

Temporary Alcohol Beverage License

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$ 10.00

Part A: Organization Information

1. Organization Name Greater Richland Area Chamber of Commerce		
2. Organization Permanent Address 397 West Seminary St		
3. City Richland Center	4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581		
7. FEIN	8. Date of Organization/Incorporation 08/10/17	9. State of Organization/Incorporation Wisconsin
10. Phone (608) 649-3376	11. Email info@chamber.org	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information

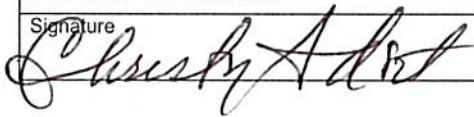
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

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

Last Name	First Name	Title	Phone
Adsit	Christy	President	██████████
Woodhouse	Craig	Vice President	██████████
Bedward	Katie	Secretary	██████████
Edgington	John	Treasurer	██████████

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Richland Center City Auditorium 182 N. Central Ave RC			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Richland Center		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor			

Part D: Attestation		
Who must sign this application? • one officer or director of the nonprofit organization		
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.		
Last Name Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 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 09/03/25
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

Municipality
Richland Center

License(s) Requested	Fees	
	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$ 10.00

☒ Temporary "Class B" Wine ☒ Temporary Class "B" Beer**Part A: Organization Information**

1. Organization Name Greater Richland Area Chamber of Commerce		
2. Organization Permanent Address 397 West Seminary St		
3. City Richland Center	4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581		
7. FEIN	8. Date of Organization/Incorporation 08/10/17	9. State of Organization/Incorporation Wisconsin
10. Phone (608) 649-3376	11. Email info@chamber.org	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information

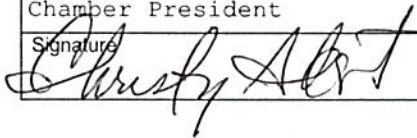
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

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

Last Name	First Name	Title	Phone
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Added Touch Floral - 339 N Main St			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Richland Center		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor			

Part D: Attestation		
Who must sign this application? • one officer or director of the nonprofit organization		
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.		
Last Name Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 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 09/03/25
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

Municipality
Richland Center

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$ 10.00

Part A: Organization Information

1. Organization Name Greater Richland Area Chamber of Commerce		
2. Organization Permanent Address 397 West Seminary St		
3. City Richland Center	4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581		
7. FEIN	8. Date of Organization/Incorporation 08/10/17	9. State of Organization/Incorporation Wisconsin
10. Phone (608) 649-3376	11. Email info@chamber.org	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information

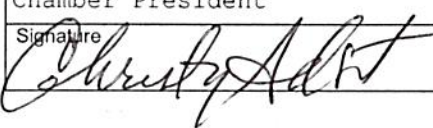
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

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

Last Name	First Name	Title	Phone
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Advanced Pump and Well Service - 278 W Court St			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Richland Center		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Front Room			

Part D: Attestation		
Who must sign this application? • one officer or director of the nonprofit organization		
<p>READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p>		
Last Name Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 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 09/03/25
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

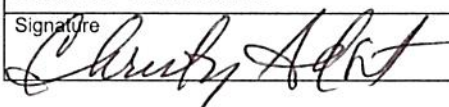
License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$ 10.00

Part A: Organization Information		
1. Organization Name Greater Richland Area Chamber of Commerce		
2. Organization Permanent Address 397 West Seminary St		
3. City Richland Center	4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581		
7. FEIN	8. Date of Organization/Incorporation 08/10/17	9. State of Organization/Incorporation Wisconsin
10. Phone (608) 649-3376	11. Email info@chamber.org	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Christy's Sunnyside Bakery - 101 E Court St			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Richland Center		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor			

Part D: Attestation		
Who must sign this application? • one officer or director of the nonprofit organization		
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.		
Last Name Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 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 09/03/25
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

Municipality
Richland Center

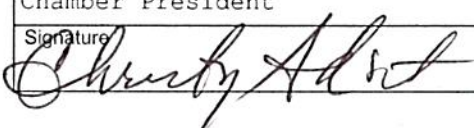
License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$ 10.00

Part A: Organization Information		
1. Organization Name Greater Richland Area Chamber of Commerce		
2. Organization Permanent Address 397 West Seminary St		
3. City Richland Center	4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581		
7. FEIN	8. Date of Organization/Incorporation 08/10/17	9. State of Organization/Incorporation Wisconsin
10. Phone (608) 649-3376	11. Email info@chamber.org	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Diplopia - 100 W Court St			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Richland Center		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor			

Part D: Attestation		
Who must sign this application? • one officer or director of the nonprofit organization		
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.		
Last Name Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 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 09/03/25
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

