

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 Greater Richland Area Chamber of Commerce		
2. Organization Permanent Address 397 West Seminary Street		
3. City Richland Center	4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473		
7. FEIN	8. Date of Organization/Incorporation	9. State of Organization/Incorporation Wisconsin
10. Phone (608) 649-3376	11. Email info@rcchamber.org	
12. Organization type (<i>check one</i>) <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 checked="" 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
Adsit	Christy	President	
Craig	Woodhouse	Vice-President	
Katie	Bedward	Secretary	
John	Edgington	Treasurer	

Continued →

Part C: Event Information

1. Name of Event (if applicable) Taste of the Hills			
2. Dates of Operation 6/21/2025		3. Hours of Operation 4PM - 9PM	
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 <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Richland Center</u>		10. Aldermanic District Dist #4
11. Organizer of Event (if not the named applicant) 6086493376		12. Email and/or Phone Number for Organizer of Event info@rcchamber.org	
13. Organizer Website www.rcchamber.org		14. Event Website www.rcchamber.org/taste-of-the-hills	
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. Free event hosted at Krouskop Park with food vendors, food trucks, local craft vendors, childrens activities, and live music. Alcohol will be sold and consumed within the beer tent and fenced event area.			

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 Adsit		First Name Christy	M.I.
Title President	Email		Phone
Signature			Date

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 05/12/25	License Number 2025-04 Picnic
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	