ALCOHOL LICENSE COMMITTEE AGENDA

October 28, 2024 4:00 PM

Meeting Room A

160 S Macy Street

City-County Government Center

Fond du Lac, Wisconsin

I. ROLL CALL

- A. Attendance
- B. Declaration Quorum Present

II. CONSENT AGENDA

A. September 30, 2024

III. INPUT

A. Audience Comments

The Presiding Officer Shall Limit Comments To Items Noticed On The Agenda

IV. ACTIONS

A. "Class B" Intoxicating Liquor and Class "B" Fermented Malt License

Limited Liability: Ledgeview Bowling LLC

Agent Name: Tyler Luedtke

Agent Address: W6627 Hickory Hill, Plymouth

Business Name: Ledgeview Bowling Business Address: 170 N Prairie Road

- B. Temporary Class "B" Licenses/Picnic Licenses
 - St. Mary's Springs Academy Athletic Booster Club (Coach Bob Hyland Retirement Party 11/9/2024)
 - Downtown Fond du Lac Partnership (Wine Walk 11/16/2024)
 - 111 S Main Street
 - 131 S Main Street Ste 100
 - 20 N Main Street
 - 19 S Main Street
 - 28 N Main Street
 - 57 N Macy Street
 - 209 S Main Street
 - 51 E 1st Street
 - 27 S Main Street
 - 117 S Main Street
 - 1 N Main Street
 - 74 S Main Street
 - 177 S Main Street
 - 14 N Main Street
 - 15 N Main Street
 - 36 N Main Street
 - 25 N Main Street
 - Fond du Lac Blue Line Hockey--Bears Hockey Games
 - 10/25/2024-10/27/2024

- 11/15/2024-11/17/2024
- 11/29/2024-11/30/2024
- 12/6/2024-12/8/2024
- 12/20/2024-12/22/2024
- 12/27/2024-12/29/2024
- 1/10/2025-1/12/2025
- 1/17/2025-1/19/2025
- 1/24/2025-1/26/2025
- 2/14/2025-2/16/2025
- 2/21/2025-2/23/2025
- 2/28/2025-3/2/2025
- 3/7/2025-3/9/2025
- 3/18/2025-3/20/2025
- 3/21/2025-3/23/2025

V. ADJOURN

ALCOHOL LICENSE COMMITTEE CITY OF FOND DU LAC, WISCONSIN

<u>Title:</u> September 30, 2024

Subject:

Initiator:

Location:

Recommendation:

ATTACHMENTS:

File Name Description

Minutes_2024_9_30_Meeting(1164).pdf Minutes

ALCOHOL LICENSE COMMITTEE MEETING MINUTES CITY OF FOND DU LAC, WISCONSIN

Meeting Room A

September 30, 2024 4:00 PM

ROLL CALL

Attendance

Present
Peter Doll
Scott Gilgenbach
Mason Gravelle
Brandon Hiller
Melissa Kolstad
Thomas Schuessler

Administrative Staff
Ali Panagopoulos, Deputy City Attorney
Robb Duveneck, Police Captain

Declaration Quorum Present

Chairperson Melissa Kolstad declared a quorum present.

CONSENT AGENDA

August 26, 2024 Minutes

A Motion was made by Thomas Schuessler to approve August 26, 2024 Minutes and seconded by Peter Doll, and the motion was **Passed**.

Ayes: Doll, Gilgenbach, Gravelle, Hiller, Kolstad, Schuessler

INPUT

Audience Comments

The Presiding Officer Shall Limit Comments To Items Notice Only On The Agenda $\,$

No audience comments were made.

ACTIONS

Temporary Class "B" Licenses/Picnic Licenses

• Fe, Vida y Esperanza Inc (Micro Wrestling All Stars

10/11/2024)

- Fond du Lac Festivals (Fondy FallToberFest 10/12/2024)
- Big Brother Big Sisters of Fond du Lac County (Halloweenie Street Party 10/24/24)

A Motion was made by Peter Doll to approve Temporary Class "B" Licenses/Picnic Licenses and seconded by Brandon Hiller, and the motion was **Passed**.

Ayes: Doll, Gilgenbach, Gravelle, Hiller, Kolstad, Schuessler

ADJOURN

A Motion was made by Mason Gravelle to adjourn at 4:07 p.m. and seconded by Scott Gilgenbach, and the motion was **Passed**.