Municipality
Richland Center

License(s) Requested	Fees	
	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$ 10.00

☒ Temporary "Class B" Wine ☒ Temporary Class "B" Beer**Part A: Organization Information**

1. Organization Name Greater Richland Area Chamber of Commerce		
2. Organization Permanent Address 397 West Seminary St		
3. City Richland Center	4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581		
7. FEIN	8. Date of Organization/Incorporation 08/10/17	9. State of Organization/Incorporation Wisconsin
10. Phone (608) 649-3376	11. Email info@chamber.org	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information

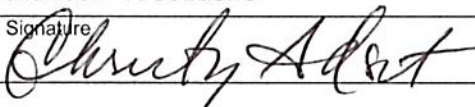
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

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

Last Name	First Name	Title	Phone
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Dreams Bridal - 100 S Main St			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Richland Center</u>		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor			

Part D: Attestation		
Who must sign this application? • one officer or director of the nonprofit organization		
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.		
Last Name Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 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 09/03/25
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

Municipality
Richland Center

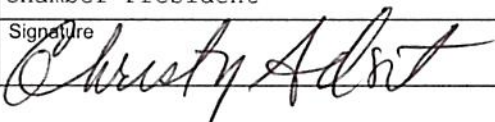
License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$ 10.00

Part A: Organization Information				
1. Organization Name Greater Richland Area Chamber of Commerce				
2. Organization Permanent Address 397 West Seminary St				
3. City Richland Center			4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581				
7. FEIN	8. Date of Organization/Incorporation 08/10/17		9. State of Organization/Incorporation Wisconsin	
10. Phone (608) 649-3376	11. Email info@chamber.org			
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.				
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
14. Wisconsin Seller's Permit Number (if applicable)				

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address The Gym-boree - 142 E Court St			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Richland Center</u>		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor			

Part D: Attestation		
Who must sign this application? • one officer or director of the nonprofit organization		
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.		
Last Name Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 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 09/03/25
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

Municipality
Richland Center

License(s) Requested	Fees	
	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$ 10.00

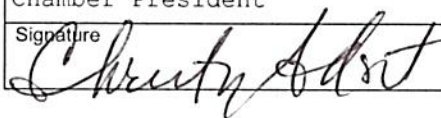
☒ Temporary "Class B" Wine ☒ Temporary Class "B" Beer

Part A: Organization Information		
1. Organization Name Greater Richland Area Chamber of Commerce		
2. Organization Permanent Address 397 West Seminary St		
3. City Richland Center	4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581		
7. FEIN	8. Date of Organization/Incorporation 08/10/17	9. State of Organization/Incorporation Wisconsin
10. Phone (608) 649-3376	11. Email info@chamber.org	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Herb RX - 145 W Court St			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Richland Center		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor			

Part D: Attestation		
Who must sign this application? • one officer or director of the nonprofit organization		
<p>READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p>		
Last Name Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 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 09/03/25
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

License(s) Requested	Fees	
	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$ 10.00

☒ Temporary "Class B" Wine ☒ Temporary Class "B" Beer

Part A: Organization Information		
1. Organization Name Greater Richland Area Chamber of Commerce		
2. Organization Permanent Address 397 West Seminary St		
3. City Richland Center	4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581		
7. FEIN	8. Date of Organization/Incorporation 08/10/17	9. State of Organization/Incorporation Wisconsin
10. Phone (608) 649-3376	11. Email info@chamber.org	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.			
Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address J. Jay Walsh Jewelers - 157 N Main St			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Richland Center</u>		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor			

Part D: Attestation		
Who must sign this application? • one officer or director of the nonprofit organization		
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.		
Last Name Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature <i>Christy Adsit</i>		Date 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 09/03/25
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

License(s) Requested	Fees	
	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$ 10.00

☒ Temporary "Class B" Wine☒ Temporary Class "B" Beer

Part A: Organization Information

1. Organization Name Greater Richland Area Chamber of Commerce		
2. Organization Permanent Address 397 West Seminary St		
3. City Richland Center	4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581		
7. FEIN	8. Date of Organization/Incorporation 08/10/17	9. State of Organization/Incorporation Wisconsin
10. Phone (608) 649-3376	11. Email info@chamber.org	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information

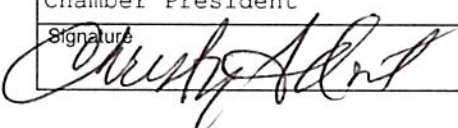
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

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

Last Name	First Name	Title	Phone
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Wallace Cooper & Elliott - 197 S Main St			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Richland Center		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Front Room			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name Adsit		First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]	
Signature 		Date 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 09/03/25
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License


