AB-220

Temporary Alcohol Beverage License

Municipality	
Richland	Center

License(s) Requested			ees	Chargeman 9
		License Fees	\$	10.00
✓ Temporary "Class B" Wine	✓ Temporary Class "B" Beer	Background Check	\$	
		Total Fees	\$	10.00

Part A: Organization Infor	mation			(City		
1. Organization Name						
Greater Richland A	Area Cha	mber of Comme	erce			
2. Organization Permanent Address						
397 West Seminary	St	8.0				
3. City	2-0-1002/-0-12/16/12/16				4. State	5. Zip Code
Richland Center					WI	53581
6. Mailing Address (if different from						
PO Box 473, Richla	and Cent					
7. FEIN		8. Date of Organizatio	n/Incorporation			nization/Incorporation
		08/10/17			lisconsi	.n
10. Phone 11. Email info@chamber.org						
(608) 649-3376		infogchambe	er.org			
12. Organization type (check one)		20.00 Miles NO 100			<u> </u>	
☐ Bona Fide Club	☐ Church	☐ Fair Asso	ciation/Agricultural Sc	ociety	☐ Vet	eran's Organization
☐ Lodge/Society	✓ Chambe	er of Commerce or si	milar Civic or Trade C	Organiza	ation under	ch. 181, Wis. Stats.
13. Is this organization required	I to hold a W	isconsin Seller's pern	nit?		·	Yes 🗹 No
14. Wisconsin Seller's Permit Num	ber (if applicat	ole)			T.	
						· · · · · · · · · · · · · · · · · · ·
Part B: Individual Informa	tion	volta astook perially of	ed literal obj. Tergeric	olgania	avy of yibii o falso etalo	PLAN BRY HOBINSO (\$80.00 OUR
List the name, title, and phone (Form AB-100) for each person				janizatio	on. Include	an Individual Questionnaire
Corporations must also include	e Alcohol Be	verage Appointment	of Agent (Form AB-10)1).		
Last Name	First Na	ame	Title			Phone
Adsit	Chris	ty	President	President		
Woodhouse	Craig	-	Vice Pres	Vice President		
Bedward	Katie		Secretary	Secretary		
Edgington	John		Treasurer			

Part C: Event Information					((130-
Name of Event (if applicable)		march landard Are			
Suits & Sequins Fall Wine	Walk				
2. Dates of Operation			3. Hours of O	peration	
09/26/2025				- 8:30PM	
4. Premises Address					
Richard Center City Au	ditorium	182 N. Central A	Ve RC	<u> </u>	
5. City			6. State	7. Zip Code	
Richland Center			MI	53581	
8. County Richland	9. Governing Munic		☐ Village	10. Aldermanic Di	strict
11. Organizer of Event (if not the named applicant		12. Email and/or Phone Num	her for Organi	zer of Event	
Organization Event (it not the named applicati	,	12. Email and/of Phone Wall	to organiz	2 Control of Event	
13. Organizer Website		14. Event Website			
rcchamber.org					
stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if nece Main Floor	of records may o				
Part D: Attestation	and the second second	and the second pro-	J	de de la celei	
Who must sign this application?					
one officer or director of the nonprofit of	organization				
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely o seeking the license. Further, I agree that It to another individual or entity. I agree to o from Wisconsin-permitted wholesalers. I us be deemed a refusal to allow inspection. Sthat any license issued contrary to Wis. St be prosecuted for submitting false stateme 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 o misdemeanor and grounds hall be void under penalty of in connection with this appli	et on behalf of e license(s), if ot limited to, p f a licensed p for revocation of state law. I ication, and the	f any other individence of granted, will not burchasing alcohoremises during in of this license, further understant any person will	dual or entity be assigned of beverages aspection will I understand and that I may
Last Name	1	First Name			M.I.
Adsit		Christy			2
Title Chamber President	Email			Phone	
Signature 2			Date		
Closesty Adril			Date	08/19/25	3)
\circ					
Part E: For Clerk Use Only	VIB/F9T95		olatile.		brawner
Date Application Was Filed With Clerk 08/19/25		License Number			
Date License Granted 09/02/25		Date License Issued	09/03	/25	
			09/03	/ 23	
Signature of Clerk/Deputy Clerk					

AB-220

Temporary Alcohol Beverage License

Municipality
Richland Center

License(s) Requested		F	ees	
		License Fees	\$	10.00
✓ Temporary "Class B" Wine	✓ Temporary Class "B" Beer	Background Check	\$	
		Total Fees	\$	10.00

		and and and an arrangement of the state of t			
Part A: Organization Informa	tion	communicated and a second			
1. Organization Name	- Cha	when of Commones			
Greater Richland Are	ea Cha	mber of Commerce			
2. Organization Permanent Address					
397 West Seminary St	-				T
3. City				4. State W I	5. Zip Code
Richland Center 6. Mailing Address (if different from pe	rmanant a	ddrana)		WI	53581
PO Box 473, Richland					
7. FEIN	Cent	8. Date of Organization/Incor	rooration	O State of Organ	ization/Incorporation
7. FEIN		08/10/17	poration	Wisconsi	501-00-00-00-00-00-00-00-00-00-00-00-00-0
10. Phone	11. Email				
(608) 649-3376 info@chamber.org					
12. Organization type (check one)		211200011111111111111111111111111111111	- 5		
Table 10 10 10 10 10 10 10 10 10 10 10 10 10	Church	□ Foir Acceptation	o/Agricultural Casia	tu 🗆 Voto	ven'a Organization
	Church	☐ Fair Association		100 August 1500	eran's Organization
☐ Lodge/Society ☑	Chambe	er of Commerce or similar (Civic or Trade Orga	anization under d	ch. 181, Wis. Stats.
13. Is this organization required to	hold a Wi	sconsin Seller's permit?			Yes 🗹 No
14. Wisconsin Seller's Permit Number	(if applicab	ole)			
			that the		
Part B: Individual Information	n andre	or companient plant plant per any or	ne gar rengence de A storchitte hop etc	ng falga statem a	illuministrant heteroprins est
List the name, title, and phone nu (Form AB-100) for each person lis				zation. Include a	an Individual Questionnaire
Corporations must also include Ale	cohol Bev	verage Appointment of Age	ent (Form AB-101).		
Last Name	First Na	ime [*]	Title		Phone
Adsit	Chris	ty	President		
Woodhouse	Craig		Vice President		
Bedward	Katie		Secretary		
Edgington	John	52 /4	Treasurer		

Part C: Event Information						finos
Name of Event (if applicable)					T	
Suits & Sequins Fall Wine	Walk					
2. Dates of Operation			3. Hou	rs of Or	peration	
09/26/2025					- 8:30PM	
4. Premises Address						
Added Touch Floral - 339	N Main St					
5. City			6.	State	7. Zip Code	-
Richland Center				WI	53581	
8. County	9. Governing Munic	ipality City Town	☐ Villa	age	10. Aldermanic D	istrict
Richland	of:Richlan	d Center				
11. Organizer of Event (if not the named applica	nt)	12. Email and/or Phone Num	nber for	Organiz	er of Event	
			1-1-0-			
13. Organizer Website		14. Event Website	The second second			
rcchamber.org						
alcohol beverage activities and storage or diagram and additional sheets if nece Main Floor		ccur only on the premises	describ	ed in ti	nis application.	Attach a map
Part D: Attestation Who must sign this application?	Indiana Participant					3
 one officer or director of the nonprofit 	organization					
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely of seeking the license. Further, I agree that to another individual or entity. I agree to of from Wisconsin-permitted wholesalers. I use deemed a refusal to allow inspection. I that any license issued contrary to Wis. Siep prosecuted for submitting false statement provides materially false information on the	on behalf of the ap he rights and resp operate according inderstand that lac Such refusal is a retat. Chapter 125 sents and affidavits	plicant organization and no onsibilities conferred by the to the law, including but no k of access to any portion o misdemeanor and grounds hall be void under penalty of in connection with this appl	ot on be e licens of limite of a licer for revo of state ication,	ehalf of e(s), if ed to, p nsed procation law. I to and th	any other indiv granted, will no urchasing alcoh emises during i of this license. further understa at any person w	dual or entity t be assigned tol beverages inspection will I understand and that I may who knowingly
Last Name		First Name				M.I.
Adsit		Christy				
Title	Email				Phone	
Chamber President		nnuni da O				
Signature Alex			Da	te	08/19/25	5
/						
Part E: For Clerk Use Only	Secketary	1	BLIE	27		PLENDS
Date Application Was Filed With Clerk 08/19/25		License Number				
Date License Granted 09/02/25		Date License Issued	0:	9/03,	/25	
Signature of Clerk/Deputy Clerk						

Temporary Alcohol Beverage License

Municipality	
Richland	Center

License(s) Requested		- F	ees	
		License Fees	\$	10.00
✓ Temporary "Class B" Wine	✓ Temporary Class "B" Beer	Background Check		
		Total Fees	\$	10.00

Part A: Organization Informa	tion	man to the same		ma unje some	
1. Organization Name					
Greater Richland Are	a Cha	mber of Commer	ce		
2. Organization Permanent Address					
397 West Seminary St	2				
3. City				4. State	5. Zip Code
Richland Center				WI	53581
6. Mailing Address (if different from pe					
PO Box 473, Richland	Cent			,	
7. FEIN 8. Date of Organization/Incorporation 9. State of Organization/Incorporation					
		08/10/17		Wisconsi	in .
10. Phone		11. Email			
(608) 649-3376		info@chamber	.org		
12. Organization type (check one)					
☐ Bona Fide Club ☐	Church	☐ Fair Associ	ation/Agricultural Soci	ety 🗌 Vet	teran's Organization
☐ Lodge/Society ☑	Chambe	er of Commerce or sim	ilar Civic or Trade Org	janization under	ch. 181, Wis. Stats.
13. Is this organization required to I 14. Wisconsin Seller's Permit Number (Part B: Individual Information	(if applicab		dustricas and and dustrical during the later of the later	ure, arm ur em	Yes No
List the name, title, and phone nu (Form AB-100) for each person lis Corporations must also include Al	mber for ted belov	v. Attach additional she	eets if necessary.		an Individual Questionnaire
Last Name	First Na		Title	¥ .	Phone
Adsit	Chris	ty	President		
Woodhouse	Craig		Vice Presi	dent	
Bedward	Katie		Secretary		
Edgington	John		Treasurer		

Part C: Event Information				.5	mio	
Name of Event (if applicable)						
Suits & Sequins Fall Wine	Walk					
2. Dates of Operation			3. Hours of Operation			
09/26/2025			5:30PM	- 8:30P	M	
4. Premises Address						
Advanced Pump and Well Ser	rvice - 278	W Court St				
5. City			6. State 7. Zip Code			
Richland Center			WI	535	81	
8. County			☐ Village	10. Aldermar	nic District	
Richland	of: Richlan					
11. Organizer of Event (if not the named applican	nt)	12. Email and/or Phone Num	ber for Organi	zer of Event		
13. Organizer Website		14. Event Website				
rcchamber.org						
or diagram and additional sheets if nece Front Room	ssary.					
Part D: Attestation	- North Continues A	Santon or a part of the santa of	and the Co	More	1.0512 ma-21 [7]	
Who must sign this application?						
one officer or director of the nonprofit of	organization					
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely or seeking the license. Further, I agree that the to another individual or entity. I agree to o from Wisconsin-permitted wholesalers. I unbe deemed a refusal to allow inspection. Stat any license issued contrary to Wis. State prosecuted for submitting false statement provides materially false information on this	n behalf of the ap ne rights and resp perate according nderstand that lac Such refusal is a r at. Chapter 125 s nts and affidavits	plicant organization and no consibilities 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 appli	t on behalf o license(s), it t limited to, p f a licensed p for revocatio if state law. I cation, and the	f any other in f granted, will purchasing all premises duri n of this licer further unde nat any perso	dividual or entity I not be assigned cohol beverages ing inspection will ase. I understand ristand that I may on who knowingly	
Last Name	1	First Name			M.I.	
Adsit		Christy				
Title Chamber President	Email			Phone		
Signature Street of Add			Date	08/19	/25	
Part E: For Clerk Use Only						
Date Application Was Filed With Clerk	V 100 0 100 0	License Number	20000		29 D. W. C.	
08/19/25		Listing Hamber				
Date License Granted 09/02/25		Date License Issued	09/03	/25		
Signature of Clerk/Deputy Clerk						

