

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)

PEPLIN VFW Memorial Post 8280

2. Business Trade Name or DBA

PEPLIN VFW Memorial Post 8280

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ 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

1PATPIERCE@gmail.com

6. Phone (cell)

715-693-4696

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

P620-6654-6416-06

13. Drivers License/State ID State of Issuance

WI

**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

49

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	County	State	County	State	County	State	County
WI	MARATHON	WI	RACINE	IL	McHenry		
WI	Portage	IL	Sangamon				

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.

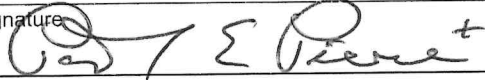
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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 29 July 2021

Alcohol Beverage  
Appointment of AgentDate  
7-29-24

## Agent Type (check one)

- ☐ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

## Part A: Business Information

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

PEPLIN VFW Memorial Post 8280

2. Business Trade Name or DBA

3. Entity Type (check one)

- ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☐ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

## Part B: Agent Information

1. Last Name

Schwartz

2. First Name

Alissa

3. M.I.

M

4. Email

aschwartz@natera.com

5. Phone

715-551-0349

6. Home Address

814 W. Nelson Rd

7. City

Kronenwetter

8. State

Wi

9. Zip Code

54455

10. Age

52

11. Drivers License/State ID Number

S632-0137-2763-01

12. Drivers License/State ID State of Issuance

Wis.

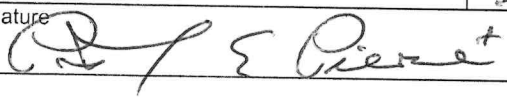
## Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ..... ☒ Yes ☐ No  
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

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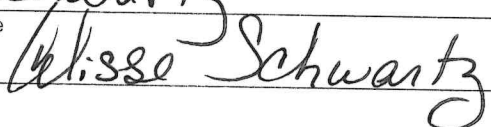
**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 <b>PIERCE</b>		First Name <b>PATRICK</b>		M.I. <b>E</b>
Title <b>Commander</b>	Email <b>JPATPIERCE@gmail.com</b>		Phone (cell) <b>715-693-4696</b>	
Signature 			Date <b>29 July 2024</b>	

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 <b>Schwartz</b>		First Name <b>Hissa</b>		M.I. <b>M</b>
Signature 			Date <b>7-29-24</b>	

# Temporary Alcohol Beverage License

Municipality VOK

License(s) Requested	Fees	
<input checked="" 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 <u>PEPLIN UFW MEMORIAL Post 8280</u>			
2. Organization Permanent Address <u>3332 STATE HWY 153</u>			
3. City <u>Kronenwetter</u>		4. State <u>WI</u>	5. Zip Code <u>54455</u>
6. Mailing Address (if different from permanent address) <u>158571 SANDY CREEK RD, MOSINER, WI 54455</u>			
7. FEIN <u>51-0216831</u>	8. Date of Organization/Incorporation <u>10 MARCH 1976</u>	9. State of Organization/Incorporation <u>WI</u>	
10. Phone <u>715-693-4686</u>	11. Email <u>2PATPIERCE@GMAIL.COM</u>		
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) <u>NA</u>			

## 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).

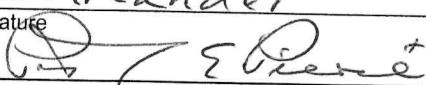
Last Name	First Name	Title	Phone
<u>PIERCE</u>	<u>Patrick</u>	<u>Commander</u>	<u>(cell) 715-693-4686</u>

Continued →

**Part C: Event Information**

1. Name of Event (if applicable) <b>PEPLIN UFW 8280 Post Muster (MEAL + RAFFLE)</b>			
2. Dates of Operation <b>SEPTEMBER 8, 2024</b>		3. Hours of Operation <b>7 AM to 9 PM</b>	
4. Premises Address <b>3332 STATE Hwy 153</b>			
5. City <b>Kronenwetter</b>		6. State <b>WI</b>	7. Zip Code <b>54455</b>
8. County <b>MARATHON</b>	9. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <b>Kronenwetter</b>		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event <b>715-693-4696</b>	
13. Organizer Website <b>www.UFW8280.com/index.htm</b>		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. <b>All Buildings and Land at Peplin UFW Post 8280 3332 State Hwy 153, Kronenwetter, WI</b>			

**Part D: Attestation**

Who must sign this application? <input checked="" type="checkbox"/> one officer or director of the nonprofit organization			
<b>READ CAREFULLY BEFORE SIGNING:</b> 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 <b>PIERCE</b>		First Name <b>Patrick</b>	
Title <b>Commander</b>		Email <b>1patpierce@gmail.com</b>	M.I. <b>E</b>
Signature 		Phone (cell) <b>715-693-4696</b>	
		Date <b>28 July 2024</b>	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk <b>7-29-2024</b>	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 