License(s) Requested	Fees	
	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$ 10.00



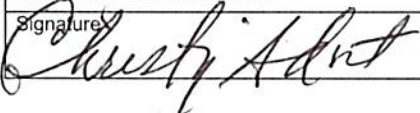
☒ Temporary "Class B" Wine ☒ Temporary Class "B" Beer

Part A: Organization Information				
1. Organization Name Greater Richland Area Chamber of Commerce				
2. Organization Permanent Address 397 West Seminary St				
3. City Richland Center			4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581				
7. FEIN		8. Date of Organization/Incorporation 08/10/17		9. State of Organization/Incorporation Wisconsin
10. Phone (608) 649-3376		11. Email info@chamber.org		
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.				
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
14. Wisconsin Seller's Permit Number (if applicable)				

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	(608) 649-3376
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Verizon- Team Wireless - 172 S Main St			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Richland Center</u>		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event 	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor			

Part D: Attestation		
Who must sign this application? • one officer or director of the nonprofit organization		
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.		
Last Name Adsit	First Name Christy	M.I.
Title Chamber President	Email 	Phone 
Signature 		Date 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 09/03/25
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

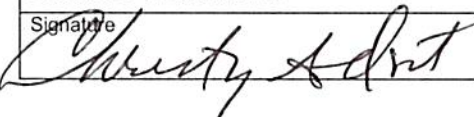
License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$ 10.00

Part A: Organization Information			
1. Organization Name Greater Richland Area Chamber of Commerce			
2. Organization Permanent Address 397 West Seminary St			
3. City Richland Center		4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581			
7. FEIN	8. Date of Organization/Incorporation 08/10/17	9. State of Organization/Incorporation Wisconsin	
10. Phone (608) 649-3376	11. Email info@chamber.org		
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.			
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
14. Wisconsin Seller's Permit Number (if applicable)			

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address TKO BBQ - 165 W Court St			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Richland Center</u>		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor			

Part D: Attestation		
Who must sign this application? • one officer or director of the nonprofit organization		
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.		
Last Name Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 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 09/03/25
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

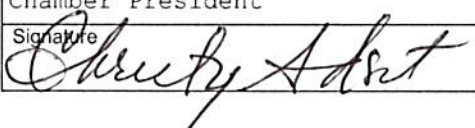
License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$ 10.00

Part A: Organization Information				
1. Organization Name Greater Richland Area Chamber of Commerce				
2. Organization Permanent Address 397 West Seminary St				
3. City Richland Center			4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581				
7. FEIN		8. Date of Organization/Incorporation 08/10/17		9. State of Organization/Incorporation Wisconsin
10. Phone (608) 649-3376		11. Email info@chamber.org		
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.				
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
14. Wisconsin Seller's Permit Number (if applicable)				

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Richland Family Restaurant - 211 N Main St			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Richland Center</u>		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor			

Part D: Attestation		
Who must sign this application? • one officer or director of the nonprofit organization		
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.		
Last Name Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 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 09/03/25
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

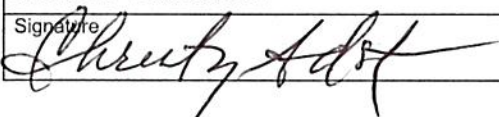
License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$ 10.00

Part A: Organization Information		
1. Organization Name Greater Richland Area Chamber of Commerce		
2. Organization Permanent Address 397 West Seminary St		
3. City Richland Center	4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581		
7. FEIN	8. Date of Organization/Incorporation 08/10/17	9. State of Organization/Incorporation Wisconsin
10. Phone (608) 649-3376	11. Email info@chamber.org	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Adsit	Christy	President	██████████
Woodhouse	Craig	Vice President	██████████
Bedward	Katie	Secretary	██████████
Edgington	John	Treasurer	██████████

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Richland Locker - 590 S Main St			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Richland Center		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor			

Part D: Attestation		
Who must sign this application? • one officer or director of the nonprofit organization		
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.		
Last Name Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 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 09/03/25
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

License(s) Requested	Fees	
	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$ 10.00

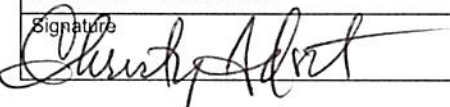
☒ Temporary "Class B" Wine ☒ Temporary Class "B" Beer

Part A: Organization Information				
1. Organization Name Greater Richland Area Chamber of Commerce				
2. Organization Permanent Address 397 West Seminary St				
3. City Richland Center			4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581				
7. FEIN		8. Date of Organization/Incorporation 08/10/17		9. State of Organization/Incorporation Wisconsin
10. Phone (608) 649-3376		11. Email info@chamber.org		
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.				
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
14. Wisconsin Seller's Permit Number (if applicable)				