AB-220

Temporary Alcohol Beverage License

Municipality	
Richland	Center

License(s) Requested		F	ees	
	License Fees	\$	10.00	
✓ Temporary "Class B" Wine	✓ Temporary Class "B" Beer	Background Check	\$	
		Total Fees	\$	10.00

Y						
Part A: Organization Informa	tion	I make the second second				
1. Organization Name						
Greater Richland Are	ea Cha	mber of Commerce				
2. Organization Permanent Address						
397 West Seminary St	:					
3. City				4	I. State	5. Zip Code
Richland Center					WI	53581
6. Mailing Address (if different from pe						
PO Box 473, Richland	Cent					
7. FEIN		8. Date of Organization/Incor	poration	2000000		nization/Incorporation
		08/10/17		Wı	sconsi	n
10. Phone (608) 649-3376		11. Email				
		info@chamber.o:	rg			
12. Organization type (check one)		V-200-250 (p) 20 (p) 27 (p)			200-12-875 (6) (6)	
☐ Bona Fide Club ☐	Church	☐ Fair Association	n/Agricultural Socie	ety	☐ Vete	eran's Organization
☐ Lodge/Society ☑	Chambe	er of Commerce or similar (Civic or Trade Orga	anizati	on under	ch. 181, Wis. Stats.
13. Is this organization required to I	hold a Wi	sconsin Seller's permit?				Yes V No
14. Wisconsin Seller's Permit Number ((if applicab	ele)				
				100000		
Part B: Individual Information	n n	s vilated team they so the	tie dag redigen 2 re violentelle has son	in si	re us years reacted no	nia 315 states sesses con he process seed for authoritie
List the name, title, and phone nu (Form AB-100) for each person lis				ization	. Include a	an Individual Questionnaire
Corporations must also include Ale	cohol Bev	verage Appointment of Age	nt (Form AB-101).			
Last Name	First Na	me	Title			Phone
Adsit	Chris	ty	President			
Woodhouse	Craig		Vice President			C001_C0
Bedward	Katie		Secretary			—
Edgington	John		Treasurer			
5						,

Part C: Event Information				e mig:			
Name of Event (if applicable)							
Suits & Sequins Fall Wine	Walk						
2. Dates of Operation			3. Hours of Operation				
09/26/2025			5:30PM	- 8:30PM			
4. Premises Address	4. Premises Address						
Christy's Sunnyside Bakery	y - 101 E C	Court St					
5. City			6. State	7. Zip Code			
Richland Center			WI	53581			
8. County	9. Governing Munic	cipality City Town	□ Village	10. Aldermanic District			
Richland	of:Richlan						
11. Organizer of Event (if not the named applican	nt)	12. Email and/or Phone Num	ber for Organize	er of Event			
500 St Table			. 1-0	,			
13. Organizer Website		14. Event Website					
rcchamber.org		3 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					
or diagram and additional sheets if nece Main Floor	ssary.						
Part D: Attestation							
Who must sign this application?							
one officer or director of the nonprofit of	organization						
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely or seeking the license. Further, I agree that the to another individual or entity. I agree to of from Wisconsin-permitted wholesalers. I unbe deemed a refusal to allow inspection. See that any license issued contrary to Wis. State be prosecuted for submitting false statement provides materially false information on this	n behalf of the ap ne rights and resp operate according nderstand that lac Such refusal is a lat. Chapter 125 s nts and affidavits	oplicant organization and no consibilities conferred by the g to the law, including but no ck of access to any portion o misdemeanor and grounds shall be void under penalty of in connection with this appli	et on behalf of a license(s), if got limited to, put f a licensed pro- for revocation of state law. I for ication, and that	any other individual or entity granted, will not be assigned urchasing alcohol beverages emises during inspection will of this license. I understand urther understand that I may at any person who knowingly			
Last Name		First Name		M.I.			
Adsit		Christy					
Title	Email			Phone			
Chamber President	3						
Signature All	-		Date	08/19/25			
Part E: For Clerk Use Only	ecretary	3	9. 164	enthica			
Date Application Was Filed With Clerk 08/19/25		License Number					
Date License Granted 09/02/25		Date License Issued	09/03/	25			
Signature of Clerk/Deputy Clerk		L	No. 20 To 20				

AB-220

Temporary Alcohol Beverage License

Municipality	
Richland	Center

License(s) Requested	F	Fees		
		License Fees	\$	10.00
✓ Temporary "Class B" Wine	✓ Temporary Class "B" Beer	Background Check		
		Total Fees	\$	10.00

Part A: Organization Informa	tion					
1. Organization Name		rate was an attended	With the second			
Greater Richland Are	a Cha	mber of Comm	erce			
2. Organization Permanent Address	Mark Constitution					
397 West Seminary St						
3. City				4. State	5. Zip Code	
Richland Center WI 53581						
6. Mailing Address (if different from pe		4.500 de 1.500 f. j.				
PO Box 473, Richland	l Cent					
7. FEIN		8. Date of Organizati	on/Incorporation		ization/Incorporation	
		08/10/17		Wisconsin	n	
10. Phone		11. Email				
(608) 649-3376		info@chamb	er.org			
12. Organization type (check one)					187	
☐ Bona Fide Club ☐	Church	☐ Fair Ass	ociation/Agricultural Socie	ety 🗌 Vete	ran's Organization	
☐ Lodge/Society ☑	Chambe	er of Commerce or s	similar Civic or Trade Org	anization under d	ch. 181, Wis. Stats.	
13. Is this organization required to			mit?		Yes 🗹 No	
14. Wisconsin Seller's Permit Number	if applicab	ele)	п		0.	
320						
Part B: Individual Information	n anima	o ynaneo reon bio Obras sido mila mila	v ed liena da i terapido di annas ni attionistic into sis	the stee of the second	Object Harman Vietness of	
List the name, title, and phone nu (Form AB-100) for each person lis				nization. Include a	n Individual Questionnaire	
Corporations must also include Ale	cohol Be	verage Appointment	t of Agent (Form AB-101).			
Last Name	First Na	ime	Title		Phone	
Adsit	Chris	ty	President	and the		
Woodhouse	Craig		Vice Presid	dent		
Bedward	Katie		Secretary	111		
Edgington	John		Treasurer			
			=			

Part C: Event Information						m10-
Name of Event (if applicable)			46 Fam. 11	- 00 miles - 00	*	-
Suits & Sequins Fall Wine	Walk					
2. Dates of Operation			3. Ho	urs of Op	peration	
09/26/2025 5:30PM -						
4. Premises Address	4. Premises Address					
Diplopia - 100 W Court St						
5. City			(6. State	7. Zip Code	
Richland Center				WI	53581	
8. County	9. Governing Munic	cipality 🗹 City 🗌 Town	☐ Vi	llage	10. Aldermanic Di	strict
Richland	of: Richlan	d Center			L.,	
11. Organizer of Event (if not the named applican	nt)	12. Email and/or Phone Num	nber for	r Organiz	er of Event	
13. Organizer Website		14. Event Website				
rcchamber.org						
alcohol beverage activities and storage or diagram and additional sheets if nece Main Floor		ccur only on the premises t			по аррисацоп. А	шасн а шар
[B. (B. (4))						
Part D: Attestation			-11500	o III.	elastica miss	21005
Who must sign this application?						
one officer or director of the nonprofit of	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 Adsit	1	First Name				M.I.
		Christy			12	
Title Chamber President	Email	34708 49			Phone	
Signature/)			D	ate		
Christy Haht	-				08/19/25	
D 15 5 01 111 01						
Part E: For Clerk Use Only	pasteros	Tr	911	8 X		Bacward
Date Application Was Filed With Clerk 08/19/25		License Number				
Date License Granted 09/02/25		Date License Issued	C	9/03,	/25	
Signature of Clerk/Deputy Clerk						

Temporary Alcohol Beverage License

Municipality	
Richland	Center

License(s) Requested		F	ees	
		License Fees	\$	10.00
✓ Temporary "Class B" Wine	✓ Temporary Class "B" Beer	Background Check	\$	
		Total Fees	\$	10.00

Part A: Organization Info	rmation			Raincoller	qu ve entre	
Organization Name						
Greater Richland	Area Cha	mber of Com	merce			
2. Organization Permanent Addre	ess					
397 West Seminary	/ St					
3. City					4. State	5. Zip Code
Richland Center WI 53581						
6. Mailing Address (if different fro						
PO Box 473, Richl	land Cent	er, WI 5358	1			
7. FEIN		8. Date of Organiza 08/10/17	ation/Incorporation	100000	tate of Orgar isconsi	nization/Incorporation .n
10. Phone		11. Email				4-100
(608) 649-3376		info@cham	ber.org			
12. Organization type (check one	9)					
☐ Bona Fide Club	☐ Church	☐ Fair As	ssociation/Agricultural So	ciety	☐ Vet	eran's Organization
☐ Lodge/Society	☑ Chambe		similar Civic or Trade O		715	we are a second of
				- ga		
13. Is this organization require	ed to hold a Wi	sconsin Seller's pe	ermit?			Yes V No
14. Wisconsin Seller's Permit Nur	mber (if applicab	le)	1			(i)
11						
Part B: Individual Inform	ation	o yushey territorio o	ov on tights the residence	S. Over	rete and in	THE DAMEST OF SOME OF SOME
List the name, title, and phon (Form AB-100) for each person				anizatio	on. Include	an Individual Questionnaire
Corporations must also include	de Alcohol Bev	verage Appointme	nt of Agent (Form AB-10	1).		
Last Name	First Na	me	Title			Phone
Adsit	Chris	ty	President			
Woodhouse	Craig		Vice Pres	ident		
Bedward	Katie		Secretary		10	
Edgington	John		Treasurer			4600

Part C: Event Information					44794
Name of Event (if applicable)		Harris Indeed Co.	7		
Suits & Sequins Fall Wine Walk					
2. Dates of Operation			3. Hours of C	peration	
09/26/2025 5:30PM - 8			- 8:30PM		
4. Premises Address					
Dreams Bridal - 100 S Mair	n St				
5. City			6. State	7. Zip Code	
Richland Center			WI	53581	
8. County	9. Governing Munic	cipality City Town	□ Village	10. Aldermanic Distri	ct
Richland	of:Richlan				
11. Organizer of Event (if not the named applican	nt)	12. Email and/or Phone Num	ber for Organi	zer of Event	
		3 7 7		1.1(3	
13. Organizer Website		14. Event Website			
rcchamber.org					
alcohol beverage activities and storage or diagram and additional sheets if nece		ccur only on the premises o	described in	this application. Atta	ach a map
Part D: Attestation		contains a start (f)	answer (*)	della ship ship s	-4-G
Who must sign this application?					
one officer or director of the nonprofit of	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		N	1.1.
Adsit		Christy			
Title Chamber President	Email			Phone	
Signature Adort			Date	08/19/25	
Part E: For Clerk Use Only	uve resonab	V	e Hell		Prompted
Date Application Was Filed With Clerk	1 100000000	License Number			
08/19/25					
Date License Granted 09/02/25		Date License Issued	09/03	/25	
Signature of Clerk/Deputy Clerk					