Ayes: Doll, Gilgenbach, Gravelle, Hiller, Kolstad, Schuessler

ALCOHOL LICENSE COMMITTEE CITY OF FOND DU LAC, WISCONSIN

<u>Title:</u> Audience Comments

The Presiding Officer Shall Limit Comments To Items Subject:

Noticed On The Agenda

<u>Initiator:</u>

Location:

Recommendation:

ALCOHOL LICENSE COMMITTEE CITY OF FOND DU LAC, WISCONSIN

<u>Title:</u> "Class B" Intoxicating Liquor and Class "B" Fermented

Malt License

<u>Subject:</u> Limited Liability: Ledgeview Bowling LLC

Agent Name: Tyler Luedtke

Agent Address: W6627 Hickory Hill, Plymouth

Business Name: Ledgeview Bowling
Business Address: 170 N Prairie Road

Initiator:

Location:

Recommendation:

ATTACHMENTS:

File Name Description

LedgeviewBowlingApproval.pdf Police Memo

Ledgeview_Bowling.pdf Application

Fond du Lac Police Department MEMO



To: City Manager Joe Moore

From: Captain Robb Duveneck

RE: Class B Liquor and Fermented Malt Beverage license,

Ledgeview Bowling, Fond du Lac, Wl.

170 Prairie Rd.

Date: 10-23-24

On October 23, 2024, Assistant City Attorney Ali Panagopoulos, Fond du Lac Fire Department Community Risk Reduction Specialist Rachel Vaughan, and Fond du Lac Police Department Captain Robb Duveneck, met with applicant/owner Tyler Luedtke regarding his proposal for a Class B license for Ledgeview Bowling, 170 Prairie Rd, Fond du Lac, WI.

The legal business name is Ledgeview Bowling LLC, DBA Ledgeview Bowling. Mr. Luedtke advised that he just purchased the bowling alley and intends to keep the business model exactly how it has always been run. He explained that it will be family oriented with 36 lanes of bowling along with a kitchen serving food and a bar area serving alcohol. He also currently holds valid Class B license(s) at Crystal Lake Golf Course located in Plymouth WI and Elkhart Bowling LLC located in Elkhart Lake WI. He purchased these 2 businesses within the last 2 years. He possesses a certification as a "Responsible Beverage Server", however after further examination appears to have expired April 2024. I spoke with him on the phone on 10-23-24 and he committed to updating his expired license by the end of the day.

Captain Duveneck discussed with the applicant the City's expectations of being a license holder.

Background checks conducted on the applicant, both in-house and NCIC/CIB, indicate no prior criminal history that would preclude the issuance of the license request. The Police Department has no objections to the license request.

Captain Robb Duveneck

Rut I well

10-23-24

rpt#5954

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only					
Municipality					
CITY OF FOND	DU LAC				
License Period	06/30/2025				

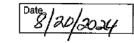
License(s) Requested: (up to two boxes may be checked)				Fees			
	X Class "B" Beer \$	100 100 226	License Fee	es	\$ 450-		
☐ "Class A" Liquor \$ 500	🌠 "Class B" Liquor \$	<u>375</u>	Background	Check Fee	\$ 0		
Class A" Liquor (cider only) \$0	Reserve "Class B" Liquor \$		Publication	Fee	\$ 60		
Class C" Liquor (wine only) \$100			Total Fees		\$ 510"		
Part A: Premises/Business Informatio	Part A: Premises/Business Information						
Legal Business Name (individual name if sole pro			•		· · · · · · · · · · · · · · · · · · ·		
LedgeVIEW BOWLT 2. Business Trade Name or DBA	19 LLC						
Ledgeview Bowl	120 11 C						
J. FEIN	4. Wisconsin						
99-3183387	456	-103	1814	712-0	4		
5. Entity Type (check one)	The second second						
Sole Proprietor Partnership 6. State of Organization	Limited Liability Company 7. Date of Organization	C		DFI Registration	fit Organization		
WISCONSIN	4/12/2024			1202	on Muniper		
9. Premises Address				, , , , , , , , , , , , , , , , , , , ,	· ·		
170 North Prairie	2 Roj						
10. City FOND DU LAC			11. State WT	12. Zip Code 54935			
13. County	14. Governing Municipality: 📝 City	☐ Town		15. Aldermani	c District		
Fond du Lac	of: FOND DU LAC			N/A			
16. Premises Phone	17. Premises Email		18. Web		-		
920-923-1233	mholz301, mh@gmai	1.com	Ledge	eview la	mes, com		
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, 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.							
Beverages sold in Barts	Resturant, Banquet V	rall,	ρουλίνο	laves.	Alcohol		
Stored in Bar + Restyrant areas/basement Coolers and Storage. Buildigna, Approx: 180 x 300'							
20. Mailing Address (if different from premises addre	ess)				-		
P.O. Box 337							
Elkhart Lake			22. State	23. Zip Code 530	20		
Part B: Questions							
Has the business (sole proprietorship, partr violating federal or state laws or local ordinal					Yes Z No		
If yes, list the details of violation below. Atta	nch additional sheets if necessary.						
Law/Ordinance Violated	Location		Tri	al Date			
Penalty Imposed		Was ser	ntence comp	eted?	☐ Yes ☐ No		
Law/Ordinance Violated	Location		Tri	al Date			
Penalty Imposed		Was ser	ntence comp	eted?	☐ Yes ☐ No		

