

Temporary Alcohol Beverage License

License(s) Requested	Fees	
	License Fees	\$ 10.00
	Background Check	\$ 15.00
	Total Fees	\$ 25.00

☒ Temporary "Class B" Wine☒ Temporary Class "B" Beer

Part A: Organization Information

1. Organization Name PEPLIN VFW Memorial Post 8280		
2. Organization Permanent Address 3332 East State Highway 153		
3. City Kronenwetter	4. State WI	5. Zip Code 54455
6. Mailing Address (if different from permanent address)		
7. FEIN 51-0216831	8. Date of Organization/Incorporation 3/10/1976	9. State of Organization/Incorporation WI
10. Phone 715-693-1775	11. Email COMMANDER@VFW8280.ORG	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input checked="" 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
PIERCE	Patrick	COMMANDER	715-693-4686
Dietel	Robert	Quartenmaster	715-693-3845

Continued →

Part C: Event Information

1. Name of Event (if applicable) Leathernecks Fall Ride (9/6) - VFW 8280 Annual Muster (9/14)			
2. Dates of Operation September 6, 2025		3. Hours of Operation September 14, 2025	
4. Premises Address 3332 East State Highway 153			
5. City Kronenwetter		6. State WI	7. Zip Code 54455
8. County Marathon	9. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: Kronenwetter		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event 2PATPierce@gmail.com 715-693-4696	
13. Organizer Website www.VFW8280.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. VFW 8280 Post property at 3332 East State Highway 153. Includes the main Post Building and the adjacent Pavilion. No living quarters on premises. Main Post has two floors - one meeting room per floor, and restrooms. Pavilion is an event open structure.			

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 PIERCE		First Name Patrick		M.I. E.
Title Commander	Email Commander@VFW8280.ORG	Phone (cell) 715-693-4696		
Signature 		Date 7/29/2025		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk July 30, 2025	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Alcohol Beverage
Individual QuestionnaireDate
7/29/2025

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 Information

1. Legal Business Name (individual name if sole proprietor)	PEPLIN VFW Memorial Post 8280
2. Business Trade Name or DBA	Replin VFW Post 8280
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 PIERCE	2. First Name PATRICK	3. M.I. E.
4. Relationship to Business (Title) COMMANDER	5. Email Commander@VFW8280.org	6. Phone 715-693-1775
7. Home Address 158571 SANDY CREEK Rd		
8. City MOSINEE	9. State WI	10. Zip Code 54455
11. Date of Birth 11/16/1946		
12. Drivers License/State ID Number P620-6654-6415-06	13. Drivers License/State ID State of Issuance WI	

Part C: Address History

1. Do you currently reside in Wisconsin?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?		Years 50	Months 7
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 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 MARATHON	State WI	County Portage
State WI	County RACINE	State IL	County SANGAMON
State IL	County McHenry	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

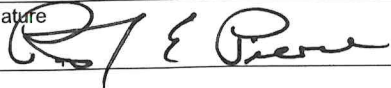
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

7/29/2025

Memo

To: Jennifer Poyer, Village Clerk

From: Terry McHugh, Chief of Police

Date: 08/01/25

Re: Patrick Pierce Bartender's License

At your request, I did a background check of Patrick Pierce (11/16/1946) using the WI Circuit Court Access Program (CCAP) and the Marathon County RMS.

There are no CCAP results for Mr. Pierce and no adverse local records through RMS.

Alcohol Beverage
Individual QuestionnaireDate
28 JULY 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 Information

1. Legal Business Name (individual name if sole proprietor)

PEPLIN VFW Post 8280

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

DIETEL

2. First Name

ROBERT

3. M.I.

P.

4. Relationship to Business (Title)

QUARTERMASTER

5. Email

lostandfound80@msn.com

6. Phone

715-693-3845

7. Home Address

202576 GLEN RD.

8. City

MOSINEE

9. State

WI.

10. Zip Code

54455

11. Date of Birth

26 MAY 1951

12. Drivers License/State ID Number

D340-7755-1186-D7

13. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years
74Months
2

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

Previous Address 1

SAME AS ABOVE

City

State

Zip Code

Previous Address 2

42 YEARS

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.

MARATHON

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

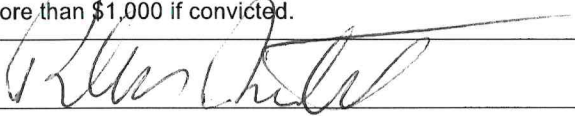
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

28 JULY 2025

Memo

To: Jennifer Poyer, Village Clerk

From: Terry McHugh, Chief of Police

Date: 08/01/25

Re: Robert Dietel's Bartender's License

At your request, I did a background check of Robert Dietel (05/26/51) using the WI Circuit Court Access Program (CCAP) and the Marathon County RMS.

I've attached CCAP results, which don't show any criminal cases, and there are no local records through RMS for Mr. Dietel.

Case search results

You searched for: **Last name:** dietel, **First name:** robert

Showing 1 to 4 of 4 entries

Case number	Filing date	County name	Case status	Name	Date of birth	Caption
<u>2002FA000562</u>	09-04-2002	Marathon	Closed	Dietel, Robert P	05-1951	Robert P Dietel vs. Tammie E Dietel
<u>2000IN000135</u>	08-10-2000	Marathon	Closed	Dietel, Robert P		In the Estate of Agnes G. Dietel
<u>1990FA000126</u>	06-07-1990	Portage	Closed	DIETEL, ROBERT P	05-1951	CINDYLOU S. DIETEL vs. ROBERT P. DIETEL
<u>1990FA000224</u>	02-28-1990	Waukesha	Closed	Dietel, Robert K.		Robert K. Dietel vs Debra J. Dietel