AB-220

Temporary Alcohol Beverage License

Municipality	
Richlan	nd Center

License(s) Requested		F	ees	
		License Fees	\$	10.00
✓ Temporary "Class B" Wine	✓ Temporary Class "B" Beer	Background Check	\$	
		Total Fees	\$	10.00

n	Proc Proportion Control	a see a grant was the see		
Chamber of Co	ommerce			
	F	4. State	5. Zip Code	
		MI	53581	
	-1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
	7	Wisconsi	n	
1				
info@cha	amber.org			
hurch 🗌 Fair	r Association/Agricultural Soci	ety 🔲 Vete	eran's Organization	
hamber of Commerce	e or similar Civic or Trade Org	anization under o	ch. 181, Wis. Stats.	
d a Wisconsin Seller's	s permit?		Yes No	
pplicable)				
	0 1			
milet penalty of state	Lighter 125 shall be vold u	els siv u visa o false etalomen	TO DESCRIPTION OF THE BEING CONTROL	
		nization. Include a	an Individual Questionnaire	
nol Beverage Appointr	ment of Agent (Form AB-101)			
irst Name	Title		Phone	
hristy	President			
Woodhouse Craig Vice President				
	1200 22002			
atie	Secretary			
ohn	Treasurer			
	anent address) Center, WI 53 8. Date of Orga 08/10/1 11. Email info@ch nurch	Ament address) Center, WI 53581 8. Date of Organization/Incorporation 08/10/17 11. Email info@chamber.org nurch	Chamber of Commerce 4. State WI	

Part C: Event Information					14.10
Name of Event (if applicable)					
Suits & Sequins Fall Wine	Walk				
2. Dates of Operation			3. Hours o	of Opera	ation
09/26/2025 5:30PM - 8:30PM			8:30PM		
4. Premises Address					
The Gym-boree - 142 E Cou	rt St				
5. City			6. St	ate	7. Zip Code
Richland Center				WI	53581
8. County Richland	9. Governing Munic		☐ Village	10.	Aldermanic District
11. Organizer of Event (if not the named applicar		12. Email and/or Phone Nun	ber for Org	anizer o	of Event
The significant of the significa	,		مديد		m
13. Organizer Website		14, Event Website			
rcchamber.org					
Premises Description - Describe the built stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if necessian Floor	ds are kept. Descr of records may o	ribe all rooms within the bu	ilding, incl	uding li	iving quarters. Authorized
Part D: Attestation			and the same of th		7 - 4 14
Who must sign this application?					
one officer or director of the nonprofit of	organization				
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely o seeking the license. Further, I agree that the to another individual or entity. I agree to confrom Wisconsin-permitted wholesalers. I unbe deemed a refusal to allow inspection. Such that any license issued contrary to Wis. Stop prosecuted for submitting false statement provides materially false information on the	n behalf of the ap he rights and resp operate according nderstand that lac Such refusal is a r tat. Chapter 125 s ents and affidavits is application may	plicant organization and no onsibilities conferred by the to the law, including but no k of access to any portion on its demeanor and grounds hall be void under penalty in connection with this apply be required to forfeit not responsible.	ot on beha e license(s ot limited to of a license for revoca of state law ication, an	If of any i), if gra io, purcl id prem ition of w. I furtl id that a	y other individual or entity inted, will not be assigned hasing alcohol beverages lises during inspection will this license. I understand her understand that I may any person who knowingly if convicted.
Last Name Adsit		First Name			M.I.
		Christy			
Title Chamber President	Email	oj.oajozaocg			Phone
Signetifie Christy Ad8T			Date		08/19/25
Part E: For Clerk Use Only	Vita terrop?		a sexi		Loseba
Date Application Was Filed With Clerk 08/19/25		License Number			
Date License Granted 09/02/25		Date License Issued	09/	03/25	 5
Signature of Clerk/Deputy Clerk					

Temporary Alcohol Beverage License

Municipality	
Richland	Center

License(s) Requested			ees	h t management
		License Fees	\$	10.00
✓ Temporary "Class B" Wine	✓ Temporary Class "B" Beer	Background Check	\$	
		Total Fees	\$	10.00

Part A: Organization Inf	ormation	ALLEY CHOTH THE CONTENT		CONTRACTOR OF THE	
Organization Name					
Greater Richland	Area Cha	mber of Comm	nerce		
2. Organization Permanent Add	ress				
397 West Seminar	y St				
3. City				4. State	5. Zip Code
Richland Center				MI	53581
6. Mailing Address (if different fi					
PO Box 473, Rich	land Cent	The state of the s			
7. FEIN		8. Date of Organizat	tion/Incorporation	1	anization/Incorporation
		08/10/17		Wiscons	in
10. Phone	11. Email				
(608) 649-3376		info@chamk	per.org		
12. Organization type (check or	ne)				
☐ Bona Fide Club	☐ Church	☐ Fair As	sociation/Agricultural Sc	ciety	eteran's Organization
☐ Lodge/Society	Chambe	er of Commerce or	similar Civic or Trade C	organization unde	r ch. 181, Wis. Stats.
14. Wisconsin Seller's Permit No		ole)	ov ed lishs ou remaind	ay w vvs. sun	The properties as building
(Form AB-100) for each pers	son listed below	w. Attach additional	sheets if necessary.		e an Individual Questionnaire
Corporations must also inclu	ude Alcohol Be	verage Appointmer	nt of Agent (Form AB-10	01).	
Last Name	First Na	ame	Title		Phone
Adsit	Chris	ty	President		
Woodhouse	Craig	1	Vice Pres	ident	
Bedward	Katie		Secretary		
Edgington	John		Treasurer	5	

Part C: Event Information	(4				-	Wide.
Name of Event (if applicable)						
Suits & Sequins Fall Wine	Walk					
2. Dates of Operation			3. Hou	rs of Op	eration	
09/26/2025	09/26/2025 5:3			30 PM	- 8:30PM	
4. Premises Address						
Herb RX - 145 W Court St						
5. City	, 1		6.	. State	7. Zip Code	
Richland Center				WI	53581	
8. County Richland			☐ Villa	age	10. Aldermanic D	istrict
	of: Richland				,,,	
11. Organizer of Event (if not the named applicar	11)	12. Email and/or Phone Num	iber for G	Organize	er of Event	
13. Organizer Website		14. Event Website				
rcchamber.org		14. Event Website				
15. Premises Description - Describe the buil stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if nece Main Floor	is are kept. Descr of records may or	ibe all rooms within the bui	ilding, i	ncludin	g living quarters	s. Authorized
Part D: Attestation				~ F-1		
Who must sign this application?						
one officer or director of the nonprofit of	organization					
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely or seeking the license. Further, I agree that the to another individual or entity. I agree to o from Wisconsin-permitted wholesalers. I unbe deemed a refusal to allow inspection. Stata any license issued contrary to Wis. State prosecuted for submitting false statement provides materially false information on this	n behalf of the appler rights and responderstand that lack such refusal is a nat. Chapter 125 shots and affidavits is application may	plicant organization and no onsibilities conferred by the to the law, including but no k of access to any portion or nisdemeanor and grounds nall be void under penalty of the connection with this application of me	t on be license at limited f a licen for revo of state cation,	chalf of a e(s), if g d to, pu nsed pre ocation law. I fu and tha	any other indivi- granted, will not urchasing alcoh- emises during ir of this license. urther understal at any person wi	dual or entity be assigned of beverages aspection will I understand and that I may
Last Name Adsit		First Name				M.I.
		Christy				
Title Chamber President	Email	A North			Phone	
Signethire Start Adrit			Dat	te	08/19/25	
Part E: For Clerk Use Only						
Date Application Was Filed With Clerk 08/19/25		License Number				
Date License Granted 09/02/25		Date License Issued	0.9	9/03/	25	
Signature of Clerk/Deputy Clerk						

AB-220

Temporary Alcohol Beverage License

Municipality	
Richland	Center

License(s) Requested		F	ees	
		License Fees	\$	10.00
✓ Temporary "Class B" Wine	✓ Temporary Class "B" Beer	Background Check	\$	
		Total Fees	\$	10.00

Part A: Organization I	nformation			4-14-14			
Organization Name							
Greater Richlar	nd Area Cha	mber of Com	nmerce				
2. Organization Permanent A	ddress						
397 West Semina	ary St						
3. City		***************************************		4	. State	5. Zip Code	
Richland Center	Richland Center WI 53581						
6. Mailing Address (if differen	t from permanent a	iddress)					
PO Box 473, Ric	chland Cent	er, WI 5358	31				
7. FEIN		8. Date of Organiz	ation/Incorporation	9. Sta	te of Organ	ization/Incorporation	
		08/10/17		Wi	sconsi	n	
10. Phone		11. Email					
(608) 649-3376		info@char	mber.org				
12. Organization type (check	one)						
☐ Bona Fide Club	☐ Church	☐ Fair A	association/Agricultural So	ciety	☐ Vete	eran's Organization	
☐ Lodge/Society	✓ Chambe	er of Commerce o	or similar Civic or Trade O	rganizati	on under o	ch. 181, Wis. Stats.	
14. Wisconsin Seller's Permit Part B: Individual Info		ole)	роу да напа сът защетка	1616 EtV	v or vision	CO Denies Sangani yila lain	
	DRI TRIVOVONOMENT PRETTER	all afficers disease	dispass of the self-	sin manatr	Iningial on	and the second s	
(Form AB-100) for each pe				anization	. include a	an Individual Questionnaire	
Corporations must also in				1).			
Last Name	First Na		Title			Phone	
Adsit	Chris	ty	President				
Woodhouse	Craig		Vice Pres	ident	,		
Bedward	Katie		Secretary				
Edgington	John		Treasurer				

Part C: Event Information		an additional day			II 10 1
Name of Event (if applicable)					
Suits & Sequins Fall Wine	Walk				
2. Dates of Operation			3. Hours of		
09/26/2025			5:30P	4 - 8	:30PM
4. Premises Address					
J. Jay Walsh Jewelers - 15	7 N Main S	t	<u></u>		
5. City			6. Stat	e i	7. Zip Code
Richland Center			W		53581
N (9, 30) - 20	9. Governing Munic	1 Total 1 Total	☐ Village	10. A	Idermanic District
Richland	of: Richland			<u>. </u>	
11. Organizer of Event (if not the named applican	t)	12. Email and/or Phone Num	nber for Orga	nizer of E	Event
13. Organizer Website		14. Event Website	· · · · · · · · · · · · · · · · · · ·		
rcchamber.org					
stored, or consumed, and related record alcohol beverage activities and storage or or diagram and additional sheets if neces Main Floor	of records may o				
Don't D. Attractation					
Part D: Attestation	and the second second	and the later of the second second	Desired T		LiDatiRace 7
Who must sign this application?					
one officer or director of the nonprofit o	rganization				
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely or seeking the license. Further, I agree that the to another individual or entity. I agree to of from Wisconsin-permitted wholesalers. I unbe deemed a refusal to allow inspection. See that any license issued contrary to Wis. State be prosecuted for submitting false statement provides materially false information on this	n behalf of the ap e rights and respiperate according derstand that lact uch refusal is a reat. Chapter 125 slats and affidavits	plicant organization and no onsibilities conferred by the to the law, including but no k of access to any portion o misdemeanor and grounds hall be void under penalty in connection with this appl	ot on behalf e license(s), ot limited to, of a licensed for revocati of state law. ication, and	of any of if grant purcha premison of the I further that any	other individual or entity ed, will not be assigned asing alcohol beverages es during inspection will is license. I understand a understand that I may by person who knowingly
Last Name		First Name			M.I.
Adsit		Christy			
Title Chamber President	Email				Phone
Signatural Adril	4		Date	(08/19/25
l					
Part E: For Clerk Use Only	Settretary		32363		U Ta Sita
Date Application Was Filed With Clerk 08/19/25		License Number	50		14
Date License Granted		Date License Issued			
09/02/25			09/0	3/25	
Signature of Clerk/Deputy Clerk					

