Form				
Δ	R	_2	2	n

License(s) Requested

Temporary Alcohol Beverage License

Fees

				License Fees	\$	10.00			
☐ Temporary "Class B" \	Vine	✓ Temporary Class	"B" Beer	Background Che	eck \$				
				Total Fees	\$	10.00			
Part A: Organization Informa	tion								
Organization Name	- 250								
American Legion Post 2. Organization Permanent Address	258								
PO Box 20									
3. City				4. State	5. Zip (Code			
Little Chute				WI		140			
6. Mailing Address (if different from permanent address)									
o. maining , table occ (ii amalan ii ama									
7. FEIN		8. Date of Organization/Incor	poration	9. State of Organia	zation/ln	corporation			
		April 29, 1920		WI					
10. Phone		11. Email							
920-858-1332 mhuss@baycomwi.com									
12. Organization type (check one)									
☐ Bona Fide Club ☐ Church ☐ Fair Association/Agricultural Society ☑ Veteran's Organization									
Lodge/Society	Chambe	er of Commerce or similar (Civic or Trade Orga	anization under cl	h. 181,	Wis. Stats.			
13. Is this organization required to I	hold a Wi	sconsin Seller's permit?)• (• • • • • • • • • • • • • • • • • •	☐ Yes ☑ No			
14. Wisconsin Seller's Permit Number ((if applicat	ole)							
Part B: Individual Information	n					Tri I			
List the name, title, and phone nu	mber for	all officers, directors, and a	agent of the organi	zation. Include a	n Indivi	dual Questionnaire			
(Form AB-100) for each person lis									
Corporations must also include Ald	cohol Be	verage Appointment of Age	nt (Form AB-101).						
Last Name	First Na	ime	Title		Phone)			
Wendel	Maran	da	Commander		810-	-1443			
Siebers	Tom		First Vice	Commander	585-	-6574			
Siepeis	TOIL		FIISC VICE	COMMISSINGET	1000				
Kobussen	Gene		Adjutant		788-	-5053			
Peeters	Ken		Finance Off	icer	788-	-1790			

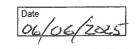
 $Continued \rightarrow$

		36

Part C: Event Information									
1. Name of Event (if applicable)									
Car Show & Brat Fry									
2. Dates of Operation					3. F	lours of O	perat	ion	
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 M	unicipali	ity 🗹 City	Town	_ \	Village	10.	Aldermanic Di	strict
Outagamie	of: Kauka	una					2	•	
11. Organizer of Event (if not the named applican	t)	12	2. Email and/or	Phone Nun	nber f	for Organiz	er of	Event	
St. Paul Elder Services									
13. Organizer Website		14	l. Event Websi	te					
stpaulelders.org									
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 of	rganization								
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely on seeking the license. Further, I agree that the to another individual or entity. I agree to of from Wisconsin-permitted wholesalers. I unbe deemed a refusal to allow inspection. Sethat any license issued contrary to Wis. State be prosecuted for submitting false statement provides materially false information on this	behalf of the erights and reperate according derstand that uch refusal is the Chapter 12 and affidav	applications applied to the second applied t	ant organizat ibilities confe the law, inclu- access to an demeanor an- be void unde onnection wit	tion and no erred by the ding but no ly portion o d grounds er penalty o th this appli	ot on e lice ot lim f a lice for re of staticatic	behalf of nse(s), if ited to, po censed pr evocation ite law. I f on, and the	any gran urch emis of th urth at ar	other indivicated, will not asing alcohoses during in his license. It understarny person who start and person who start and the	lual or entity be assigned bl beverages spection will understand d that I may
Last Name		Firs	t Name						M.I.
Wendel		Max	randa						
Title Commander	Email							Phone 810-1443	3
Şignature						Date		06/05/25	
Part E: For Clerk Use Only									
	7020		License Nun	nber	_				
	16/12/25		Data Linana	- 1					
Date License Granted			Date Licens	e issued					
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.