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address The Phoenix Center - 100 S Orange St			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Richland Center		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Banquet Area			

Part D: Attestation		
Who must sign this application? • one officer or director of the nonprofit organization		
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.		
Last Name Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 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 09/03/25
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

License(s) Requested	Fees	
	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$ 10.00

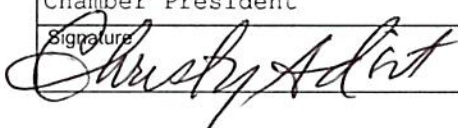
☒ Temporary "Class B" Wine ☒ Temporary Class "B" Beer

Part A: Organization Information				
1. Organization Name Greater Richland Area Chamber of Commerce				
2. Organization Permanent Address 397 West Seminary St				
3. City Richland Center			4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581				
7. FEIN		8. Date of Organization/Incorporation 08/10/17		9. State of Organization/Incorporation Wisconsin
10. Phone (608) 649-3376		11. Email info@chamber.org		
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.				
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
14. Wisconsin Seller's Permit Number (if applicable)				

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Adsit	Christy	President	██████████
Woodhouse	Craig	Vice President	██████████
Bedward	Katie	Secretary	██████████
Edgington	John	Treasurer	██████████

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Los Amigos 2 - 100 N Main St			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Richland Center		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Bar Area			

Part D: Attestation		
Who must sign this application? • one officer or director of the nonprofit organization		
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.		
Last Name Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 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 09/03/25
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$ 10.00

Part A: Organization Information		
1. Organization Name Greater Richland Area Chamber of Commerce		
2. Organization Permanent Address 397 West Seminary St		
3. City Richland Center	4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581		
7. FEIN	8. Date of Organization/Incorporation 08/10/17	9. State of Organization/Incorporation Wisconsin
10. Phone (608) 649-3376	11. Email info@chamber.org	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		



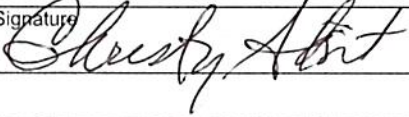
Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →

Part C: Event Information

1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Kat Schmidt Realty - 125 S Church St			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Richland Center</u>		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event 	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor			

Part D: Attestation

Who must sign this application? • one officer or director of the nonprofit organization		
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.		
Last Name Adsit	First Name Christy	M.I.
Title Chamber President	Email 	Phone 
Signature 		Date 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 09/03/25
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

Municipality
Richland Center

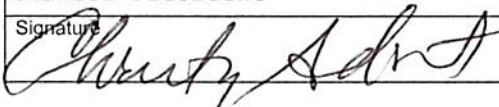
License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine	License Fees	\$ 10.00
<input checked="" type="checkbox"/> Temporary Class "B" Beer	Background Check	\$
	Total Fees	\$ 10.00

Part A: Organization Information			
1. Organization Name Greater Richland Area Chamber of Commerce			
2. Organization Permanent Address 397 West Seminary St			
3. City Richland Center		4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581			
7. FEIN	8. Date of Organization/Incorporation 08/10/17	9. State of Organization/Incorporation Wisconsin	
10. Phone (608) 649-3376	11. Email info@chamber.org		
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.			
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
14. Wisconsin Seller's Permit Number (if applicable)			

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address AD German Warehouse - 300 S Church St			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Richland Center</u>		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor and Alleyway			

Part D: Attestation		
Who must sign this application? • one officer or director of the nonprofit organization		
<p>READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p>		
Last Name Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 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 09/03/25
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

Municipality
Richland Center

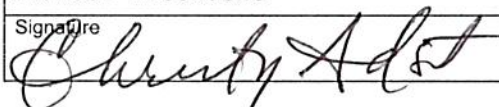
License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$ 10.00

Part A: Organization Information			
1. Organization Name Greater Richland Area Chamber of Commerce			
2. Organization Permanent Address 397 West Seminary St			
3. City Richland Center		4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581			
7. FEIN	8. Date of Organization/Incorporation 08/10/17	9. State of Organization/Incorporation Wisconsin	
10. Phone (608) 649-3376	11. Email info@chamber.org		
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.			
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
14. Wisconsin Seller's Permit Number (if applicable)			

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Greater Richland Chamber/Depot - 397 W Seminary St 590 S. Main St.			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Richland Center		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event christy.sunnyside@gmail.com	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Storage Only			

Part D: Attestation		
Who must sign this application? • one officer or director of the nonprofit organization		
<p>READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p>		
Last Name Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 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 09/03/25
Signature of Clerk/Deputy Clerk	