

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
Background Check		\$
Total Fees		\$ 10.00

Part A: Organization Information

1. Organization Name
NASCAR Fans United G.R.A.C.E. Team / April Schildgen

2. Organization Permanent Address
1611 Leslie Dr.

3. City
Richland Center

4. State
WI

5. Zip Code
53581

6. Mailing Address (if different from permanent address)

7. FEIN

8. Date of Organization/Incorporation

9. State of Organization/Incorporation

10. Phone
[REDACTED]

11. Email
[REDACTED]

12. Organization type (check one)

Bona Fide Club Church Fair Association/Agricultural Society Veteran's Organization

Lodge/Society Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

13. Is this organization required to hold a Wisconsin Seller's permit? Yes No

14. Wisconsin Seller's Permit Number (if applicable)

Part B: Individual Information

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

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

Last Name	First Name	Title	Phone
Lorna Maxwell	Lorna	Event Organizer	[REDACTED]
Schildgen	April	Team Captain	[REDACTED]
Tom Gethings	Tom	Team Member	
Lisa Gethings	Lisa	Team Member	

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Quilt Gala			
2. Dates of Operation 5/17/25		3. Hours of Operation 6pm - 11pm	
4. Premises Address RC Community Center, 1050 N. 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) Lorna Maxwell		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website		14. Event Website [REDACTED]	
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. RC Community Center - Gym and Kitchen only			

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 Geathings	First Name Thomas	M.I. J.	
Title	Email [REDACTED]	Phone [REDACTED]	
Signature [Signature]		Date 3-25-2025	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 3/25/2025	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk Amanda Keller	