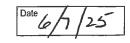
Part A	: Business Inf	ormatic	on							
	Business Name (in				_	F	> -/			
HM	ERICAN	LEE	100	JACOB (070	19 t	097 25	<u> </u>		
2 Ruein	age Trada Nama or	DRA								
R	ONE PZ	OFC	T VE	TERAN	55	ERY.	ICE OR	5AN128	TION)
	Type (check one)		116030				_			
□ s	ole Proprietor	☐ Pa	artnership	Limited	Liabilit	y Compar	ıy 🗌 Corp	oration	Nonprofit C	rganization
Part B	: Individual In	formati	on							
1. Last N	Name				2. Fi	rst Name				3. M.I.
1	030998	1			1	LUGG	CNE			R
	onship to Business			5. Email					6. Phone	
L .	APSUTA	NI		GLKO	388	300	man.C	911)	920 788	-5053
	Address					2	,			
100	OS TAY	LOR	ST							
8. City						9. State	10. Zip Code	_	11. Date of B	
<u>L</u> i	TTLE L	415)	15			WI	54140			1946
12. Drive	12. Drivers License/State ID Number 13. Drivers License/State ID State of Issuance									
K	125-216	4-	6325	5-09			W150	CON SIA	-	
							*			
Part C	: Address Hist	tory								
			nsin?	. (0.40)(0.40)(0.41)(0.41)(0.41)			(6) 1 (6) 1 (6) 1 (6) 1 (6) 1		· 🕱	Yes No
16	ida tha maa	nth and :	voor who	a vou parmananth		d to Miss	onein		(MI	M/YYYY)
li ye:	s, provide the mo	nın and y	year whe	n you permanentl	y move	id to wisc	Onsii		04	9/1946
2 Listi	in chronological o	rder all c	of vour ad	dresses within the	e last 5	vears. At	tach additional s	heets if necessa	ary.	/
	s Address 1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City	,		State	Zip Code	
	AME A	< 1	RAI	1F	,				'	
	s Address 2	2 /	100	(A-	City	City			Zip Code	
Fievious	Muless 2				Oity			State	2.0 0000	
Previous	s Address 3				City			State	Zip Code	
Trovious	37 (ddi 000 0				,				'	
Dravious	s Address 4				City			State	Zip Code)
1 Tevious	3 Addie 33 4				""					
Previous	s Address 5				City			State	Zip Code)
Tovious	3 Address 6				""					
2 Lint	all states and sou	ntios voi	ı baya liy	ed in as an adult.	Attach	additiona	sheets if names	sanı		
		nues you			, waçıı			State	County	
State	County	940. —	State	County		State	County	State	County	
MI	OUTAGAN	115	Ct-t-	County		State	County	State	County	
State	County		State	County		State	County	State	County	

Continued \rightarrow

Part D: Criminal History	nayed loren	Name and the second		
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state)				☐ No
If yes to question 1, please list details of each conviction	on below. Attach additi	onal sheets as needed.		
Law/Ordinance Violated	Location	SA	Conviction [Date
DUI	DUTAGAN	MIE COUNTY	07/20	19
Penalty Imposed FINE / SUSPENSION		Was sentence completed?	. X 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	د فروط ورد ته	والمرابل بالمساور		und) -
READ CAREFULLY BEFORE SIGNING: Under pena truthfully. I certify that I am not prohibited from participa 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 knowingled 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 involvement in anothe led contrary to Wis. Stat. Chapte omitting false statements and affic	er tier of the er 125 shall i davits in con	alcohol be void nection
Signature Kolon		Date 06/06/2	1025	

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
 members and agent of a limited liability company
- · all partners of a partnership

