Form

AB-220

Temporary Alcohol Beverage License



License(s) Requested		Fees		
		License Fees	\$ 10.00	
☐ Temporary "Class B" Wine	Temporary Class "B" Beer	Background Check	\$	
		Total Fees	\$ 10.00	

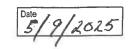
Part A: Organization Informa	tion				
1. Organization Name					
Kaukauna hio	76.5				
2. Organization Permanent Address					
0.00				4. State	5. Zip Code
3. City Kaukauna				W (54130
6. Mailing Address (if different from pe					
V.O. Box 34	K	au Kauni	on/Incorporation 9	0	
7. FEIN					nization/Incorporation
39-1627882		June 1	736	Wisco	14517
10. Phone		= ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 (A) 10 (A) (A) (A)		
920-213-3469		jmoore i	L@ new. rr. con	~	
12. Organization type (check one)				□ \/a6	'a Oi-ation
	Church		ociation/Agricultural Society		eran's Organization
☐ Lodge/Society ☐	Chambe	r of Commerce or s	imilar Civic or Trade Organ	ization under	ch. 181, Wis. Stats.
13. Is this organization required to I 14. Wisconsin Seller's Permit Number (mur		☐ Yes ☑ No
Part B: Individual Information	n	Maga Usirana			
List the name, title, and phone nu (Form AB-100) for each person lis				ation. Include a	an Individual Questionnaire
Corporations must also include Ale	cohol Bev	rerage Appointment	of Agent (Form AB-101).		
Last Name	First Na	me	Title		Phone
Withman	Der	ınis	Treasure		920-750-3634
Kathwine	Ka	thrine	Secretar	ay	920-428-7770
Goft	Pa	trick	Presiden	+	920-460-3650
AThiede	A	cur	Past. Presi	dent	920-139-7344

 $Continued \rightarrow$

Part C: Event Information	
1. Name of Event (if applicable)	
Fall Fest	
2. Dates of Operation	3. Hours of Operation
October 11, 2025	10 on - 3 pm
4. Premises Address	
144 W. 2nd St.	
5. City	6. State 7. Zip Code
Kankauna	W1 54130 ps
8. County 9. Governing Municipality of: Kauk	auna 3
Commundy Enrichment Director	. Email and/or Phone Number for Organizer of Event 920-766-6335 Tem Vosters
	. Event Website
stored, or consumed, and related records are kept. Describe	any outside areas where alcohol beverages and records are sold, all rooms within the building, including living quarters. Authorized ronly on the premises described in this application. Attach a map
Part D: Attestation	
Who must sign this application?	
	v, I have answered each of the above questions completely and ant organization and not on behalf of any other individual or entity
seeking the license. Further, I agree that the rights and responsi to another individual or entity. I agree to operate according to t from Wisconsin-permitted wholesalers. I understand that lack of be deemed a refusal to allow inspection. Such refusal is a misd that any license issued contrary to Wis. Stat. Chapter 125 shall	ibilities conferred by the license(s), if granted, will not be assigned he law, including but not limited to, purchasing alcohol beverages access to any portion of a licensed premises during inspection will lemeanor and grounds for revocation of this license. I understand be void under penalty of state law. I further understand that I may person with this application, and that any person who knowingly
Last Name First	Name M.I.
Wittman	Dennis H.
Title Email CLUB TAEASURE dw Signature	H 1905 Q QOL COM 9207503634
Dennes XH tthman	aug. 27, 2025
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



11. Date of Birth

All individuals involved in the alcohol beverage business must complete this form, including:

sole proprietor

8. City

12. Drivers License/State ID Number

355-1684 9062-05

· all officers, directors, and agent of a corporation or nonprofit organization

10. Zip Code

13. Drivers License/State ID State of Issuance

- · 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) Kaukauna 2. Business Trade Name or DBA 3. Entity Type (check one) ☐ Limited Liability Company ☐ Corporation ✓ Nonprofit Organization Sole Proprietor Partnership Part B: Individual Information 3. M.I. 2. First Name 1. Last Name Vennis Wittman 6. Phone 4. Relationship to Business (Title) 5. Email 7. Home Address 20-750-3634

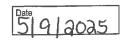
9. State

Part C: Address History								
1. Do you currently live in Wisconsin?								
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
Previous	Address 2			City			State	Zip Code
Previous	us Address 3			City			State	Zip Code
Previous Address 4		City			State	Zip Code		
Previous	revious Address 5			City			State	Zip Code
3. List al	l states and counties yo	u have liv	ed in as an adult. A	ttach	additional	sheets if necessa	ігу.	
State	County	State	County		State	County	State	County
Wl.	USA.							
State	County	State	County		State	County	State	County