AB-220

Temporary Alcohol Beverage License

Municipality	
Richland	Center

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

Part A: Organization Informa	ation	increase a lateral for				
1. Organization Name						
Greater Richland Area Chamber of Commerce						
2. Organization Permanent Address						
397 West Seminary S	t		2			all was a sure and a s
3. City		11			4. State	5. Zip Code
Richland Center					WI	53581
6. Mailing Address (if different from pe						
PO Box 473, Richland	d Cent					
7. FEIN		8. Date of Organization/Inco	orporation			ization/Incorporation
10.51		08/10/17		W	isconsi	n
10. Phone (608) 649-3376		11. Email				
		info@chamber.o	org			
12. Organization type (check one)	2 101 10	7800007			857.560	
☐ Bona Fide Club ☐	Church	☐ Fair Association	on/Agricultural Societ	ty	☐ Vete	ran's Organization
☐ Lodge/Society ☑] Chambe	er of Commerce or similar	Civic or Trade Orga	niza	tion under o	ch. 181, Wis. Stats.
13. Is this organization required to	hold a Wi	sconsin Seller's permit?				Yes 🗹 No
14. Wisconsin Seller's Permit Number	(if applicab	ole)				
	Will orliers	a and plant seams plant the	en			I
Part B: Individual Informatio	n	deno siai diliwanitananan	at amentific has atte	D.Prisk	into autor on	Mindre of heart of the submit
List the name, title, and phone nu (Form AB-100) for each person lis	mber for sted belov	all officers, directors, and v. Attach additional sheets	agent of the organize if necessary.	zatio	n. Include a	n Individual Questionnaire
Corporations must also include Al	cohol Bev	verage Appointment of Age	ent (Form AB-101).			
Last Name	First Na	ime	Title			Phone
Adsit	Chris	ty	President			
Woodhouse	Craig		Vice President			
Bedward	Katie		Secretary			
Edgington	John		Treasurer			

Part C: Event Information						nison
Name of Event (if applicable)						
Suits & Sequins Fall Wine	Walk					
2. Dates of Operation 3. Hours of Operation						
09/26/2025			Louis Albertania (1997)		8:30PM	
4. Premises Address						
Wallace Cooper & Elliott	- 197 S Mai	n St				
5. City		THE STREET	6. 8	State	7. Zip Code	
Richland Center				WI	53581	
8. County	9. Governing Munic	ipality City Town	☐ Villag		0. Aldermanic Di	strict
Richland	of: Richland		villag	,	o. / udoimanio Di	5.1101
11. Organizer of Event (if not the named applicar		12. Email and/or Phone Num	ber for Or	— L roanizer	of Event	
γ,	,		1001 101 01	gamzer		
13. Organizer Website		14. Event Website				
rcchamber.org		14. Event viebsite				
15. Premises Description - Describe the built						
alcohol beverage activities and storage or diagram and additional sheets if nece Front Room	essary.	ocur only on the premises t	described	2 HT (HS	з аррисацоп. 7	масн а тар
Part D: Attestation		nominant statut	1000			Jacob Ci
Who must sign this application?						
one officer or director of the nonprofit of	organization					
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely or seeking the license. Further, I agree that the to another individual or entity. I agree to or from Wisconsin-permitted wholesalers. I unbe deemed a refusal to allow inspection. Such that any license issued contrary to Wis. Stop be prosecuted for submitting false stateme provides materially false information on this	n behalf of the ap ne rights and respo operate according nderstand that lact Such refusal is a n at. Chapter 125 st ents and affidavits i	plicant organization and no onsibilities conferred by the to the law, including but no c of access to any portion o nisdemeanor and grounds nall be void under penalty on connection with this appli	ot on beha e license(ot limited of a licens for revoc of state la ication, a	alf of ar s), if grato, pure ed preneation of w. I fur nd that	ny other individual anted, will not chasing alcohomises during in f this license. Ther understar any person when the chast any person when the chast and the	dual or entity be assigned of beverages aspection will I understand and that I may
Last Name		First Name				M.I.
Adsit		Christy				
Title	Email	**		-tradition of	Phone	-
Chamber President		110 11			(600)	
Signal Adril			Date		08/19/25	
Part E: For Clerk Use Only	Recretary		Ratie			Paris tops
Date Application Was Filed With Clerk 08/19/25		License Number				
Date License Granted 09/02/25		Date License Issued	09/	/03/2	.5	
Signature of Clerk/Deputy Clerk						

Form AB-220

Temporary Alcohol Beverage License

Municipality	
Richland	Center

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

Part A: Organization Informa	tion				
1. Organization Name					
Greater Richland Are	a Char	mber of Commerce	2		
2. Organization Permanent Address					
397 West Seminary St					
3. City				4. State	5. Zip Code
Richland Center				MI	53581
6. Mailing Address (if different from per	manent a	ddress)			
PO Box 473, Richland	Cente	er, WI 53581		West 2004 100 100 100 100 100 100 100 100 100	
7. FEIN		8. Date of Organization/Inc	orporation	9. State of Organ	ization/Incorporation
		08/10/17		Wisconsi	n
10. Phone		11. Email			
(608) 649-3376		info@chamber.	org		
12. Organization type (check one)					
☐ Bona Fide Club ☐	Church	☐ Fair Association	on/Agricultural Socie	ety 🔲 Vete	eran's Organization
☐ Lodge/Society ☑	Chambe	r of Commerce or similar	Civic or Trade Org	anization under o	ch. 181, Wis. Stats.
13. Is this organization required to h	nold a Wis	sconsin Seller's permit? .			Yes 🗹 No
14. Wisconsin Seller's Permit Number (if applicab	le)			
Part B: Individual Information	वा शहर ।	o Aveuad Jatum blos an in	HITE (IST ISTIGATION)	SIG LERV US YES	mar ony na succession
	in terrute	line not discordsone	or alliancide brigging	n laine distancem	Otherwise in househors of
List the name, title, and phone nur (Form AB-100) for each person list				ization. Include a	an Individual Questionnaire
Corporations must also include Alo	ohol Bev	erage Appointment of Ag	ent (Form AB-101).		
Last Name	First Na	me	Title		Phone
Adsit	Chris	ty	President		
Woodhouse	Craig		Vice Presid	dent	1600) 601
Bedward	Katie		Secretary		
Edgington	John		Treasurer		

Part C: Event Information			73.611.65.6			mion
Name of Event (if applicable)		 				
Suits & Sequins Fall Wine	Walk					
2. Dates of Operation			3 Hou	rs of Op	eration	
09/26/2025					- 8:30PM	
			٥.٠	JOFFI	0.50114	
4. Premises Address Verizon- Team Wireless -	172 C Main	C+				
	1/2 5 Main		10	Ctata	7 7in Code	
5. City			6.	. State	7. Zip Code 53581	
Richland Center		: ::		WI		-1-1-1
8. County Richland	of: Richland	ipality City Town	☐ Villa	age	10. Aldermanic Di	strict
		12. Email and/or Phone Num	.b (l	as of Event	
11. Organizer of Event (if not the named applicant	nt)	12. Email and/or Phone Num	iber ior	Organize	er or Event	
42 Oznazina Wahaita		14. Event Website				
13. Organizer Website		14. Event vvedsite				
rcchamber.org 15. Premises Description - Describe the bui						
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. Main Floor					Attach a map	
Part D: Attestation				- FT		7 27 (-7
Who must sign this application?						
one officer or director of the nonprofit of	organization					
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely o seeking the license. Further, I agree that It to another individual or entity. I agree to of from Wisconsin-permitted wholesalers. I up be deemed a refusal to allow inspection. State any license issued contrary to Wis. State prosecuted for submitting false statement provides materially false information on the	n behalf of the ap he rights and respo perate according nderstand that lact Such refusal is a n tat. Chapter 125 sl ents and affidavits i	plicant organization and no onsibilities conferred by the to the law, including but no k of access to any portion o nisdemeanor and grounds hall be void under penalty in connection with this appl	ot on be e licens ot limite of a licer for revo of state lication,	ehalf of e(s), if ged to, pure nsed proposation law. I for and that	any other indivious anted, will not urchasing alcoholemises during in of this license. The understant any person will any pers	dual or entity be assigned of beverages aspection will I understand and that I may
Last Name		First Name	11000-1100			M.I.
Adsit		Christy				
Title	Email				Phone	
Chamber President						
Signature Afrit			Da	te	08/19/25	
Part E: For Clerk Use Only	THE TOWARD		0			Francis Inc.
Date Application Was Filed With Clerk	V TECHNOSI	License Number				10 2 1 W 1 2 1 W
08/19/25		Lioundo (valido)				
Date License Granted 09/02/25		Date License Issued	0	9/03/	25	
Signature of Clerk/Deputy Clerk		L				

AB-220

Temporary Alcohol Beverage License

Municipality	
Richland	Center

License(s) Requested		F	A Digament A	
		License Fees	\$	10.00
✓ Temporary "Class B" Wine	✓ Temporary Class "B" Beer	Background Check	\$	
		Total Fees	\$	10.00

Part A: Organization Informa	tion		-		An estimate	
1. Organization Name						
Greater Richland Are	ea Chai	mber of Commer	ce			
2. Organization Permanent Address			14			
397 West Seminary St	:					
3. City					4. State	5. Zip Code
Richland Center					WI	53581
6. Mailing Address (if different from pe						
PO Box 473, Richland	Cent	er, WI 53581				
7. FEIN		8. Date of Organization/	Incorporation			nization/Incorporation
		08/10/17		M	lisconsi	n .
10. Phone		11. Email				
(608) 649-3376		info@chamber	org.			
12. Organization type (check one)						
☐ Bona Fide Club ☐	Church	☐ Fair Assoc	ation/Agricultural Soci	iety	☐ Vet	eran's Organization
☐ Lodge/Society ☑	Chambe	r of Commerce or sim	ilar Civic or Trade Ord	aniza	ation under	ch. 181. Wis. Stats.
	90.00.0000000					
13. Is this organization required to h	nold a Wi	sconsin Seller's permit	?			Yes 🗹 No
14. Wisconsin Seller's Permit Number (if applicab	le)	1 15			
Part B: Individual Information	n alta	there and the period	on of steelstip has at	menne	dels enjoin	nithmetice set before areas as
List the name, title, and phone nu (Form AB-100) for each person lis				nizatio	on. Include	an Individual Questionnaire
Corporations must also include Ale	cohol Bev	erage Appointment of	Agent (Form AB-101)).		
Last Name	First Na	me	Title			Phone
Adsit	Chris	ty	President			
Woodhouse	Craig		Vice President			
Bedward	Katie		Secretary			
Edgington	John		Treasurer		- 11	

