

Form  
**AB-220**

**Temporary Alcohol Beverage License**

Municipality  
City of Richland

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  
Assumption of the Blessed Virgin Mary Parish

2. Organization Permanent Address  
160 W 4th Street

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  
10/20/06

9. State of Organization/Incorporation  
Wisconsin

10. Phone  
(608) 647-2621

11. Email  
roger.scheckel@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**

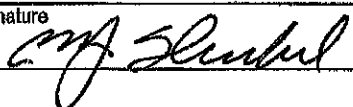
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

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

Last Name	First Name	Title	Phone
Battersby	Gerard	Bishop	(608) 647-2621
Schekel	Roger	Monsignor	(608) 647-2621
Peckham	Julie	Secretary	
Delagrave	Tom	Treasurer	

Continued →

Part C: Event Information			
1. Name of Event (If applicable) St. Mary of the Assumption Festival			
2. Dates of Operation 09/14/2024		3. Hours of Operation	
4. Premises Address 610 W 4th Street			
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 roger.scheckel@stmarysrc.com	
13. Organizer Website https://stmarysrc.com		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			
<p><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.</p>			
Last Name Scheckel		First Name Roger	M.I. J.
Title Monsignor	Email roger.scheckel@stmarysrc.com		Phone (608) 647-2621
Signature 		Date 7/30/2024	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 07/30/24	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	