

## Temporary Alcohol Beverage License

Municipality

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

## Part A: Organization Information

1. Organization Name Holy Cross Parish				
2. Organization Permanent Address 309 Desnoyer St				
3. City Kaukauna			4. State WI	5. Zip Code 54130
6. Mailing Address (if different from permanent address) 112 W 8th St. Kaukauna WI 54130				
7. FEIN 39-0807048	8. Date of Organization/Incorporation 1886		9. State of Organization/Incorporation WI	
10. Phone 920 766 1445 x113				
11. Email tschmah1@kauca.org				
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input checked="" 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 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
Ferri's	Fr Luke	Priest	
Tetzlaff	Mark	Treasurer	

Continued →

**Part C: Event Information**

1. Name of Event (if applicable)

Oktoberfest

2. Dates of Operation

October 5 2025

3. Hours of Operation

9AM - 5pm

4. Premises Address

309 Desnayer 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)

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

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.

Selling in cafeteria of premise during the event

**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

Schmahl

First Name

Tammy

M.I.

A

Title

Business Admin

Email

tschmahl@kauca.org

Phone

9207661445

Signature

Tammy Schmahl

Date

8/18/25

**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

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)  
HOLY CROSS CHURCH

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

TETZLAFF

2. First Name

MARK

3. M.I.

J

4. Relationship to Business (Title)

TREASURER

5. Email

MARKT@FVTD.COM

6. Phone

(920) 915-9395

7. Home Address

W668 RIVER VIEW CT

8. City

KAUKAUNA

9. State

WI

10. Zip Code

54130

11. Date of Birth

04/04/1969

12. Drivers License/State ID Number

T324-5506-9124-03 / WISCONSIN

13. Drivers License/State ID State of Issuance

**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) 04/1969

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.

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

08/19/2025

Alcohol Beverage  
Individual Questionnaire

Date

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)

Holy Cross 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

Ferris

2. First Name

Luke

3. M.I.

A

4. Relationship to Business (Title)

President

5. Email

lferris@kaucp.org

6. Phone

920-370-5202

7. Home Address

309 Desnoyer St

8. City

Kaukauna

9. State

WI

10. Zip Code

54130

11. Date of Birth

07/27/64

12. Drivers License/State ID Number

F620-5216-4267-06

13. Drivers License/State ID State of Issuance

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)

07/2011

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

Previous Address 1

2230 Kassner Dr

City

Green Bay

State

WI

Zip Code

54304

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

WI

Brown

WI

Shawano

WI

Winnebago

State

County

State

County

State

County

State

County

IL

Cook

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	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