							20010
Part C: Event Information	i Louis						mio
Name of Event (if applicable)							
Suits & Sequins Fall Wine	Walk		attenden				
2. Dates of Operation			3. Hours of Operation				
09/26/2025			5	:30PM	-	8:30PM	
4. Premises Address TKO BBQ - 165 W Court St							
5. City				6. State		7. Zip Code	The second second second
Richland Center				WI		53581	
8. County	9. Governing Munic	cipality City Town		/illage	10.	Aldermanic Dis	strict
Richland	of:Richlan	d Center					
11. Organizer of Event (if not the named applicar	nt)	12. Email and/or Phone Nu	mber f	or Organi	zer of	Event	
13. Organizer Website		14. Event Website					
rcchamber.org							
D. d.D. A444-41							
Part D: Attestation	19-19-19-19-19	to the transfer of the	-	arto III		attended to sect of	1-4-51
Who must sign this application?							
one officer or director of the nonprofit of							
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely of seeking the license. Further, I agree that I to another individual or entity. I agree to of from Wisconsin-permitted wholesalers. I unbe deemed a refusal to allow inspection. Sthat any license issued contrary to Wis. Stop prosecuted for submitting false stateme provides materially false information on this	n behalf of the ap ne rights and resp operate according nderstand that lac Such refusal is a r at. Chapter 125 s nts and affidavits	plicant organization and nonsibilities conferred by the to the law, including but read of access to any portion misdemeanor and grounds hall be void under penalty in connection with this apprendict that is apprendicted.	ot on ne lice not lim of a lice s for re of sta	behalf on nse(s), in the to, posterior to, posterior to, posterior to the total to, posterior to the total to, and the to, and	f any f grar ourch oremi n of t furth hat a	other individual of the content of t	dual or entity be assigned of beverages spection will funderstand and that I may
Last Name		First Name					M.I.
Adsit		Christy					
Title	Email					Phone	
Chamber President							
Signal Westy Adril				Date		08/19/25	9 X
Part E: For Clerk Use Only				12[programme and the second
Date Application Was Filed With Clerk	(1833/1996	License Number					
08/19/25		Election Number					
Date License Granted 09/02/25		Date License Issued		09/03	/25		
Signature of Clerk/Deputy Clerk							

AB-220

Temporary Alcohol Beverage License

Municipality	
Richland	Center

License(s) Requested		F	ees	internal de la
		License Fees	\$	10.00
✓ Temporary "Class B" Wine	✓ Temporary Class "B" Beer	Background Check	\$	
		Total Fees	\$	10.00

Part A: Organization Informa	tion	THAT SHOWS SEE TO VE			
1. Organization Name		Zatorie za pod 19. dok lastifica			
Greater Richland Are	ea Cha	mber of Commerce			
2. Organization Permanent Address					
397 West Seminary St	:				
3. City				4. State	5. Zip Code
Richland Center				WI	53581
6. Mailing Address (if different from pe		53			
PO Box 473, Richland	l Cent				
7. FEIN		8. Date of Organization/Inco	rporation		nization/Incorporation
		08/10/17		Wisconsi	n
10. Phone (608) 649-3376		11. Email			
		info@chamber.o	rg		
12. Organization type (check one)					
	Church	☐ Fair Associatio	n/Agricultural Socie	ty 🗌 Vete	eran's Organization
☐ Lodge/Society ☑	Chambe	er of Commerce or similar	Civic or Trade Orga	anization under	ch. 181, Wis. Stats.
13. Is this organization required to	hold a Wi	sconsin Seller's permit?	,		Yes 🗹 No
14. Wisconsin Seller's Permit Number	(if applicab	le)			9
Part B: Individual Information	n n note	o verg affact pensity of	nic car rengina de ni albertille luca sin	amareta asial ar	nuo beures seress) vite mis. attimise ini heti seamo as.
List the name, title, and phone nu (Form AB-100) for each person lis				zation. Include	an Individual Questionnaire
Corporations must also include Ale	cohol Bev	verage Appointment of Age	ent (Form AB-101).		
Last Name	First Na	me	Title		Phone
Adsit	Chris	ty	President		2025
Woodhouse	Craig		Vice President		
Bedward	Katie		Secretary		
Edgington	John		Treasurer		

- 1 -

Part C: Event Information		400 F				:nio-
1. Name of Event (if applicable)						-
Suits & Sequins Fall Wine	Walk					
2. Dates of Operation			3. Hou	rs of Op	eration	
09/26/2025 5:30PM -				- 8:30PM		
4. Premises Address						
Richland Family Restaurant	t - 211 N M	ain St				
5. City			6.	State	7. Zip Code	
Richland Center	300000000000000000000000000000000000000				53581	
8. County	9 Governing Munic	cipality V City Town	☐ Villa		10. Aldermanic D	istrict
Richland	of: Richland		v	age	10.7 adormanio B	iou iot
11. Organizer of Event (if not the named applicar		12. Email and/or Phone Num	nber for	— L Organize	er of Event	
11. Organizer of Event (if not the named applical	,	12. Email and/of Thorie Hair		O game	51	
13. Organizer Website		14. Event Website				
		14. Event Website				
rcchamber.org 15. Premises Description - Describe the buil						
or diagram and additional sheets if nece Main Floor	ssary.					
Part D: Attestation Who must sign this application? • one officer or director of the nonprofit of	organization			- 17		7 2405.5
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely o seeking the license. Further, I agree that the to another individual or entity. I agree to of from Wisconsin-permitted wholesalers. I up be deemed a refusal to allow inspection. Such that any license issued contrary to Wis. Stop be prosecuted for submitting false stateme 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 o misdemeanor and grounds hall be void under penalty of in connection with this appl	ot on be e licens ot limite of a licen for reve of state lication,	chalf of e(s), if g ed to, pu nsed pro ocation law. I fo and that	any other indivi granted, will no urchasing alcoh emises during i of this license. urther understa at any person w	idual or entity t be assigned tol beverages inspection will I understand and that I may who knowingly
Last Name	Т	First Name				M.I.
Adsit		Christy				
Title	Email				Phone	
Chamber President	Email	19 to 650 miles				
Sweety Adort			Da	te	08/19/25	5
Part E: For Clerk Use Only	Secretary		9178	31		ballward
Date Application Was Filed With Clerk 08/19/25		License Number				-
Date License Granted		Date License Issued				
09/02/25		Date Election 1990ed	0	9/03/	25	
Signature of Clerk/Deputy Clerk				,/	274670-Y	
VE 89						

Temporary Alcohol Beverage License

Municipality	
Richland	Center

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

Part A: Organization Infor	mation			desired a series and	Part Walley Committee Committee
1. Organization Name			************		
Greater Richland A	rea Cha	mber of Commerce			
2. Organization Permanent Addres	s				
397 West Seminary	St				
3. City				4. State	5. Zip Code
Richland Center				MI	53581
Mailing Address (if different from	73.				
PO Box 473, Richla	ind Cent				
7. FEIN		8. Date of Organization/Inco	orporation		ization/Incorporation
		08/10/17		Wisconsi	n
10. Phone		11. Email			
(608) 649-3376		info@chamber.c	org		
12. Organization type (check one)					
☐ Bona Fide Club	☐ Church	☐ Fair Association	on/Agricultural Socie	ety 🔲 Vete	eran's Organization
☐ Lodge/Society	Chambe	er of Commerce or similar	Civic or Trade Orga	anization under o	ch. 181. Wis. Stats.
					1000 2000000 900000000000000000000000000
13. Is this organization required	to hold a Wi	sconsin Seller's permit? .			☐ Yes ☑ No
14. Wisconsin Seller's Permit Numb	er (if applicat	ole)		(4)	
			122 22 23 17 17		
Part B: Individual Information	tion	in pe visit under per ing of	il. Uliabiliti 120 Sha she and affidolita in	na was erdemen	THE THE REPORT OF THE THE
List the name, title, and phone (Form AB-100) for each person				ization. Include a	an Individual Questionnaire
Corporations must also include	Alcohol Be	verage Appointment of Ag	ent (Form AB-101).		
Last Name	First Na	ame	Title		Phone
Adsit	Chris	ty	President		
Woodhouse	Craig		Vice President		
Bedward	Katie		Secretary		
Edgington	John		Treasurer		

Part C: Event Information					nite-
1. Name of Event (if applicable)					
Suits & Sequins Fall Wine	Walk				
2. Dates of Operation			3. Hours of C		
09/26/2025 5:30PM			- 8:30PM	- 8:30PM	
4. Premises Address	0.00				
Richland Locker - 590 S Ma	ain St				
5. City			6. State	- Company of the Comp	
Richland Center			WI		
8. County Richland	9. Governing Munic of: Richland		☐ Village	10. Aldermanic Di	strict
11. Organizer of Event (if not the named applicar	Control of the contro	12. Email and/or Phone Num	ber for Organi	zer of Event	
			S 85 855 SE		
13. Organizer Website		14. Event Website			
rcchamber.org					
stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if nece Main Floor	of records may or				
Part D: Attestation					
	Annual Commission (Commission Commission Com	unisines And The	design (C)	7,171.25	Dame C.
Who must sign this application? • one officer or director of the nonprofit of					
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely or seeking the license. Further, I agree that It to another individual or entity. I agree to or from Wisconsin-permitted wholesalers. I ur be deemed a refusal to allow inspection. So that any license issued contrary to Wis. St be prosecuted for submitting false stateme provides materially false information on this	Under penalty of n behalf of the ap ne rights and responderstand that lack of the following and the such refusal is a rat. Chapter 125 slots and affidavits	plicant organization and no onsibilities conferred by the to the law, including but no k of access to any portion o misdemeanor and grounds hall be void under penalty of in connection with this appli	t on behalf of a license(s), if of limited to, properties of a licensed properties of state law. It is attaction, and the license of state law. It is attaction, and the license of state law.	If any other individent of granted, will not purchasing alcohoremises during in of this license. If the understand any person will hat any person will find the understand	dual or entity be assigned bl beverages espection will I understand and that I may
Last Name		First Name			M.I.
Adsit		Christy		r2.	
Title Chamber President	Email	100		Phone	
Signature Like of Add			Date	08/19/25	
Part E: For Clerk Use Only	Secretary	1	S. ICT		26 KL298
Date Application Was Filed With Clerk 08/19/25		License Number			
Date License Granted 09/02/25		Date License Issued	09/03	/25	
Signature of Clerk/Deputy Clerk					

AB-220

Temporary Alcohol Beverage License

Municipality	
Richland	Center

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

Part A: Organization Informa	ation	mager officer of material married rate	T		THE WARRY OF THE SECTION OF
1. Organization Name		THE PARTY OF THE P			
Greater Richland Are	ea Cha	mber of Commerce			"
2. Organization Permanent Address		***************************************			
397 West Seminary St	t				
3. City				4. State	5. Zip Code
Richland Center				MI	53581
6. Mailing Address (if different from pe		N			
PO Box 473, Richland	Cent	appears, seconds, sentence account			
7. FEIN		8. Date of Organization/Inco	rporation		nization/Incorporation
40 Bhana		08/10/17		Wisconsi	.n
10. Phone (608) 649-3376		11. Email info@chamber.o	ra		
		THIOGCHAMDEL.O	19		
12. Organization type (check one)					
	Church		n/Agricultural Socie	Č.,	eran's Organization
☐ Lodge/Society ✓	Chambe	er of Commerce or similar	Civic or Trade Orga	anization under	ch. 181, Wis. Stats.
13. Is this organization required to	hold a Wi	sconsin Seller's permit?			☐ Yes ☑ No
14. Wisconsin Seller's Permit Number	(if applicab	le)	2		, , ,
THE RESERVE TO SECTION OF SECTION 2.	GREE REPORTS TO	o vilaneo reanu piov eo he	one est content of the	Sar, John H. Charle	THE PROPERTY OF THE PARTY OF TH
Part B: Individual Informatio	n anti-	James to strattice and more on	or elementar have sto	omatela solol n	Hithmetics and high macroscopel
List the name, title, and phone nu (Form AB-100) for each person lis				zation. Include	an Individual Questionnaire
Corporations must also include Al	cohol Bev	verage Appointment of Age	ent (Form AB-101).		
Last Name	First Na	me	Title		Phone
Adsit	Chris	ty	President		
Woodhouse	Craig		Vice President		
Bedward	Katie		Secretary		
Edgington	John		Treasurer		
			L		