Are charges for any offenses pending a beverages.	gainst the business? Exclude tra	ıffic offei	nses unles	s related to alco	ohol . 🔲 Ye	es XINO
If yes, describe the nature and status of	pending charges using the space	ce below	/. Attach a	dditional sheets	as needed.	
* a						
	•					
Is the applicant business or any of its condition individuals or entities a restricted investigation of the restricted investigation.	tor with any interest in an alcoh	ol bever	rage prodi	ucer or distribute	related or? Ye	es No
				· 3		
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s)	ther business entity? of the business entity owners b	elow. At	tach additi	onal sheets as r		es No
4a. Name of Business Entity	4b. Bus	siness En	itity FEIN			
		<u> </u>	· · · · · · · · · · · · · · · · · · ·		the grown in	
5. Have the partners, agent, or sole propri this license period? Submit proof of cor	etor satisfied the responsible be	verage	server traii	ning requiremen	t for ⊠Y	es 🗌 No
6. Is the applicant business indebted to ar	ny wholesaler beyond 15 days fo	r beer o	r 30 days	for liquor/wine?.	🗍 Y	es 😾 No
7. Does the applicant business owe past of	due municipal property taxes, as	sessme	nts, or oth	er fees?	🗌 Y	es 📈 No
Part C: Individual Information						
List the name, title, and phone number for each Question 4: sole proprietor, all officers, directors managers, and agent of a limited liability compa	s, and agent of a corporation or nong	profit orga	ns in the ap anization, al	plicant business o l partners of a part	r businesses lit tnership, and a	sted in Part B, Il members,
Include Form AB-100 for each person listed be				cluding Form AB-1	1	
	P* 1 k1	I Tab	_		Phone	
Last Name	First Name	Title	·	- //		0.0
Lued+Ke	Tyler		TUNEA	2/AGENT	920918	8856
Lued+Ke	Tyler		TUNEA	2/AGENT		8856
Lued+Ke	Tyler		TUNEA	C/AGENT		8856
Lued+ke	Tyler	C	TUNEA	C/AGENT		8856
Luedfke Part D: Attestation	Tyler	C	TUNEA	C/AGENT		8856
Lued+ke Part D: Attestation One of the following must sign and attest	Tyler to this application:		TUNEA			8856 an LLC
Lued+ke Part D: Attestation One of the following must sign and attest	to this application: I partner of a partnership er penalty of law, I have answered elemes(s), if granted, will not be assigned to, purchasing alcohol beverages from the spection will be deemed a refusal to the specific partnership with the specific partnersh	• one coeach of the rindividual	proporate of the above quidual or entition authorized spection. Spection with the color with the	ficer • one uestions complete ty seeking the lice dual or entity. I an wholesalers. I ur such refusal is a m all be void under his application, an	e member of a sly and truthfull inse. Further, I gree to operate derstand that alsdemeanor al penalty of state d that any pers	y. I agree that agree that the athis business lack of access and grounds for a law. I further
Part D: Attestation One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant but rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submingly provides materially false information on t Last Name	to this application: I partner of a partnership er penalty of law, I have answered elemes(s), if granted, will not be assigned to, purchasing alcohol beverages from the spection will be deemed a refusal to the specific partnership with the specific partnersh	• one coeach of the rindividual	proporate of the above quidual or entition authorized spection. Spection with the color with the	ficer • one uestions complete ty seeking the lice dual or entity. I an wholesalers. I ur such refusal is a m all be void under his application, an	e member of a ly and truthfull inse. Further, I gree to operate inderstand that nisdemeanor al penalty of state of that any person.	y. I agree that agree that the athis business lack of access and grounds for e law. I further son who know-
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Part D: Attestation One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant but rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submingly provides materially false information on t Last Name	to this application: I partner of a partnership er penalty of law, I have answered existes and not on behalf of any oftense(s), if granted, will not be assign to, purchasing alcohol beverages frespection will be deemed a refusal to my license issued contrary to Wis. Stitting false statements and affidavits this application may be required to form	• one coeach of the rindividual	proporate of the above quidual or entition authorized spection. Spection with the color with the	ficer • one uestions complete ty seeking the lice dual or entity. I an wholesalers. I ur such refusal is a m all be void under his application, an	e member of a ly and truthfull inse. Further, I gree to operate derstand that alsdemeanor al penalty of state d that any persed.	y. I agree that agree that the athis business lack of access and grounds for e law. I further son who know-
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Part D: Attestation One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant but rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that at understand that I may be prosecuted for submingly provides materially false information on to Last Name Luedtke Title Signatury Part E: For Clerk Use Only	to this application: I partner of a partnership er penalty of law, I have answered easiness and not on behalf of any otherse(s), if granted, will not be assign to, purchasing alcohol beverages from the properties of the properti	• one coeach of the rindividual	proporate of the above qual or entire other individual or entire other individual or entire other 125 shorter 125 shorter than	ficer • one uestions complete ty seeking the lice dual or entity. I an wholesalers. I ur such refusal is a m all be void under his application, an	e member of a ly and truthfull inse. Further, I gree to operate derstand that alsdemeanor al penalty of state d that any persed.	y. I agree that agree that the a this business lack of access and grounds for e law. I further son who know-
Part D: Attestation One of the following must sign and attest • sole proprietor • one genera READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant be rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for subm ingly provides materially false information on the Lucatke Title Ouver Signature Part E: For Clerk Use Only Date Applications.	to this application: I partner of a partnership er penalty of law, I have answered desiness and not on behalf of any otherse(s), if granted, will not be assign to purchasing alcohol beverages from the process of the purchasing alcohol beverages from the process issued contrary to Wis. Stitting false statements and affidavits this application may be required to form of the process of the proces	• one coeach of the rindividual	proporate of the above qual or entire other individual or entire other individual or entire other 125 shorter 125 shorter than	ficer • one uestions complete by seeking the lice dual or entity. I ad wholesalers. I unfall be void under his application, an \$1,000 if convicted to the seeking of the se	e member of a sily and truthfull inse. Further, I gree to operate derstand that alsedemeanor al penalty of stated that any persed. Phone 920 916	y. I agree that agree that the a this business lack of access and grounds for a law. I further son who know-

