

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

Part A: Organization Information

1. Organization Name
~~St. Paul Elder Services, Inc.~~ AMERICAN LEGION POST 258

2. Organization Permanent Address
~~316 E. Fourteenth Street~~ P.O. BOX 20

3. City
~~Kaukauna~~ LITTLE CHUTE

4. State
WI

5. Zip Code
54130

6. Mailing Address (if different from permanent address)

7. FEIN
396108411

8. Date of Organization/Incorporation
~~09/16/43~~ 4/29/1920

9. State of Organization/Incorporation
Wisconsin

10. Phone
[REDACTED]

11. Email

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)

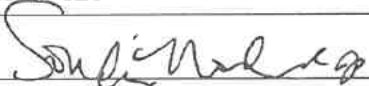
Part B: Individual Information

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
Worner	Sondra	President & CEO	766-6020
Schroeder	Amber	CFO	766-6020
Tenior	Corey	Senior Vice President	766-6020
Johnson	Annie	Executive Assistant	766-6020
MARTIN HUSS		PAST COMMANDER	[REDACTED]
KEN	PEETERS	FINANCE OFFICE	[REDACTED]

Part C: Event Information			
1. Name of Event (if applicable) Car Show & Brat Fry			
2. Dates of Operation 06/25/25 8/18/26 06/25/25 8/18/26		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)		12. Email and/or Phone Number for Organizer of Event	
13. Organizer Website stpauelders.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			
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 Norder		First Name Sondra	M.I. L
Title President & CEO	Email anniej@stpauelders.org		Phone 766-6020
Signature 		Date 05/24/25 MN	

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	

Alcohol Beverage Individual Questionnaire

Date 6/24/26

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 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) <u>AMERICAN LEGION POST 258</u>			
2. Business Trade Name or DBA			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization

Part B: Individual Information					
1. Last Name <u>HUSS</u>		2. First Name <u>MARTIN</u>		3. M.I. <u>G</u>	
4. Relationship to Business (Title) <u>PAST COMMANDER</u>		5. Email [REDACTED]		6. Phone [REDACTED]	
7. Home Address [REDACTED]					
8. City <u>KAUKAUNA</u>		9. State <u>WI</u>	10. Zip Code <u>54130</u>		11. Date of Birth <u>3-1-57</u>
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance <u>WI</u>		

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) <u>3/1/51</u>							
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1		City <u>KAUKAUNA</u>	State <u>WI</u>	Zip Code <u>54130</u>			
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 <u>WI</u>	County <u>BROWN</u>	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 *Martin Huss* Date *6/24/26*

Alcohol Beverage Individual Questionnaire

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 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) <u>AMERICAN LEGION POST 258</u>	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name <u>PEETERS</u>	2. First Name <u>KEX</u>	3. M.I.	
4. Relationship to Business (Title) <u>FINANCE OFFICER</u>	5. Email [REDACTED]	6. Phone [REDACTED]	
7. Home Address [REDACTED]			
8. City <u>FREEDOM</u>	9. State <u>WI</u>	10. Zip Code <u>54913</u>	11. Date of Birth <u>6-12-47</u>
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance <u>WI</u>	

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) <u>6/12/47</u>
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City <u>FREEDOM</u>	State <u>WI</u>	Zip Code <u>54913</u>
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 <u>WI</u>	County <u>OUTAEGAMIE</u>	State	County
State	County	State	County

Continued →

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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

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Signature *[Handwritten Signature]* Date 6/24/26