Part C: Event Information	North Addition	and the same	-16	-	and the		
1. Name of Event (if applicable) Suits & Sequins Fall Wine	Mall.						1 4
2. Dates of Operation	Walk		12.1	laura of O		_	
				lours of O	4 - 8:30PM		
4. Premises Address				.50111			
The Phoenix Center - 100	S Orange S	t					
5. City			6. State		7	7. Zip Code	
Richland Center					53581		
8. County	9. Governing Mun	icipality V City	Town 🔲	Village	10. Al	dermanic Di	istrict
Richland		nd Center			i.		
11. Organizer of Event (if not the named applica	nt)	12. Email and/or Ph	none Number	for Organiz	zer of E	event	
13. Organizer Website		14. Event Website					
		14. Event Website					
rcchamber.org 15. Premises Description - Describe the bui							
Part D: Attestation		Alonia a sa sie 7. F	7				39
Part D: Attestation Who must sign this application?	i parales IV. tres e Altres de Se	Administration for Australia To	7				a
Part D: Attestation Who must sign this application? • one officer or director of the nonprofit	organization	Avoid on the Astron	3 4				5-m-8
Who must sign this application?	Under penalty on behalf of the a he rights and resoperate according that la Such refusal is a tat. Chapter 125 ents and affidavits	pplicant organization ponsibilities conferred to the law, including the faccess to any misdemeanor and shall be void under to in connection with	n and not on ed by the lice ng but not lin portion of a li grounds for rependity of statis applicati	behalf of ense(s), if nited to, p censed p evocation ate law. I on, and th	grant grant grant purcha remise n of the furthe nat any	other indivi- ed, will not sing alcoh- es during ir is license. r understar y person w	dual or entity t be assigned ol beverages nspection wil I understand nd that I may ho knowingly
Who must sign this application? • one officer or director of the nonprofit of the composition of the compos	Under penalty on behalf of the a he rights and resoperate according that la Such refusal is a tat. Chapter 125 ents and affidavits	pplicant organization ponsibilities conferred to the law, including the following the law of access to any misdemeanor and expension with a sin connection with a perequired to for First Name	n and not on ed by the lice ng but not lin portion of a li grounds for rependity of statis applicati	behalf of ense(s), if nited to, p censed p evocation ate law. I on, and th	grant grant grant purcha remise n of the furthe nat any	other indivi- ed, will not sing alcoh- es during ir is license. r understar y person w	dual or entity t be assigned of beverage nspection wi I understand nd that I may ho knowingly
Who must sign this application? • one officer or director of the nonprofit of the composition of the compos	Under penalty on behalf of the a he rights and resoperate according that la Such refusal is a tat. Chapter 125 ents and affidavits	pplicant organization ponsibilities conferred to the law, including the faccess to any misdemeanor and shall be void under and the connection with any be required to for the possible properties.	n and not on ed by the lice ng but not lin portion of a li grounds for rependity of statis applicati	behalf of ense(s), if nited to, p censed p evocation ate law. I on, and th	grant grant grant purcha remise n of the furthe nat any	other indivi- ed, will not sing alcoh- es during ir is license. r understar y person w	dual or entity to be assigned of beverages in spection will understand that I may ho knowing!
Who must sign this application? • one officer or director of the nonprofit of the compact of th	Under penalty on behalf of the a he rights and resoperate according that la Such refusal is a tat. Chapter 125 ents and affidavits	pplicant organization ponsibilities conferred to the law, including the following the law of access to any misdemeanor and expension with a sin connection with a perequired to for First Name	n and not on ed by the lice ng but not lin portion of a li grounds for rependity of statis applicati	behalf of ense(s), if nited to, p censed p evocation ate law. I on, and th	f any of grants ourcha remisen of the furthe nat any 000 if	other indivi- ed, will not sing alcoh- es during ir is license. r understar y person w	dual or entit t be assigned of beverage aspection wi I understand and that I ma who knowingl
Who must sign this application? • one officer or director of the nonprofit of the nonprofi	Under penalty on behalf of the a he rights and resoperate according that la Such refusal is a tat. Chapter 125 ents and affidavitals application ma	pplicant organization ponsibilities conferred to the law, including the following the law of access to any misdemeanor and expension with a sin connection with a perequired to for First Name	n and not on ed by the lice ng but not lin portion of a li grounds for rependity of statis applicati	behalf of ense(s), if nited to, p censed p evocation ate law. I on, and th	f any of grants ourcha remisen of the furthe nat any 000 if	other indivied, will not sing alcohes during ir license. I understary person w convicted.	dual or entit t be assigne ol beverage nspection wi I understan nd that I ma tho knowingl
Who must sign this application? • one officer or director of the nonprofit of the composition of the compos	Under penalty on behalf of the a he rights and resoperate according that la Such refusal is a tat. Chapter 125 ents and affidavitals application ma	pplicant organization ponsibilities conferred to the law, including the following the law of access to any misdemeanor and expension with a sin connection with a perequired to for First Name	n and not on ed by the lice ng but not lin portion of a li grounds for rependity of statis applicati	behalf of ense(s), if nited to, p censed p revocation ate law. I on, and th than \$1,0	f any of grant our charen sen of the further nat any 000 if	other indivied, will not sing alcohes during ir license. I understary person w convicted.	dual or entite to be assigned to be used to
Who must sign this application? • one officer or director of the nonprofit of the composition of the compos	Under penalty on behalf of the a he rights and resoperate according that la Such refusal is a tat. Chapter 125 ents and affidavitals application ma	pplicant organization ponsibilities conferred to the law, including the following the law of access to any misdemeanor and expension with a sin connection with a perequired to for First Name	n and not on ed by the lice ng but not lin portion of a li grounds for rependity of statis applicati	behalf of ense(s), if nited to, p censed p revocation ate law. I on, and th than \$1,0	f any of grant our charen sen of the further nat any 000 if	other indivied, will not sing alcohes during ir is license. Ir understary person w convicted.	dual or entite to be assigned to be used to
Who must sign this application? • one officer or director of the nonprofit of the composition of the compos	Under penalty on behalf of the a he rights and resoperate according that la Such refusal is a tat. Chapter 125 ents and affidavitals application ma	pplicant organization ponsibilities conferred to the law, including the following the law of access to any misdemeanor and expension with a sin connection with a perequired to for First Name	n and not on ed by the lice ng but not lin portion of a li grounds for rependity of statis applicati	behalf of ense(s), if nited to, p censed p revocation ate law. I on, and th than \$1,0	f any of grant our charen sen of the further nat any 000 if	other indivied, will not sing alcohes during ir is license. Ir understary person w convicted.	dual or entit t be assigne of beverage aspection wi I understan and that I ma tho knowing!
Who must sign this application? • one officer or director of the nonprofit of the composition of the compos	Under penalty on behalf of the a he rights and resoperate according that la Such refusal is a tat. Chapter 125 ents and affidavitals application ma	pplicant organization ponsibilities conferred to the law, including the following the law of access to any misdemeanor and expension with a sin connection with a perequired to for First Name	n and not on ed by the lice ng but not lin portion of a li grounds for r penalty of st this applicati feit not more	behalf of ense(s), if nited to, p censed p revocation ate law. I on, and th than \$1,0	f any of grant our charen sen of the further nat any 000 if	other indivied, will not sing alcohes during ir is license. Ir understary person w convicted.	dual or entity to be assigned of beverages inspection will understand ind that I may the knowingly M.I.
Who must sign this application? • one officer or director of the nonprofit of the composition of the compos	Under penalty on behalf of the a he rights and resoperate according that la Such refusal is a tat. Chapter 125 ents and affidavitals application ma	pplicant organization ponsibilities conferred to the law, including the faces to any misdemeanor and eshall be void under any be required to for First Name Christy	n and not on ed by the lice ng but not lin portion of a li grounds for r penalty of st this applicati feit not more	behalf of ense(s), if nited to, p censed p revocation ate law. I on, and th than \$1,0	f any of grants our characterists of the further characterists of the furt	other indivied, will not sing alcohes during ir is license. Ir understary person w convicted.	dual or entit t be assigned of beverage aspection will understand and that I mand the knowing!

AB-220

Temporary Alcohol Beverage License

Municipality	
Richland	Center

License(s) Requested	y susania Boverage Lie	84 A F	ees	LA - LA
		License Fees	\$	10.00
✓ Temporary "Class B" Wine	✓ Temporary Class "B" Beer	Background Check	\$	
		Total Fees	\$	10.00

Part A: Organization In	formation	n dra drama	100	(consense	ede on the fire	TO THE PERSON NAMED OF THE
1. Organization Name						
Greater Richland	d Area Chamb	er of Com	merce			
2. Organization Permanent Ad	ldress					
397 West Semina:	ry St					
3. City					4. State	5. Zip Code
Richland Center					WI	53581
6. Mailing Address (if different	58					
PO Box 473, Rich						
7. FEIN	8.		tion/Incorporation	15/803/035		nization/Incorporation
		08/10/17		V	Visconsi	n
10. Phone	11	. Email				
(608) 649-3376		info@cham	ber.org			
12. Organization type (check of	one)					
☐ Bona Fide Club	☐ Church	☐ Fair As	ssociation/Agricultural	Society	☐ Vete	eran's Organization
☐ Lodge/Society	☑ Chamber of the control of the	of Commerce or	similar Civic or Trade	Organiz	ation under	ch. 181, Wis. Stats.
14. Wisconsin Seller's Permit N		o inger penalty	nov so dana oz r teligas oz	io anto .	ilitery to vvis	ios bauss earms ir you mid
List the name, title, and ph (Form AB-100) for each pe Corporations must also inc	rson listed below.	Attach additiona	I sheets if necessary.		on. Include	an Individual Questionnaire
Last Name	First Nam		Title	101/.		Phone
Adsit	Christy	7	Preside	President		
Woodhouse	Craig		Vice Pro	Vice President		
Bedward	Katie		Secreta	ry		
Edgington	John		Treasure	er		

