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AB-220

Temporary Alcohol Beverage License

Municipa	ality		
R	ichland	Center	

				Lice	nse Fees	\$		10.00
▼ Temporary "Class B" W	/ine	✓ Temporary Class			kground Ched	ck \$		
					l Fees	\$		10.00
	· · · · · · · · · · · · · · · · · · ·					, <u>\</u>		
	THE TANKS			Na New Y				
Part A: Organization Informati 1. Organization Name	ion			Täavise Citalija		2.62		
SWP Partners Inc dba	Rich	land Rejuvnnates						
2. Organization Permanent Address								
PO BOX 651								
3. City					4. State	5. Zip (Code	
Richland Center					WI	53	581	
6. Mailing Address (if different from perm	nanent a	ddress)			•			
					***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
7. FEIN	·	8. Date of Organization/Incor	poration		-	ation/Incorporation		
<u> </u>		11/09/05		W	isconsin		·····	·
10. Phone		11. Email						
(608) 604-7022		swp.acctg@gmai.	L.com					
12. Organization type (check one)								
	Church		/Agricultural Socie	•	☐ Vetera		-	
☐ Lodge/Society ☐ 0	Chambe	r of Commerce or similar (ivic or Trade Orga	aniza	tion under ch	. 181,	Wis. Stat	s.
								ļ
13. Is this organization required to he	old a vvi	sconsin Seller's permit?					∐ Yes	∐ No
14. Wisconsin Seller's Permit Number (if	applicab	le)						
	······································	······································						
Part B: Individual Information								
List the name, title, and phone num (Form AB-100) for each person liste				izatio	n. Include an	Indivi	dual Que	stionnaire
Corporations must also include Alco	hol Bev	erage Appointment of Age	nt (Form AB-101).					
Last Name	First Na	me	Title			Phone		
manou , tuttio			47 %					

Breininger Michael President

BEnder Dale Vice President

Perkins Liz Secretary

Cosgrove Michael Treasurer

 $\textit{Continued} \rightarrow$

Part C: Event Information					32 (b.	
Name of Event (if applicable)						,
Veterans Salute Concert						
2. Dates of Operation			3. 1	lours of O	peration	
11/09/2024			6PM - 10PM			y * - +
4. Premises Address						
182 N Central Ave						
5. City				6. State	7.	Zip Code
Richland Center				IW		53581
8. County 9. Gov	erning Munic	ipality 🔽 City 🗌 Town		Village	10. Ald	ermanic District
	Richlan	d Center				
11. Organizer of Event (If not the named applicant)		12. Email and/or Phone Nu	mber	for Organi	zer of E	/ent
		swp.acctg@gma:	i.l.(com	**	
13. Organizer Website		14. Event Website				
www.swpartners.org					· .	· · · · · · · · · · · · · · · · · · ·
15. Premises Description - Describe the building o stored, or consumed, and related records are alcohol beverage activities and storage of record or diagram and additional sheets if necessary.	kept. Desc ords may o	ribe all rooms within the b	uildin	g, includi	ng livin	g quarters. Authorized
All interior - only top 2 floors	١.					
			•			
Part D: Attestation	Lariga aterba) (lette	Sant Vert		
A CONTRACTOR OF THE PROPERTY O					** * * *	
Who must sign this application?	O.	•				
one officer or director of the nonprofit organiz						
READ CAREFULLY BEFORE SIGNING: Unde truthfully. I agree that I am acting solely on beha seeking the license. Further, I agree that the right to another individual or entity. I agree to operate from Wisconsin-permitted wholesalers. I understate deemed a refusal to allow inspection. Such rethat any license issued contrary to Wis. Stat. Chabe prosecuted for submitting false statements an provides materially false information on this application.	alf of the ap ts and resp according and that lac afusal is a napter 125 s d affidavits	plicant organization and n onsibilities conferred by the to the law, including but r k of access to any portion misdemeanor and grounds hall be void under penalty in connection with this app	ot or ne lice not lin of a l s for of st olicati	behalf of ense(s), if ense(s), if ensed processing the revocation at elaw. It ensed to the ensed	f any of f grante ourchas premise n of this further hat any	ther individual or entity of, will not be assigned sing alcohol beverages is during inspection will be license. I understand understand that I may person who knowingly convicted.
Last Name		First Name				M.I.
Cosgrove		Michael				
Title	Email			1.000,71.000	F	hone
Treasurer	Micha	el.J.Cosgrove@amp	f.ac	om		(608) 647-8842
Signature Mush flegura	-			Date / 0/0	25/2	2024
Part E. For Clark Hea Only				<u>.</u> . 1151		
Part E: For Clerk Use Only Date Application Was Filed With Clerk, License Number					<u> </u>	
15 19 4 10 mg 104						
Date License Granted		Date License Issued				
were modified entitles		2010 20100 10000				
Signature of Clerk/Deputy/Clerk Commonwealth of Clerk/Deputy/Clerk	<u> </u>					

