

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	\$
	<b>Total Fees</b>	<b>\$ 10.00</b>

Part A: Organization Information		
1. Organization Name AD German Warehouse Conservancy, Inc.		
2. Organization Permanent Address 300 S Church St		
3. City Richland Center	4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address)		
7. FEIN	8. Date of Organization/Incorporation 08/15/20	9. State of Organization/Incorporation Wisconsin
10. Phone (608) 561-3745	11. Email infoadgermanwarehouse@gmail.com	
12. Organization type (check one) <input checked="" 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) 456-1028648447-03		

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
Marshall	Barbara	President	
Kintz	Jane	Vice-President	
Abair	Timothy	Treasurer	
Motts	Ashley	Secretary	
Bender	Amy	Board Member	

Continued →

**Part C: Event Information**

1. Name of Event (if applicable) Madison Trust for Historic Preservation Event			
2. Dates of Operation 6/21/2025		3. Hours of Operation 12PM - 6PM	
4. Premises Address 300 S Church St			
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 #1
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event	
13. Organizer Website <u>www.adgermanwarhouse.org</u>		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.  Current Class B Beer & C Wine licenses valid for warehouse - Private Event will take place in alley owned by the Conservancy between buildings they also own.			

**Part D: Attestation**

Who must sign this application? • 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 Abair	First Name Timothy	M.I. A
Title Treasurer	Email	Phone
Signature		Date

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk 05/27/25	License Number 2025-06 Picnic
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	