

## APPLICATION FOR TEMPORARY CLASS "B"/"CLASS B" RETAILER'S LICENSE

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ \_\_\_\_\_

Application Date: 08/21/2025

☐ Town ☐ Village ☒ City of Richland Center County of Richland

The named organization applies for: (check appropriate box(es).)

- ☐ A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.  
☒ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 09/27/2025 and ending 09/27/2025 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

**1. ORGANIZATION** (check appropriate box) ☐ Bona fide Club ☐ Church ☐ Lodge/Society ☐ Veteran's Organization ☐ Fair Association

(a) Name Richland County Performing Arts Council

(b) Address 182 N Central Ave Richland Center WI 53581  
(Street)

(c) Date organized 11/09/2005

(d) If corporation, give date of incorporation 11/15/2005

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: ☒

(f) Names and addresses of all officers:

President Duane Welte

Vice President Kent Adsit

Secretary Robin Cosgrove

Treasurer Michael Cosgrove

(g) Name and address of manager or person in charge of affair: Michael Cosgrove

**2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:**

(a) Street number 182 N Central Avenue

(b) Lot \_\_\_\_\_ Block \_\_\_\_\_

(c) Do premises occupy all or part of building? All

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:

**3. NAME OF EVENT**

(a) List name of the event Central Ave Fall Bash - Block Party

(b) Dates of event Sept 27, 2025

**DECLARATION**

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Richland Cty Performing Arts Council

(Name of Organization)

Officer \_\_\_\_\_  
(Signature/date)

Officer Cheryl Lynn Truss  
(Signature/date)

Officer \_\_\_\_\_  
(Signature/date)

Officer \_\_\_\_\_  
(Signature/date)

Date Filed with Clerk \_\_\_\_\_

Date Reported to Council or Board \_\_\_\_\_

Date Granted by Council \_\_\_\_\_

License No. \_\_\_\_\_