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

D	D								
	Business Informati	16 1							
1. Legal E	Business Name (individual i	name it sole	e proprietor)	/	-	5 7357	-258		
2 Pusing	ss Trade Name or DBA	00100	O SPACOL		OFF) (3)			
2. Busine	Susiness Name (Individual I MERICAN L ss Trade Name or DBA	12TE	CRANS S	ER	VICE	6 Pour	P		
3. Entity	Type (check one)							/	
☐ So	le Proprietor 🔲 Pa	artnership	Limited L	iabilit	y Compan	y 🗌 Corpo	oration 💢	Nonprofit	Organization
Part B:	Individual Informat	ion							
1. Last Na	ame			2. Fi	st Name				3. M.I.
_	PERTERS				KEN	/			1 1
	nship to Business (Title)		5. Email	1	1			6. Phone	
(W)	ANCE OFFICE	1.28	Ken	VED	CTPI	25(a) A02	con	920-	-788:-1790
7. Home	Address			to be					
	815 SHARO	IN F	Bosz CT						
8. City		•			9. State	10, Zip Code		11. Date of	Birth
A	APLETON				W(5491	3	6/	12/47
	s License/State ID Number	r				13. Drivers Lice	nse/State ID Stat	e of Issuan	ce
7362-5764-7212 -07 WI									
	100 2101	, , , ,	,			1			
Part C:	Address History						r, III ja		
	u currently live in Wisco	nsin?		8.4.1	. 2			X	Yes No
, .	, , , , , , , , , , , , , , , , , , ,								MM/YYYY)
if yes	, provide the month and	year whe	n you permanently	move	d to Wisco	onsin		/x0+36+/x0 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	6/1947
									6/1111
2. List in	chronological order all	of your ad	dresses within the	last 5	years. Att	ach additional st			
Previous	Address 1	. 1.		City			State	Zip Cod	le
	SAME A	5 ABO	25						
Previous	Address 2			City			State	Zip Cod	le
Previous	Address 3			City			State	Zip Cod	le
Previous	Address 4			City			State	Zip Co	de
				1					
Previous.	Address 5			City			State	Zip Co	de
3. List al	Il states and counties yo	u have liv	ed in as an adult. A	Attach	additional	sheets if necess	sary.		
State	County	State	County		State	County	State	County	
W (6NTAGAMIZ					1			
State	County	State	County		State	County	State	County	
	,					,			

Continued →

Part D: Criminal History	nevel ledest	Ñ.			1970
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state)					Mo.
If yes to question 1, please list details of each conviction	on below. Attach addition	onal sheets as	needed.		
Law/Ordinance Violated	Location			Conviction I	Date
Penalty Imposed		Was sentend	e completed?	. Yes	☐ No
Law/Ordinance Violated	Location			Conviction I	Date
Penalty Imposed		Was sentend	e completed?	Yes	□ No
Law/Ordinance Violated	Location			Conviction I	Date
Penalty Imposed		Was sentend	ce 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.	nother state's laws or	any county or	municipal	. Yes	₩ No
Part E: Attestation			12		
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. Signature	ating in this business of that any license issu y be prosecuted for sul	due to any invi led contrary to bmitting false s alse information	olvement in anothe Wis. Stat. Chapte statements and affic	r tier of the er 125 shall davits in con	alcohol be void nection

Form

AB-100

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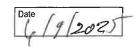
Part A: Business Information						
Legal Business Name (individual name if sole proprietor)	750					
Amencan Legion H	357 720					
2. Business Trade Name or DBA	ervice acons	70	tim			
I DI PIGITI VETGIGIS 3	CIVICE OIGAII	CI	i i d L			
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited L	iability Company	MN	onprofit Organization			
		-				
Part B: Individual Information						
1. Last Name	2. First Name		3. M.I.			
Mendel	Maranda					
4. Relationship to Business (Title) COMMANDER 5. Email Serve	Dav@gmail.com	6.	Phone 20810 1443			
7. Home Address						
8. City	9. State 10. Zip Code	6	Date of Birth			
12. Drivers License/State ID Number	13. Drivers License/State	e ID State	of Issuance			
11)5345578472900 INI						
Part C: Address History		7 101				
Do you currently live in Wisconsin?			Yes □ No			
The body out out of the contract of the contra			(MM/YYYY)			
If yes, provide the month and year when you permanently	moved to Wisconsin	w. w.131ni	06/1984			
2. List in chronological order all of your addresses within the	last 5 years. Attach additional sheets if I	necessary	<i>'</i> .			
Previous Address 1	City	State	Zip Code			
DAAOSame as aport						
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. A	attach additional sheets if necessary.					
State County State County	State County	State	County			
Willaumet WI Uzauke	e					
State County State County	State County	State	County			
WI Outagnie WI Milwau	wet					

