 SAARON ROAD CT					
8. City		9. State	10. Zip Code	11. Date of Birth	
APPLETON		WI	54913	6/12/47	
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance		
P362-5764-7212-07			WI		

## Part C: Address History

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 .....				(MM/YYYY)	
				6/1947	
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
WI	ONTAGAMIE				
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

6/7/25



Alcohol Beverage  
Individual QuestionnaireDate  
6-9-25

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- 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)

American Legion Post 258

2. Business Trade Name or DBA

non profit veterans service organization

3. Entity Type (check one)

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

## Part B: Individual Information

1. Last Name

Wendel

2. First Name

Maranda

3. M.I.

4. Relationship to Business (Title)

COMMANDER M/M

5. Email

ServeDAV@gmail.com

6. Phone

9208101443

7. Home Address

655 Berghuis Dr.

8. City

Combined Locks

9. State

WI

10. Zip Code

54113

11. Date of Birth

6/29/1984

12. Drivers License/State ID Number

W5345508472900

13. Drivers License/State ID State of Issuance

WI

## Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ NoIf yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)  
06/1984

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

Previous Address	City	State	Zip Code
1 None Same as above			
2			
3			
4			
5			

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	Calumet	WI	Ozaukee				
WI	Outagamie	WI	Milwaukee				

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 <b>Disorderly Conduct</b>	Location <b>Ottumwa</b>	Conviction Date <b>4/15/14</b>
Penalty Imposed <b>Probation</b>		Was sentence completed? . . . . . <input checked="" 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 <b>Jun 25</b>
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Alcohol Beverage  
Individual QuestionnaireDate  
6/9/2025

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)

AMERICAN LEGION POST 258

2. Business Trade Name or DBA

NON PROFIT VETANS SERVICE ORGANIZATION

3. Entity Type (check one)

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

## Part B: Individual Information

1. Last Name

Siebers

2. First Name

THOMAS

3. M.I.

R

4. Relationship to Business (Title)

1ST VICE COMM MH

5. Email

TSiebers11@gmail.com

6. Phone

920-585-6574

7. Home Address

914 STATE STREET

8. City

Keshikawa

9. State

WI

10. Zip Code

54130

11. Date of Birth

JAN/31/1953

12. Drivers License/State ID Number

S-162-8365-3031-09

13. Drivers License/State ID State of Issuance

WISCONSIN

## 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)

01/1953

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

Previous Address	City	State	Zip Code
214 TAYLOR ST	LITTLECHUTE	WI	54140
726 MAIN ST	LITTLECHUTE	WI	54140
235 FRANKLIN ST	LITTLECHUTE	WI	54140
1515 E MAIN ST	LITTLECHUTE	WI	54140
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>1 degree sexual offense</i>	Location <i>Oconomowoc</i>	Conviction Date <i>Jan 10 2024</i>
Penalty Imposed <i>2 yr Probation</i>		Was sentence completed? . . . . . <input checked="" 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 checked="" 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 <i>Thomas R Diekers</i>	Date <i>June 7 2025</i>
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