

# Alcohol Beverage Individual Questionnaire

Date

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) <b>BURTON - KOPPANG AMERICAN LEGION POST 81</b>	
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 <b>DEBOER</b>		2. First Name <b>ROBIN</b>	
		3. M.I. <b>A</b>	
4. Relationship to Business (Title) <b>FINANCE OFFICER</b>		5. Email <b>robin.albert.deboer@gmail.com</b>	6. Phone [REDACTED]
7. Home Address [REDACTED]			
8. City <b>NEW LISTON</b>		9. State <b>WI</b>	10. Zip Code <b>53950</b>
		11. Date of Birth [REDACTED]	
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance <b>WI</b>	

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? ....			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Years <b>14</b></td> <td style="width: 50%;">Months <b>8</b></td> </tr> </table>	Years <b>14</b>	Months <b>8</b>
Years <b>14</b>	Months <b>8</b>				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 [REDACTED]		City <b>WAUWATOSA</b>	State <b>WI</b>		
		Zip Code <b>53213</b>			
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 <b>CO</b>	County <b>EL PASO</b>	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 <b>DUI</b>	Location <b>WAUPUN</b>	Conviction Date <b>2012</b>
Penalty Imposed <b>FINE</b>	Was sentence completed? . . . . . <input checked="" 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 **02/02/2026**

# Alcohol Beverage Appointment of Agent

Date

**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)  
Burton-Koppang American Legion Post 81

2. Business Trade Name or DBA

3. Entity Type (check one)       Limited Liability Company       Corporation       Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)      5. If successor agent, provide State Permit or Municipal Retail License Number

Municipal Retail License       State Permit      [REDACTED]

6. Describe the reason for appointing a successor agent, if successor is checked above.  
Previous agent decided to step back from managing the bar.

**Part B: Agent Information**

1. Last Name      2. First Name      3. M.I.

DeBoer      Robin      A

4. Email      5. Phone

robinalbertdeboer@gmail.com      [REDACTED]

6. Home Address

[REDACTED]

7. City      8. State      9. Zip Code      10. Age

New Lisbon      WI      53950      [REDACTED]

11. Drivers License/State ID Number      12. Drivers License/State ID State of Issuance

[REDACTED]      WI

**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.

Continued →

**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 DeBoer		First Name Robin	M.I. A
Title Financial Officer	Email robinalbertdeboer@gmail.com		Phone [REDACTED]
Signature [REDACTED]		Date 02/02/26	

**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 DeBoer		First Name Robin	M.I. A
Signature [REDACTED]		Date 02/02/26	