

Temporary Alcohol Beverage License

Municipality Richland Center

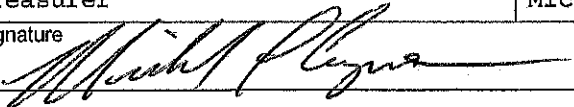
License(s) Requested	Fees	
	<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
Background Check		\$
Total Fees		\$ 10.00


Part A: Organization Information		
1. Organization Name SWP Partners Inc dba Richland Rejuvnnates		
2. Organization Permanent Address PO BOX 651		
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 11/09/05	9. State of Organization/Incorporation Wisconsin
10. Phone (608) 604-7022	11. Email swp.acctg@gmail.com	
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 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
Breininger	Michael	President	
BENDER	Dale	Vice President	
Perkins	Liz	Secretary	
Cosgrove	Michael	Treasurer	

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Veterans Salute Concert			
2. Dates of Operation 11/09/2024		3. Hours of Operation 6PM - 10PM	
4. Premises Address 182 N Central Ave			
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
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event swp.acctg@gmail.com	
13. Organizer Website www.swpartners.org		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. All interior - only top 2 floors.			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<p>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.</p>			
Last Name Cosgrove		First Name Michael	M.I.
Title Treasurer	Email Michael.J.Cosgrove@ampf.com		Phone (608) 647-8842
Signature 		Date 10/25/2024	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 10/25/2024	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 	

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Municipality Richland Center

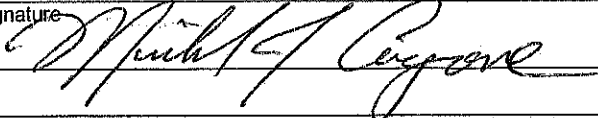
License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$ 10.00

Part A: Organization Information		
1. Organization Name Southwest Partners Inc dba Richland Rejuvenates		
2. Organization Permanent Address PO Box 651		
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 11/09/05	9. State of Organization/Incorporation Wisconsin
10. Phone (608) 604-7022	11. Email swp.acctg@gmail.com	
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.		
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Bender	Dale	Vice President	
Perkins	Liz	Secretary	
Cosgrove	Michael	Treasurer	

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Maggie Mae "Country Christmas" Show			
2. Dates of Operation 12/15/2024		3. Hours of Operation 1PM - 5PM	
4. Premises Address 182 N Central Ave			
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
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event swp.acctg@gmail.com	
13. Organizer Website www.swpartners.org		14. Event Website	
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Last Name Cosgrove		First Name Michael	M.I.
Title Treasurer	Email Michael.J.Cosgrove@ampf.com		Phone (608) 647-8842
Signature 		Date 10/25/2024	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 10/28/2024	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 