Part D: Criminal History	vayof antopi	R		A Int
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state	's laws or of any count	ty or municipal ordinances?		No
If yes to question 1, please list details of each conviction	on below. Attach addition	onal sheets as needed.		
Law/Ordinance Violated	Location		Conviction E	ate
Penalty Imposed		Was sentence completed?	. Yes	☐ No
Law/Ordinance Violated	Location		Conviction D	ate
Penalty Imposed		Was sentence completed?	. Yes	☐ No
Law/Ordinance Violated	Location		Conviction D	ate
Penalty Imposed		Was sentence completed?	. Yes	☐ No
beverages) for violation of any federal, Wisconsin, or a ordinances?			, Yes	Ø No
Part E: Attestation			18 T. VI-6-17	
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 issu I be prosecuted for sub	lue to any involvement in anothe ed contrary to Wis. Stat. Chapte omitting false statements and affic alse information on this application	r tier of the a r 125 shall t lavits in conr	alcohol be void nection
Dannis H. Wittman		Date 5-9-	2025	

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.

Part A: Business Information		1-19/3	marita s			- 31815	
1. Legal Business Name (individual name	e if sole proprietor)						
Kaukauna Lic	ons Club						
2. Business Trade Name or DBA	77.44.5						
3. Entity Type (check one)							
	ership	Liability	y Compa	ny 🔲 Corp	oration 🗓	Nonprofit C	Organization
Part B: Individual Information	e green skillen	Aust	action.	airidyantifalas		e sins	
1. Last Name		2. Fir	st Name				3. M.I.
Goff		K	athr	erine			E
4. Relationship to Business (Title)	5. Email		0, 1, 1,	all .		6. Phone	
Club Secretary	Kather	PINPI	2000	egmail.	con	(920)4	28.7776
7. Home Address	T CONTIC			3111211			
N9440 Evan Stree	+		16	No.			
8. City		A DESCRIPTION OF THE PERSON OF	9. State	10. Zip Code		11. Date of E	Birth
Appleton		,	WI	54915		57130	11979
12. Drivers License/State ID Number					ense/State ID Sta	te of Issuance	
G 100-5057-9770-0	14			Wiscon	osin		
0 100 30 37 1110				, , , , , ,			
- (A A) 1P-4	SERVICE THE SERVICE SHEET	(S-1-183)	70 (10)		DI BANKE BAR	BEST WAR	
Part C: Address History	Day Res Branchisti	A 124	113-110	Employ Calif	SE PROPERTY.	<u> </u>	Yes \ \ \ No
Do you currently live in Wisconsin	?	-365 - 90					
If yes, provide the month and yea	r when you permanently	, move	d to Wisc	onsin	5.878.878		M/YYYY)
If yes, provide the month and yea	When you permaneral	, ,,,,,,,			*** # 1-60 # 1-63 ***	0	7/1979
2. List in chronological order all of yo	our addresses within the	last 5	years. At	tach additional s	heets if necess	ary.	
Previous Address 1		City			State	Zip Code	
11041040714441000		'			1		
Previous Address 2		City			State	Zip Code	
Flevious Address 2		0,				'	
Previous Address 3		City			State	Zip Code	
Fievious Address 5		,				'	
Province Address 4		City			State	Zip Code	9
Previous Address 4		City			Ciato	2.5	
Devices Address 5		City			State	Zip Code	9
Previous Address 5 City					Ciato		
3. List all states and counties you ha	ive lived in as an adult.	Attach	additiona	I sheets if neces	sary.		
State County Sta	ate County		State	County	State	County	
WI Outagamie W	11 Racine						
State County Sta	ite County		State	County	State	County	
WI Winnebago W	alumet						
	1 50/17						

Part D: Criminal History	quinof Savera	Д		4776
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state of the state of th	e's laws or of any cour	nty or municipal ordinances?		X No
Law/Ordinance Violated	Location		Conviction I	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 I	Date
Penalty Imposed		Was sentence completed?	. Yes	☐ No
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or ordinances?	another state's laws or	any county or municipal	Yes	Ø No
Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participation 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.	ating in this business d that any license issi y be prosecuted for su	due to any involvement in anothe ued contrary to Wis. Stat. Chapte bmitting false statements and affic	r tier of the r 125 shail I lavits in con	alcohol be void nection
Signature Hatherine E OSS		Date 5/9/2025		

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date	
11	13/25

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.