Form AB-100

Alcohol Beverage Individual Questionnaire

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.



All individuals involved in the alcohol beverage business must complete this form, including:

· sole proprietor

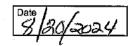
- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- · all partners of a partnership

Darf A	: Business Informat	lon						
	Business Name (individual				·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
2 Pusing	dge View Bow ess Trade Name or DBA	LING	ue					
2. Dusiik	ess trade Name of DBA							
0 5	**************************************							
I	Type (check one)) - utus - us la lan	<i>0</i> ← ::	1 != 6.995.			· ·	
	ole Proprietor	artnership	Y LIMITED	Liabilit	y Compar	ny Corporation	on 🔲 N	lonprofit Organization
·								
	Individual Informat	ion			<u> </u>			
1. Last N	ame			2. Fir	st Name			3. M.I.
	ed the			17	Vler			<i>H</i>
4. Relation	onship to Business (Title)		5. Email	1 .	. 7	^ .	6.	. Phone
01	UNER		crus	Hall	akego	alt constant	· com 9	209188856
7. Home	Address		r		J			20 770 000
W.	6627 Hickory	1 11	1/					
8. City	,	J ''			9. State	10. Zip Code	11	Date of Rinth
$-\nu l v$	mouth			i	WI	53073		
12. Drive	rs License/State ID Numbe	٢				13. Drivers License/S	State ID State	or rocuanos
						WI		
Part C	Address History				<i>t</i>			
		222222					<u> </u>	M
1. Do ye	ou currently reside in Wi	sconsin ? .						⊠ Yes 🗌 No
If ves	to 1 above, how long ha	ave vou co	ntinuously lived i	n Wisco	onsin prio	r to the date of applic	etion?	Years Months
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·, 3	,			, , , , , , , , , , , , , , , , , , ,	to allo date of applie		25 10
2. List in	n chronological order all	of your ad	dresses within the	e last 5	years, At	tach additional sheets	if necessary	<u> </u>
	Address 1			City	-		State	Zip Code
WY	027 Hickory	11:14		77	Plan	wtco.	W	53073
	Address 2	,,,,,		City	. 1740	00111	State	Zip Code
		٠.		, ,,,			Ottato	Lip code
Previous	Address 3			City			State	Zip Code
	1						Otato	Zip Code
Previous	Address 4	<u></u>		City				7:- 0-4-
1764003	Add 655 4			City			State	Zip Code
Provious	Address 5		•	City			Ctoto	7:- 0-1-
TIGVIOUS	Addiess 5			City			State	Zip Code
3. List a	II states and counties yo	u have liv	ed in as an adult.	Attach	additional	I sheets if necessary.		
State	County	State	County		State	County	State	County
WI	Sheboygan		-					<u> </u>
State	County	State	County		State	County	State	County
L			·		<u> </u>			.1 .

