

Temporary Alcohol Beverage License

Municipality
KAUKAUNA

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 Kaukauna Athletic Club		
2. Organization Permanent Address 696 & 900 Dodge Street		
3. City Kaukauna	4. State WI	5. Zip Code 54130
6. Mailing Address (if different from permanent address) P. O. Box 183		
7. FEIN 39-1276751	8. Date of Organization/Incorporation 05/30/1938	9. State of Organization/Incorporation WI
10. Phone	11. Email	
12. Organization type (check one) <input checked="" type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable) 456-0000028081-01		

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
Knott	Michael	President	(920) 766-5951

Continued →

Part C: Event Information

1. Name of Event (if applicable)

Wisconsin Avenue Block Party

2. Dates of Operation

September 20, 2025

3. Hours of Operation

8AM - 11PM

4. Premises Address

Wisconsin Avenue,

5. City

Kaukauna

6. State

WI

7. Zip Code

54130

8. County

Outagamie

9. Governing Municipality



City



Town



Village

of: Kaukauna

10. Aldermanic District

1

11. Organizer of Event (if not the named applicant)

Marty DeCoster

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

920-716-7484

13. Organizer Website

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.

outside Edward Jones on Wisconsin Ave Southside of Street. (Kaukauna)
storage - Beer Trailer

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

Knott

First Name

Michael

M.I.

J

Title

President

Email

N/A

Phone

(920) 766-5951

Signature

Date

05/20/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk

5/22/2025

License Number

Date License Granted

Date License Issued

Signature of Clerk/Deputy Clerk

Alcohol Beverage
Individual QuestionnaireDate
04/24/2025

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 Information1. Legal Business Name (individual name if sole proprietor)
Kaukauna Athletic Club, Inc2. Business Trade Name or DBA
Kaukauna Athletic Club

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization**Part B: Individual Information**

1. Last Name Knott	2. First Name Michael	3. M.I. J
4. Relationship to Business (Title) President	5. Email kauathclub@gmail.com	6. Phone (920) 766-5951
7. Home Address 412 W 10th Street		
8. City Kaukauna	9. State WI	10. Zip Code 54130
11. Date of Birth 10/21/1952		
12. Drivers License/State ID Number K530-5505-22381-09		13. Drivers License/State ID State of Issuance WI

Part C: Address History1. Do you currently live in Wisconsin? ☒ Yes ☐ No
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)
10/1952

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

Previous Address 1 412 W 10th Street	City Kaukauna	State WI	Zip Code 54130
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 WI	County Outagamie	State	County	State	County	State	County
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? <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 05/30/2025
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