

Municipality

Form
AB-220

Temporary Alcohol Beverage License

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10 -
	Background Check	\$
	Total Fees	\$

Part A: Organization Information

1. Organization Name
Greater Richland Area Chamber of Commerce

2. Organization Permanent Address
397 W. Seminary St.

3. City
Richland Center

4. State
WI

5. Zip Code
53581

6. Mailing Address (if different from permanent address)
PO Box 473

7. FEIN
81-4309484

8. Date of Organization/Incorporation
2015

9. State of Organization/Incorporation
WI

10. Phone
608-649-3376

11. Email
Christy.Sunnyside@gmail.com

12. Organization type (check one)

Bona Fide Club Church Fair Association/Agricultural Society Veteran's Organization
 Lodge/Society 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? Yes No

14. Wisconsin Seller's Permit Number (if applicable)

Part B: Individual Information

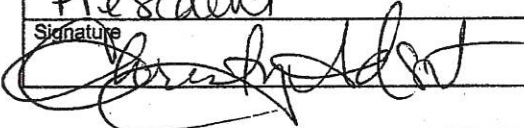
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Adsit	Christy	President	(608) 647-3035
Woodhouse	Craig	V. President	(608) 604-7638
Bedward	Katie	Secretary	(608) 604-9338
Edgington	John	Treasurer	(608) 553-0555

Continued →

Part C: Event Information			
1. Name of Event (If applicable) Annual Quilt Gala			
2. Dates of Operation May 2nd, 2026		3. Hours of Operation 4pm - 9pm.	
4. Premises Address Richland Center Community Center 1050 N. Orange 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: Richland Center		10. Aldermanic District
11. Organizer of Event (If not the named applicant) Team Nascare - GRACE Team		12. Email and/or Phone Number for Organizer of Event Lorraine Maxwell 608-647-4234	
13. Organizer Website		14. Event Website Plumberryhouse@yahoo.com	
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. Inside Building			

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 Adsit		First Name Christy	M.I.
Title President		Email	Phone 608-647-3035
Signature 		Date 4/13/2026	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 4-14-2026	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	