Continued →

Part D: Criminal History	mynP Indad	A	
Have you ever been convicted of any offenses (excludition for violation of any federal, Wisconsin, or another state)			Yes 🗌 No
If yes to question 1, please list details of each convictio	n below. Attach addition	onal sheets as needed.	
Law/Ordinance Violated Discretely Conduct	Location	nie	Conviction Date 4 15 14
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
Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of pensheets as needed.	nother state's laws or	any county or municipal	. Yes No
Part E: Attestation	A van Dan batter		online in the Lat
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 knowingly to forfeit not more than \$1,000 if convicted.	iting in this business of I that any license issue I be prosecuted for sul	due to any involvement in another led contrary to Wis. Stat. Chapter omitting false statements and affid	tier of the alcohol 125 shall be void avits in connection
Signature		Date Oun 2	25

Form **AB-100**

Alcohol Beverage Individual Questionnaire



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 members and agent of a limited liability company
- · all partners of a partnership

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

Part A: Business Information					
Legal Business Name (individual name if sole proprietor)					
2. Business Trade Name or DBA					
NON PROFITUETRANS DERVICE ORGANIZATION					
3. Entity Type (check one)					
☐ Sole Proprietor ☐ Partnership ☐ Limited I	Liability Company				
Part B: Individual Information					
1. Last Name	2. First Name 3. M.I.				
SIEBURS	THOMAS				
4. Relationship to Business (Title) 5. Email 6. Phone					
15T VICE COMM MH TSiebers 1100 gmail.com 920-585-651					
7. Home Address 91H STATE STREET					
8. City	9. State 10. Zip Code 11. Date of Birth				
12. Drivers License/State ID Number	W1 54130 JAN 31/1953				
12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance				
5-162-8365-3031-09	WISCONSIN				
,					
Part C: Address History					
1. Do you currently live in Wisconsin?					
(MM/YYYY)					
If yes, provide the month and year when you permanently moved to Wisconsin					
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					
214 TAY/OR 31	41/1/20/4/6 W/ 54/40				
Previous Address 2	City State Zip Code				
724 main 31	6/1/18/18 W/ 34/70				
Previous Address 3	City State Zip Code 2 54140				
Previous Address 4	City State Zip Code,				
	City LITTLE Chare State Zip Gode, 40				
Previous Address 5	City State Zip Code				
1 TO TOUS Addiess 0					
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	collo buvelo	Vi g		
 Have you ever been convicted of any offenses (exclusion for violation of any federal, Wisconsin, or another statements) 				No No
If yes to question 1, please list details of each convid	tion below. Attach addit	tional sheets as needed.		**************************************
Law/Ordinance Violated	Location		Conviction I	Date
4 deaper sexualy ofence outnum		<u>G</u>	JAWI	10-2008
2 yp PROVACION		Was sentence completed?	Yes	☐ No
Law/Ordinance Violated	Location		Conviction I	Date
Penalty Imposed		Was sentence completed?	Yes	☐ No
Law/Ordinance Violated	Location		Conviction I	Date
Penalty Imposed		Was sentence completed?	Yes	☐ No
ordinances?	ending charges using t		Yes	¥ No
Part E: Attestation	all and blooming		ر رات وده اورس	illin V
READ CAREFULLY BEFORE SIGNING: Under per truthfully. I certify that I am not prohibited from partici beverage industry as a restricted investor. I understa under penalty of state law. I further understand that I m with this application, and that any person who knowin to forfeit not more than \$1,000 if convicted.	ipating in this business and that any license iss nay be prosecuted for su	due to any involvement in anothe ued contrary to Wis. Stat. Chapte ubmitting false statements and affice	er tier of the er 125 shall davits in con	alcohol be void nection
Signature R & Johnson		Date + Course 7	12004	