Part C: Event Information		and the stand					
Name of Event (if applicable)	77 11						
Suits & Sequins Fall Wine	Walk			1			
2. Dates of Operation					3. Hours of Operation 5:30PM - 8:30PM		
09/26/2025				5	:30PM	- 8	3:30PM
4. Premises Address							
Los Amigos 2 - 100 N Main	St						
5. City					6. State		7. Zip Code
Richland Center .				_	MI		53581
8. County	Proposition in the state of the Control of the Cont	cipality City	☐ Town	\square \lor	/illage	10. A	Idermanic District
Richland	of: Richlan					<u> </u>	
11. Organizer of Event (if not the named applicant	nt)	12. Email and/or	Phone Nun	nber f	or Organiz	zer of	Event
13. Organizer Website		14. Event Websi	te				
rcchamber.org							
Part D: Attestation Who must sign this application?	Tiller ja kerye	an car was	waj ka			12.11	AD Andread
Who must sign this application? • one officer or director of the nonprofit of				rine		12.11	d Dabol croff
Who must sign this application? • one officer or director of the nonprofit of READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely o seeking the license. Further, I agree that I to another individual or entity. I agree to offrom Wisconsin-permitted wholesalers. I up be deemed a refusal to allow inspection. Sthat any license issued contrary to Wis. Stip be prosecuted for submitting false statements.	Under penalty on behalf of the appearance rights and responderstand that lace according to the control of the c	oplicant organizationsibilities confectoring to the law, inclucted of access to armisdemeanor and the void under in connection wi	tion and no erred by the ding but no by portion of d grounds er penalty th this app	ot on e lice ot lim of a lic for re of sta licatio	behalf of nse(s), if ited to, p censed p evocation ite law. I on, and th	f any gran ourcha remis n of th further	other individual or ent ted, will not be assign asing alcohol beverag ses during inspection v his license. I understa er understand that I m by person who knowing
Who must sign this application? • one officer or director of the nonprofit of READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely of seeking the license. Further, I agree that the to another individual or entity. I agree to off from Wisconsin-permitted wholesalers. I up to deemed a refusal to allow inspection. Such that any license issued contrary to Wis. Stop to prosecuted for submitting false statements provides materially false information on the	Under penalty on behalf of the appearance rights and responderstand that lace according to the control of the c	oplicant organizationsibilities confectoring to the law, inclucted of access to an inside meanor and the connection with the connection with the connection of the connection with the connection with the connection of the connect	tion and no erred by the ding but no by portion of d grounds er penalty th this app	ot on e lice ot lim of a lic for re of sta licatio	behalf of nse(s), if ited to, p censed p evocation ite law. I on, and th	f any gran ourcha remis n of th further	other individual or ent ted, will not be assign asing alcohol beverag ses during inspection v his license. I understa er understand that I m by person who knowing convicted.
Who must sign this application? • one officer or director of the nonprofit of READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely o seeking the license. Further, I agree that I to another individual or entity. I agree to offrom Wisconsin-permitted wholesalers. I up to deemed a refusal to allow inspection. Such that any license issued contrary to Wis. Stop prosecuted for submitting false statements.	Under penalty on behalf of the appearance rights and responderstand that lace according to the control of the c	oplicant organizationsibilities confectoring to the law, inclucted of access to an inside meanor and shall be void under in connection with the required to formal the properties of the propert	tion and no erred by the ding but no by portion of d grounds er penalty th this app	ot on e lice ot lim of a lic for re of sta licatio	behalf of nse(s), if ited to, p censed p evocation ite law. I on, and th	f any gran ourcha remis n of th further	other individual or ent ted, will not be assign asing alcohol beverag ses during inspection v his license. I understa er understand that I m by person who knowing
Who must sign this application? • one officer or director of the nonprofit of READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely of seeking the license. Further, I agree that the total another individual or entity. I agree to offrom Wisconsin-permitted wholesalers. I up be deemed a refusal to allow inspection. Such that any license issued contrary to Wis. Stope prosecuted for submitting false statemed provides materially false information on the Last Name	Under penalty on behalf of the appearate according orderstand that lacks. Chapter 125 sents and affidavits is application ma	oplicant organizationsibilities confectoring to the law, inclucted of access to an inside meanor and the connection with the connection with the connection of the connection with the connection with the connection of the connect	tion and no erred by the ding but no by portion of d grounds er penalty th this app	ot on e lice ot lim of a lic for re of sta licatio	behalf of nse(s), if ited to, p censed p evocation ite law. I on, and th	f any gran ourcha remis n of th further	other individual or ent ted, will not be assign asing alcohol beverag ses during inspection v his license. I understa er understand that I m y person who knowing convicted.
Who must sign this application? • one officer or director of the nonprofit of READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely of seeking the license. Further, I agree that the totanother individual or entity. I agree to offrom Wisconsin-permitted wholesalers. I up to deemed a refusal to allow inspection. Such that any license issued contrary to Wis. Stope prosecuted for submitting false stateme provides materially false information on the Last Name Adsit Title	Under penalty on behalf of the appearance rights and responderstand that lace according to the control of the c	oplicant organizationsibilities confectoring to the law, inclucted of access to an inside meanor and shall be void under in connection with the required to formal the properties of the propert	tion and no erred by the ding but no by portion of d grounds er penalty th this app	ot on e lice ot lim of a lic for re of sta licatio	behalf of nse(s), if ited to, p censed p evocation ite law. I on, and th	f any gran ourcha remis n of th further	other individual or ented, will not be assign alcohol beverages during inspection value license. I understate understand that I may person who knowing convicted.
Who must sign this application? • one officer or director of the nonprofit of READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely of seeking the license. Further, I agree that the total another individual or entity. I agree to office the wind of the first total another individual or entity. I agree to office the wind of the first total and	Under penalty on behalf of the appearate according orderstand that lacks. Chapter 125 sents and affidavits is application ma	oplicant organizationsibilities confectoring to the law, inclucted of access to an inside meanor and shall be void under in connection with the required to formal the properties of the propert	tion and no erred by the ding but no by portion of d grounds er penalty th this app	ot on e lice ot lim of a lic for re of sta lication	behalf of nse(s), if ited to, p censed p evocation ite law. I on, and th than \$1,0	f any gran ourcha remis n of th further	other individual or ented, will not be assign alcohol beverages during inspection value license. I understate understand that I may person who knowing convicted.
Who must sign this application? • one officer or director of the nonprofit of READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely of seeking the license. Further, I agree that the total another individual or entity. I agree to office the wind of the first total another individual or entity. I agree to office the wind of the first total and	Under penalty on behalf of the appearate according orderstand that lacks. Chapter 125 sents and affidavits is application ma	oplicant organizationsibilities confectoring to the law, inclucted of access to an inside meanor and shall be void under in connection with the required to formal the properties of the propert	tion and no erred by the ding but no by portion of d grounds er penalty th this app	ot on e lice ot lim of a lic for re of sta lication	behalf of nse(s), if ited to, p censed p evocation ite law. I on, and th	f any f gran ourcha remis n of th furthenat an	other individual or ented, will not be assign alcohol beverages during inspection value license. I understater understand that I my person who knowin convicted.
Who must sign this application? • one officer or director of the nonprofit of READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely of seeking the license. Further, I agree that the totanother individual or entity. I agree to offrom Wisconsin-permitted wholesalers. I up to deemed a refusal to allow inspection. Such that any license issued contrary to Wis. Stope prosecuted for submitting false stateme provides materially false information on the Last Name Adsit Title	Under penalty on behalf of the appearate according orderstand that lacks. Chapter 125 sents and affidavits is application ma	oplicant organizationsibilities confectoring to the law, inclucted of access to an inside meanor and shall be void under in connection with the required to formal the properties of the propert	tion and no erred by the ding but no by portion of d grounds er penalty th this app	ot on e lice ot lim of a lic for re of sta lication	behalf of nse(s), if ited to, p censed p evocation ite law. I on, and th than \$1,0	f any f gran ourcha remis n of th furthenat an	other individual or ented, will not be assign alcohol beverages during inspection value license. I understater understand that I may person who knowing convicted. M.I. Phone P
Who must sign this application? • one officer or director of the nonprofit of READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely of seeking the license. Further, I agree that the total another individual or entity. I agree to offrom Wisconsin-permitted wholesalers. I use the deemed a refusal to allow inspection. Such that any license issued contrary to Wis. Such	Under penalty on behalf of the appearate according orderstand that lacks. Chapter 125 sents and affidavits is application ma	oplicant organizationsibilities confectoring to the law, inclucted of access to an inside meanor and shall be void under in connection with the required to formal the properties of the propert	tion and no erred by the ding but no ny portion of d grounds er penalty th this app forfeit not r	ot on e lice ot lim of a lic for re of sta lication	behalf of nse(s), if ited to, p censed p evocation ite law. I on, and th than \$1,0	f any f gran ourcha remis n of th furthenat an	other individual or ented, will not be assign alcohol beverages during inspection value license. I understater understand that I may person who knowing convicted. M.I.
Who must sign this application? • one officer or director of the nonprofit of READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely of seeking the license. Further, I agree that the toanother individual or entity. I agree to offrom Wisconsin-permitted wholesalers. I up be deemed a refusal to allow inspection. So that any license issued contrary to Wis. So the prosecuted for submitting false statement provides materially false information on the Last Name Adsit Title Chamber President Part E: For Clerk Use Only	Under penalty on behalf of the appearate according orderstand that lacks. Chapter 125 sents and affidavits is application ma	oplicant organizationsibilities confectors to the law, incluck of access to armisdemeanor and shall be void under in connection with the required to for the confectors Name Christy	tion and no erred by the ding but no ny portion of d grounds er penalty th this app forfeit not r	ot on e lice ot lim of a lic for re of sta lication	behalf of nse(s), if ited to, p censed p evocation ite law. I on, and th than \$1,0	f any f gran ourcha remis n of th furthenat an	other individual or ent ted, will not be assign asing alcohol beverag ses during inspection v nis license. I understa er understand that I m ny person who knowing convicted. M.I. Phone
Who must sign this application? • one officer or director of the nonprofit of READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely of seeking the license. Further, I agree that the total another individual or entity. I agree to offrom Wisconsin-permitted wholesalers. I use the deemed a refusal to allow inspection. Such that any license issued contrary to Wis. Stope prosecuted for submitting false stateme provides materially false information on the Last Name Adsit Title Chamber President Part E: For Clerk Use Only Date Application Was Filed With Clerk	Under penalty on behalf of the appearate according orderstand that lacks. Chapter 125 sents and affidavits is application ma	oplicant organizationsibilities confectors to the law, incluck of access to armisdemeanor and shall be void under in connection with the required to for the confectors Name Christy	tion and no erred by the ding but no by portion of d grounds er penalty th this appli forfeit not r	ot on e lice ot lim of a lic for re of sta lication	behalf of nse(s), if ited to, p censed p evocation ite law. I on, and th than \$1,0	f any f gran ourcha remis n of th furthenat an	other individual or ented, will not be assign alcohol beverages during inspection value license. I understater understand that I may person who knowing convicted. M.I.
Who must sign this application? • one officer or director of the nonprofit of READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely of seeking the license. Further, I agree that the total another individual or entity. I agree to office the wind of the first total and the seeking the license. Further, I agree that the total another individual or entity. I agree to office the wind of the first total and the seeking the deemed a refusal total allow inspection. Such that any license issued contrary to Wis. Stoke prosecuted for submitting false statemed provides materially false information on the last Name Adsit Title Chamber President Signature Part E: For Clerk Use Only Date Application Was Filed With Clerk 08/19/25	Under penalty on behalf of the appearate according orderstand that lacks. Chapter 125 sents and affidavits is application ma	pplicant organizationsibilities confect to the law, incluck of access to armisdemeanor and shall be void under in connection with the required to first Name Christy License Nur	tion and no erred by the ding but no by portion of d grounds er penalty th this appli forfeit not r	ot on e lice ot lim of a lid for re of staticatication	behalf of nse(s), if ited to, p censed p evocation ite law. I on, and th than \$1,0	f any gran gran gran gran gran gran gran gran	other individual or ented, will not be assign alcohol beverages during inspection value license. I understater understand that I may person who knowing convicted. M.I.

