

License(s) Requested	Fees	
<input 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 Southwest Partners Inc dba Richland Rejuvenates		
2. Organization Permanent Address		
3. City Richland Center	4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 651		
7. FEIN	8. Date of Organization/Incorporation 03/03/16	9. State of Organization/Incorporation Wisconsin
10. Phone -	11. Email	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input 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 checked="" type="checkbox"/> Yes <input 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
Breiningner	Michael	President	
Bender	Dale	Vice-President	
Perkins	Liz	Secretary	
Cosgrove	Michael	Treasurer	

Continued →

Part C: Event Information

1. Name of Event (if applicable)

RC Thunderfest

2. Dates of Operation

6/28/2025

3. Hours of Operation

12PM - 11PM

4. Premises Address

Krouskop Park - 1050 N Orange Street

5. City

Richland Center

6. State

WI

7. Zip Code

53581

8. County

Richland

9. Governing Municipality ☒ City ☐ Town ☐ Villageof: Richland Center

10. Aldermanic District

Dist #4

11. Organizer of Event (if not the named applicant)

Michael Cosgrove

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.

An all-day Independence Celebration in Krouskop Park with food trucks, beer garden, kids' games, bounce houses, and bands playing from noon to midnight.

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

Cosgrove

First Name

Michael

M.I.

J

Title

Treasurer

Email

Phone

Signature

Date

Part E: For Clerk Use Only

Date Application Was Filed With Clerk

05/20/25

License Number

2025-05 Picnic

Date License Granted

Date License Issued

Signature of Clerk/Deputy Clerk