Part A: Business Information	14 14						
Legal Business Name (individual name if sole proprietor)							
	Club						
2. Business Trade Name or DBA							
3. Entity Type (check one)			_		हुन हों	N	
Sole Proprietor Partne	rship	iability	/ Compar	y Corporatio	n <u>IX</u> I	Nonprofit Organization	
						name of the state of the state of	
Part B: Individual Information	建筑。 基準指揮	toli					
1. Last Name			st Name			3. M.I.	
Goff		l	afrid				
4. Relationship to Business (Title)	5. Email	× 11				6. Phone	
Presivent Elect	par	N.	9 h 01	ilon		920=410-7650	
7. Home Address		U					
Nayyo Even Stee 8. City			9. State	10. Zip Code		11, Date of Birth	
i / /			W. State	54915		09 130 / 1977	
12. Drivers License/State ID Number			W4	13. Drivers License/S	tate ID Stat		
6100 - 6687 - 735	0 00			Wisconsin			
00 - 60 1 113	4-07			Wijenije	3		
	ung transmission and	ranio		Markey Brokens		TVA STUDE COVIDENCE OF	
Part C: Address History						✓ Yes No	
1. Do you currently live in Wisconsin?	× +00+18 +000+18++++++++	· · · · (10)			·(*)• (* •(*)• (*		
If yes, provide the month and year	when you permanently	move	d to Wisc	onsin		(MM/YYYY)	
						09/30/1977	
2. List in chronological order all of you	ur addresses within the	last 5	years. Att	ach additional sheets	if necessa	ary.	
Previous Address 1		City			State	Zip Code	
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	ve lived in as an adult. A	ttach	additional	sheets if necessary.			
State County Stat			State	County	State	County	
WI Calonel W	+ Winnelegen						
State County State			State	County	State	County	
W Odagonic				OF			

Part D: Criminal History	nevus larisasi	(ALC:		
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state If yes to question 1, please list details of each conviction)	e's laws or of any coun	ty or municipal ordinances?	. 🗌 Yes	Å No		
Law/Ordinance Violated	Location		Conviction I	Date		
Penalty Imposed	J.	Was sentence completed?	. Yes	☐ No		
Law/Ordinance Violated	Location		Conviction I	Date		
Penalty Imposed	P.	Was sentence completed?	. Yes	☐ No		
Law/Ordinance Violated	Location		Conviction I	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?						
Part E: Attestation						
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 knowing to forfeit not more than \$1,000 if convicted. Signature	ating in this business of If that any license issu If y be prosecuted for sul	due to any involvement in anothe led contrary to Wis. Stat. Chapte omitting false statements and affid	r tier of the r 125 shall lavits in con on may be re	alcohol be void nection		
70.0/			,			

Form AB-100

Alcohol Beverage Individual Questionnaire

Date ,	-	
5/1	3 /	25

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Part A: Business Information							
1. Legal Business Name (individual name if sole proprietor)							
Kaukayna Ljon	9 Club						
2. Business Trade Name or DBA							
3. Entity Type (check one)							
Sole Proprietor Partnership	Limited Li	ability Cor	npan	Corporation		Nonprofit Organization	
Part B: Individual Information							
1, Last Name		2. First Nat	ne			3. M.I.	
Threde		Al	210			\mathcal{D}_{a}	
4. Relationship to Business (Title),	5, Email	1	271	all .		6. Phone	
Club President	athie	10 10	b	ew. rr. com		920-739-734	
7. Home Address	ali		1	4		130 101 111	
7. Home Address	Da		1				
W5904 Easterholy	Vin W	9. Sta	-	10, Zip Code		11. Date of Birth	
O. City				54915	- 1	5/10/1950	
Applaton, MP		100	4	13. Drivers License/State ID State of Issuance			
12. Drivers License/State ID Number	0.00			W.Z	e ID Glate	, or issuance	
T300-0045-017 C	1-02			wit			
Part C: Address History	100 000						
1. Do you currently live in Wisconsin?		. 2.325 . 2 .			*****	Yes No	
1. Do you can only live in viscensii.						(MM/YYYY)	
If yes, provide the month and year wher	you permanently r	noved to V	Visco	nsin		(WINV) 1 (11)	
						45/19/4	
2. List in chronological order all of your add	dresses within the la	ast 5 years	. Atta	ach additional sheets if	necessa	ry.	
Previous Address 1		City			State	Zip Code	
Same for 23 149	3						
Previous Address 2		City			State	Zip Code	
1704000700002		•					
Previous Address 3		City			State	Zip Code	
Frevious Address 3		J,					
		City.			State	Zip Code	
Previous Address 4		City			Otate	Zip oodo	
		A.,			Ctata	Zip Code	
Previous Address 5		City			State	Zip Code	
3. List all states and counties you have live	ed in as an adult. At	tach addit	onal	sheets if necessary.			
State County State	County	Stat		County	State	County	
WI Outagamie WI	Calumet	- V	I	Milinautre	WI	- Munitar-	
State County State	County	Stat		County	State	County	
				•			
(%)							

Part D: Criminal History	parevell joils	1514	yes (1)
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?			
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 comp		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
beverages) for violation of any federal, Wisconsin, ordinances?	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	Yes 🕅 No
	(*)		
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 alms. Thiele		Date 5	7075