AB-220

Temporary Alcohol Beverage License

Municipality	
Richland	Center

License(s) Requested		F	ees	
		License Fees	\$	10.00
✓ Temporary "Class B" Wine	✓ Temporary Class "B" Beer	Background Check	\$	
		Total Fees	\$	10.00

Part A: Organization Informa	tion					
1. Organization Name						
Greater Richland Are	ea Cha	mber of Commerce				
2. Organization Permanent Address						
397 West Seminary St	ī.					
3. City				4. State	5. Zip Code	
Richland Center				WI	53581	
6. Mailing Address (if different from pe		5				
PO Box 473, Richland	d Cent					
7. FEIN 8. Date of Organization/Incorpora			rporation	9. State of Organ	ization/Incorporation	
		08/10/17		Wisconsi	n	
10. Phone		11. Email				
(608) 649-3376		info@chamber.o	rg			
12. Organization type (check one)						
☐ Bona Fide Club	Church	☐ Fair Associatio	n/Agricultural Socie	ety 🗌 Vete	ran's Organization	
☐ Lodge/Society ☑	Chambe	er of Commerce or similar	Civic or Trade Orga	anization under o	ch. 181, Wis. Stats.	
13. Is this organization required to	hold a W	isconsin Seller's permit?			☐ Yes ☑ No	
14. Wisconsin Seller's Permit Number	(if applicat	ole)				
		- 0				
Part B: Individual Informatio	n alala	in de void under penalty of	III. Ost religion (20 an	many 10 Vvis. Sti	that any months saged on	
List the name, title, and phone nu	mber for	all officers, directors, and	agent of the organ	ization. Include a	n Individual Questionnaire	
(Form AB-100) for each person lis						
Corporations must also include Al	cohol Be	verage Appointment of Age	ent (Form AB-101).			
Last Name	First Na	ame	Title		Phone	
Adsit	Chris	ty	President			
Woodhouse	Craig		Vice President			
Bedward	Katie		Secretary			
Edgington	John		Treasurer			

						4.000
Part C: Event Information		warranti baraha ad Awa	NA 141 104	a er pres e	-	1110
Name of Event (if applicable)	27-7-2					
Suits & Sequins Fall Wine	Walk					
2. Dates of Operation			3. Hours of Operation			
09/26/2025			5:30PM - 8:30PM			
4. Premises Address						
Kat Schmidt Realty - 125 S	S Church St					
5. City	11			6. State	7. Zip Co	
Richland Center				WI	5358	
8. County		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	□ v	'illage	10. Aldermanio	District
Richland	of: Richlan					
11. Organizer of Event (if not the named applican	it)	12. Email and/or Phone Num	nber to	or Organia	zer of Event	
12 Consider Walnuts		14. Event Website				
13. Organizer Website		14. Event Website				
rcchamber.org 15. Premises Description - Describe the built		L				
or diagram and additional sheets if nece Main Floor	ssary.					
Part D: Attestation		With the second Cl		wo.71		
Who must sign this application?						=0
 one officer or director of the nonprofit of 	organization					
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely or seeking the license. Further, I agree that the to another individual or entity. I agree to of from Wisconsin-permitted wholesalers. I unbe deemed a refusal to allow inspection. State any license issued contrary to Wis. State prosecuted for submitting false statement provides materially false information on this	n behalf of the ap ne rights and resp perate according nderstand that lac such refusal is a i at. Chapter 125 s nts and affidavits	plicant organization and no consibilities conferred by the to the law, including but no k of access to any portion o misdemeanor and grounds thall be void under penalty in connection with this appl	ot on le licer of a lice for resortion of statication	behalf of nse(s), if ited to, p eensed p evocation te law. I in, and th	f any other inc granted, will burchasing ald remises durin n of this licens further unders nat any persor	fividual or entity not be assigned who be verages g inspection will se. I understand stand that I may who knowingly
Last Name		First Name				M.I.
Adsit		Christy				
Title	Email				Phone	
Chamber President						
Signature Streety Afrit				Date	08/19/	25
Port Fr For Olark Har Oak						
Part E: For Clerk Use Only Date Application Was Filed With Clerk	Visional	License Number	911	100		OT WIDE
08/19/25						
Date License Granted 09/02/25		Date License Issued		09/03	/25	
Signature of Clerk/Deputy Clerk						

AB-220

Temporary Alcohol Beverage License

Municipality	
Richland	Center

License(s) Requested		F	ees	- A
		License Fees	License Fees \$	
✓ Temporary "Class B" Wine	✓ Temporary Class "B" Beer	Background Check	\$	
		Total Fees	\$	10.00

Part A: Organization Infor	mation	mas shorts communicated	100	and the second	
Organization Name				A STATE OF THE STA	
Greater Richland A	Area Cha	mber of Comme	erce		
2. Organization Permanent Address	SS				
397 West Seminary	St				
3. City			2	4. State	5. Zip Code
Richland Center				MI	53581
Mailing Address (if different from	1051	W			
PO Box 473, Richla	and Cent				
7. FEIN	•				ganization/Incorporation
		08/10/17		Wiscon	sin
10. Phone		11. Email	white Apparence		
(608) 649-3376		info@chambe	er.org		
12. Organization type (check one)	5-00-000 F-0000				
☐ Bona Fide Club	☐ Church	☐ Fair Asso	ociation/Agricultural Soc	iety 🔲 V	eteran's Organization
☐ Lodge/Society		er of Commerce or si	imilar Civic or Trade Or	ganization und	er ch. 181, Wis. Stats.
13. Is this organization required	l to hold a Wi	isconsin Seller's pern	nit?		Yes 🗹 No
14. Wisconsin Seller's Permit Num	ber (if applicat	ole)			
Part B: Individual Informa	ition	vole under penalty of	ed tiens day serged.	Into Janv of yill	Sumus Deurel Bernson (No sen)
List the name, title, and phone (Form AB-100) for each person				nization. Includ	de an Individual Questionnaire
Corporations must also include	e Alcohol Be	verage Appointment	of Agent (Form AB-101).	
Last Name	First Na	ame	Title		Phone
Adsit	Chris	ty	President	i i	
Woodhouse	Craig		Vice Presi	dent	
Bedward	Katie		Secretary	.,	
Edgington	John		Treasurer		

Part C: Event Information		and the state of t	an or on artifacts a	.7	nrion
Name of Event (if applicable)	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	7.00			
Suits & Sequins Fall Wine	Walk				
2. Dates of Operation			3. Hours of O	- The state of the	
09/26/2025			5:30PM	- 8:30PM	
4. Premises Address	C Chunch C	_			
AD German Warehouse - 300	S Church S	T.	G State	7 7in Codo	
5. City Richland Center			6. State WI	7. Zip Code 53581	
8. County	9. Governing Munic	cipality 🗸 City 🗌 Town [] Village	10. Aldermanic Dis	strict
Richland	of: Richland		_ vago		
11. Organizer of Event (if not the named applican	nt)	12. Email and/or Phone Numb	er for Organi	zer of Event	
13. Organizer Website		14. Event Website			
rcchamber.org					
alcohol beverage activities and storage or diagram and additional sheets if nece Main Floor and Alleyway		ccur only on the premises de	escribed in 1	this application. A	ttach a map
Dat D. Attacket					
Part D: Attestation	TALL OF THE REAL PROPERTY.	17 C - 1 C - 2 C -	the court	4.000	1
Who must sign this application?					
one officer or director of the nonprofit of READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely or seeking the license. Further, I agree that the to another individual or entity. I agree to of from Wisconsin-permitted wholesalers. I urbe deemed a refusal to allow inspection. Such that any license issued contrary to Wis. Stabe prosecuted for submitting false stateme provides materially false information on this	Under penalty of n behalf of the ap ne rights and responderstand that lac Such refusal is a rat. Chapter 125 sints and affidavits is application may	plicant organization and not onsibilities conferred by the to the law, including but not of access to any portion of misdemeanor and grounds for hall be void under penalty of in connection with this application of the required to forfeit not more	on behalf o icense(s), it limited to, p a licensed p or revocation state law. I ation, and the	f any other individed for the following for the following for this license. If further understarthat any person when the further understarthat any person when further understarthat any person when further understarthat any person when the further than the	dual or entity be assigned of beverages aspection will I understand and that I may no knowingly
Last Name Adsit	1	First Name			M.I.
**************************************		Christy		15:	
Title Chamber President	Email	16200 - 60 - 160		Phone	
Signature Adv	1		Date	08/19/25	
Part E: For Clerk Use Only	visteraes		187		biswies
Date Application Was Filed With Clerk 08/19/25		License Number			
Date License Granted 09/02/25		Date License Issued	09/03	/25	
Signature of Clerk/Deputy Clerk		*			

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	eck \$		
		Total Fees	\$	10.00	

Part A: Organization Inform	ation	and the same and the same					
Organization Name							
Greater Richland Ar	cea Cha	mber of Commerce					
2. Organization Permanent Address							
397 West Seminary S	St —————						
3. City				4. State WI	5. Zip Code		
Richland Center					53581		
6. Mailing Address (if different from p							
PO Box 473, Richlar	nd Cent						
7. FEIN				7 - AMARIA - 17 - 17 - 17 - 17 - 17 - 17 - 17 - 1	State of Organization/Incorporation		
					Nisconsin		
10. Phone	11. Email						
(608) 649-3376		info@chamber.org					
12. Organization type (check one)	144 tota 900			24.08000			
☐ Bona Fide Club [_ Church	☐ Fair Association	n/Agricultural Socie	ty 🗌 Vete	ran's Organization		
☐ Lodge/Society [☑ Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.						
13. Is this organization required to	o hold a Wi	sconsin Seller's permit?			Yes 🗹 No		
14. Wisconsin Seller's Permit Number (if applicable)							
							
Part B: Individual Informati	on	ar be void under per any or consection with this angle	at Chaptel 140 sh oto pati afficiallo ic	nitery to 1915, of the challenge	orationty (Karmit Issued to La emagações for automiti		
List the name, title, and phone n (Form AB-100) for each person I	umber for isted belov	all officers, directors, and a v. Attach additional sheets	agent of the organi: if necessary.	zation. Include a	an Individual Questionnaire		
Corporations must also include A	Alcohol Be	verage Appointment of Age	ent (Form AB-101).				
Last Name	First Name Ti		Title		Phone		
Adsit	Christy		President				
Woodhouse	Craig		Vice President				
Bedward	Katie		Secretary				
Edgington	John		Treasurer				
L				C-20112-111-1111-1111-1111-1111-1111-111	1		

Part C: Event Information		Orden January Australia		150	Form			
Name of Event (if applicable)			163		3			
Suits & Sequins Fall Wine Walk								
2. Dates of Operation				3. Hours of Operation				
09/26/2025			5:30PM - 8:30PM					
4. Premises Address				11 ' (1				
Greater Richland Chamber/D	epot - 3 97	W Seminary St	590 S.	Main St	`			
5. City		- 8	6. State	7. Zip Code				
Richland Center			WI	53581				
8. County Richland	9. Governing Municipality ✓ City ☐ Town ☐ Village 10. Aldermanic Distrior of: Richland Center				strict			
11. Organizer of Event (if not the named applicant) 12. Email and/or Phone Number for Organizer of Event								
50 55 55 55 55 55 55 55 55 55 55 55 55 5	christy.sunnyside@gmail.com							
13. Organizer Website		14. Event Website						
rcchamber.org								
stored, or consumed, and related records alcohol beverage activities and storage o or diagram and additional sheets if neces Storage Only	f records may o							
Part D: Attestation								
	Company of the All	Land State of Asset De Co.	AMONG THE	And And Andrew	lemal-i-			
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	T	First Name			M.I.			
Adsit		Christy						
Title Chamber President	Email			Phone				
Signature Add			Date	08/19/25				
Part E: For Clerk Use Only	U. Estomo		Karie		harwbes			
Date Application Was Filed With Clerk 08/19/25	1 112	License Number						
Date License Granted 09/02/25		Date License Issued	09/03/	/25				
Signature of Clerk/Deputy Clerk			03/03/	,				