Form
AB-220

Temporary Alcohol Beverage License

Municipality

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
St Katharine Drexel Parish

2. Organization Permanent Address
112 W. 8th St.

3. City	4. State	5. Zip Code
Kaukauna	WI	54130

6. Mailing Address (if different from permanent address)

7. FEIN	8. Date of Organization/Incorporation	9. State of Organization/Incorporation
39-1035889	06/12/2001	WI

10. Phone	11. Email
[redacted]	[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)
008-0000263788-05

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	Fr. Luke	Priest	[redacted]
Vanderloop, Sr.	David	Board Trustee	
			-
			-
			-

Continued →

Part C: Event Information

1. Name of Event (if applicable)
Saturday Night Bingo

2. Dates of Operation
11/21/26

3. Hours of Operation
5:00 - 9:00

4. Premises Address
112 W. 8th 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)
Joan Roberts

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

13. Organizer Website
www.kaukaunacatholicparishes.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.
Event will be held in the gym at St. Mary's Church.

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
[redacted]

Phone
[redacted]

Signature
Luke A Ferris

Date
10/14/26

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

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)
St. Katharine Drexel Parish

2. Business Trade Name or DBA

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.
Ferris	Rev. Luke	

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

7. [redacted]me Address
[redacted]

8. City	9. State	10. Zip Code	11. Date of Birth
Kaukauna	WI	54130	07/24/19

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): 12/2008

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

	City	State	Zip Code
Previous Address 1 [redacted]	Green Bay	WI	54304
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 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
IL	Cook	IN	Spencer	IN	St. Joseph		

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
[signature]	10/14/26

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date 10/6/2026

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)
St. Katharine Drexel Parish

2. Business Trade Name or DBA

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.
Vanderloop, Sr	David	G

4. Relationship to Business (Title)	5. Email	6. Phone
Board Trustee	[redacted]	[redacted]

7. Home Address
[redacted]

8. City	9. State	10. Zip Code	11. Date of Birth
Kaukauna	WI	54130	9/17/1954

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)

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 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	OUTAGAMIE						

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.

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Penalty Imposed	Was sentence completed?..... ☐ Yes ☐ No

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Signature	Date
[signature]	10/16/2026