Form
AB-220

Temporary Alcohol Beverage License

Municipality: Richland Center

License(s) Requested		Fees	
☑ Temporary "Class B" Wine	☑ Temporary Class "B" Beer	License Fees	$ 10.00
		Background Check	$
		Total Fees	**$**

Part A: Organization Information

1. Organization Name: Assumption of the BLessed Virgin Mary Parish

2. Organization Permanent Address: 160 W Fourth St

3. City	4. State	5. Zip Code
Richland Center	WI	53581

6. Mailing Address (if different from permanent address)

7. FEIN	8. Date of Organization/Incorporation	9. State of Organization/Incorporation
39 0824014	10/20/06	WI

10. Phone	11. Email
(608) 647 2621	cheryl.blankenship@stmarysrc.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
Battersby	Gerard	Bishop	
Kuhn	Nathaniel	Pastor	
Peckham	Julie	Trustee	
Delagrave	Thomas	Trustee	

Continued →

Part C: Event Information

1. Name of Event (If applicable)
St Mary Parish Festival

2. Dates of Operation	3. Hours of Operation
9/19/2026	4:00 to 10:00pm

4. Premises Address
160 W Fourth St

5. City	6. State	7. Zip Code
Richland Center	WI	53581

8. County	9. Governing Municipality	10. Aldermanic District
Richland	☑ City ☐ Town ☐ Village of:	

11. Organizer of Event (if not the named applicant)	12. Email and/or Phone Number for Organizer of Event

13. Organizer Website	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.

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	First Name	M.I.
Kuhn	Nathaniel	W

Title	Email	Phone
Pastor	father.kuhn@stmarysrc.com	(608) 647 2621

Signature	Date
N. Matthew Kuhn	08/05/2026

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number
8/20/2026	2026-22 Picnic
Date License Granted	**Date License Issued**

Signature of Clerk/Deputy Clerk: Amanda R. Keller

REQUEST FOR PROPERTY/LIABILITY CERTIFICATE OF INSURANCE

LIABILITY CERTIFICATE

PARISH/LOCATION NAME: Assumption of the Blessed Virgin Mary (St. Mary's)

COMPLETE ADDRESS: 160 W Fourth St.

IF A RENEWAL CERT, PLEASE GIVE FORM # FROM BOTTOM LEFT HAND CORNER: Sept 19th, 2026

DATE(S) OF EVENT: Sept 19th, 2026

DESCRIPTION OF EVENT: Parish Festival

WHO IS REQUESTING CERTIFICATE? Assumption of BVM / City of Richland Center

IS THERE AN AGREEMENT OR CONTRACT (IF YES, PLEASE ATTACH) Application

DO THEY NEED TO BE NAMED ADDITIONAL PROTECTED PERSON(S): _____ YES - CONTRACT ATTACHED

_____ NO - VERIFICATION ONLY

SPECIAL INSTRUCTIONS: 1,000,000

PROPERTY CERTIFICATE: (*PLEASE ATTACH LEASE AGREEMENT*)

LOSS PAYEE/MORTGAGEE NAME:

ADDRESS

DESCRIPTION OF PROPERTY:

PROPERTY VALUE:

LEASE TERM:

PERSON COMPLETING FORM: Cheryl A. Blankenship DATE: 8-5-2026

PHONE NO./E-MAIL: 608-647-2621 cheryl.blankenship@stmarysrc.com

CATHOLIC MUTUAL
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