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AB-220

Temporary Alcohol Beverage License

Municipality	
Richland	Center

License(s) Requested	<u> </u>				Fees	
			"B" Beer Background Chec		\$	10.00
✓ Temporary "Class B" W	ine ´☑ Te	mporary Class "B" Beer			k \$	
•			Tot	al Fees	\$	10.00
	ing and the first of the second secon	en e				
Part A: Organization Information 1. Organization Name	on					
-	a dha Diabl	and Doimmontos				
Southwest Partners In 2. Organization Permanent Address	ie dba kieni	and Rejuvenaces		•		
PO Box 651		.3			•	
3. City				4 State	5. Zip Code	
Richland Center				WI	53581	
6. Mailing Address (if different from perm	anent address)					
	. ,					
7. FEIN	8. Date of C	Organization/Incorporation	9. S	tate of Organiza	ation/Incorporation	
	11/09	9/05	M	Jisconsin		•
10. Phone	11. Emall					
(608) 604-7022	s.qwa	.cctg@gmail.com				
12. Organization type (check one)						
☐ Bona Fide Club ☐ C	hurch	Fair Association/Agricultural	Society		n's Organizati	on
☐ Lodge/Society ☐ C	hamber of Comm	erce or similar Civic or Trade	Organiza	ation under ch.	181, Wis. Sta	ts.
		<u> </u>				
13. Is this organization required to ho	ld a Wisconsin Sel	ler's permit?	* * * * * * * * *		🗌 Ye	s 🗌 No
14. Wisconsin Seller's Permit Number (if	applicable)				······································	
·						
					,	
Part B: Individual Information	ignamenta esta esta		A marker (s			jira salati ke
List the name, title, and phone numl	per for all officers	directors, and agent of the o	rnanizatio	n include an	Individual Ou	etionnaira
(Form AB-100) for each person liste			ngamzan.	ni. moidae an	marriada sa	Southinane
Corporations must also include Alco	hol Beverage App	ointment of Agent (Form AB-	101).			
	First Name				Phone	
Breininger M	lichael	Presider	nt			
Bender E	ale	Vice Pre	Vice President			
Perkins I	ılz	Secretai	Secretary			
Cosgrove M	Michael Tr		er			

Continued \rightarrow

Part C: Event Information				
Name of Event (if applicable)				
Maggie Mae "Country Chri	stmas" Show			
2. Dates of Operation 3. Hours of Operation				4
12/15/2024			1PM - 5PM	
4. Premises Address				
182 N Central Ave		· · · · · · · · · · · · · · · · · · ·		
5. City			6. State	7. Zip Code
Richland Center	i		WI	53581
8. County	9. Governing Munic	• •	☐ Village 10.	Aldermanic District
Richland	of: Richlan		han fan Organiyan s	f Event
11. Organizer of Event (if not the named applicant	11)	12. Email and/or Phone Num		I EAGUE
10.0		swp.acctg@gmai 14. Event Website	1.COM	
13. Organizer Website		14. Event vvensite		`.
www.swpartners.org 15. Premises Description - Describe the built			1 1 1	
stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if nece All interior - only top 2 fil	ds are kept. Descr of records may of essary.	ribe all rooms within the bu	ilding, including li	ving quarters. Authorized 📙
•				
				·
The second section of the sect	.s. : 1 5.		88 80 800 1901 F. F.	
Part D: Attestation				
Who must sign this application?				
 one officer or director of the nonprofit 	-	,		
ruthfully. I agree that I am acting solely o seeking the license. Further, I agree that I to another individual or entity. I agree to o from Wisconsin-permitted wholesalers. I up be deemed a refusal to allow inspection. Sthat any license issued contrary to Wis. Stop prosecuted for submitting false statements provides materially false information on the	n behalf of the ap ne rights and resp operate according nderstand that lac Such refusal is a r at. Chapter 125 s ents and affidavits	plicant organization and no onsibilities conferred by the to the law, including but no k of access to any portion or misdemeanor and grounds hall be void under penalty of in connection with this appl	on behalf of any license(s), if gra t limited to, purcl f a licensed prem for revocation of the state law. I furtl ication, and that a	y other individual or entity nted, will not be assigned hasing alcohol beverages ises during inspection will this license. I understand her understand that I may any person who knowingly
Last Name		First Name		M,í.
Cosgrove		Michael		
Title	Email			Phone
Treasurer	Micha	el.J.Cosgrove@ampf	.com	(608) 647-8842
Signature / huch / leng	rove		10/25	12024
Port E. Ear Clark No. Only				
Part E: For Clerk Use Only Date Application Was Filed With Clerk ,	<u> </u>	License Number		
10/28/2024				
Date License Granted		Date License Issued		
Signature of Clerk/Deputy Clerk	lle			