Part D: Criminal History			
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state)			. 🗌 Yes 💢 No
If yes to question 1, please list details of each conviction	on below. Attach additio	nal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of pe sheets as needed.	another state's laws or	any county or municipal	. 🗌 Yes 💢 No
		e	
4.28 C.			
			: ·
ger de la companya d La companya de la co			
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted. Signature	eting in this business of that any license issues by be prosecuted for su	due to any involvement in anothe led contrary to Wis. Stat. Chapte bmitting false statements and affi	or tier of the alcoholer 125 shall be void davits in connection

Form AB-101

Alcohol Beverage Appointment of Agent



Agent Type (check one)	
	municipal licensees only)
Part A: Business Information	
Legal Business Name (individual name if sole proprietor)	
Ledgerreus Bowling ILC	
2. Business Toade Name or DBA	
3. Entity Type (check one)	
Limited Liability Compar	ny Corporation Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one) Municipal Retail License State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor	or is checked above.
	•
Part B: Agent Information	
1, Last Name	2. First Name 3. M.I.
Luedtke	Tyler
4. Email Crystallakegolfaroutlook 6. Home Address	, con 920 918 8856
6. Home Address W6627 Hickory Hill	
Phy morth	8. State 9. Zip Code 10. Age
11. Drivers License/State ID Number	12. Drivers License/State ID State
	ω I
Part C: Agent Questions	
Have you satisfied the responsible beverage server train Submit proof of completion.	ning requirement?
Have you completed Form AB-100, Alcohol Beverage In Submit a completed Form AB-100 with this form.	ndividual Questionnaire? Yes No
Have you been a Wisconsin resident for at least 90 conti See instructions for exceptions.	inuous days? Yes 🗆 No

Continued \rightarrow

Fart D: business Attestation
READ CAREFULLY BEFORE SIGNING: I, the Undersigned , authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.
Last Name First Name M.I. A
Title Email Phone
owner, 1 crystallakegoticoutlook.com 920 918 8856
Signature Upfufuedhu Pate 9/3/24
Part E. Agent Attestation
READ CAREFULLY BEFORE SIGNING: I, the Agent , herby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.
Last Name First Name M.I
Luedtke, Tyler
Signature Whilmed the 19/3/24

CITY OF FOND DU LAC

Memorana	um
Date:	
To:	Chief of Police Attn: Records Division
From:	City Clerk
Subject:	Appointment of Agent Application
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
ı	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.
CITY OF	FOND DU LAC
Memorand	lum
Date:	• •
To:	City Clerk
From:	Chief of Police
Subject:	Appointment of Agent Application
	sally arrest our starter at the same
	I hereby recommend that the application be:
	I hereby recommend that the application be:
	I hereby recommend that the application be:
	I hereby recommend that the application be:



RESPONSIBLE BEVERAGE SERVER

awarded to

TYLER LUEDTKE

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

www.Wisconsin-Bartending.com

Training Provider

04/19/2022

Training Date

		·

Ledgeview Bowling LLC

Ledgeview Lanes

Business Plan

Ledgeview Lanes operates as a 36-lane bowling center with a full-service bar and restaurant and an on-site banquet facility. All operations will continue as they have with the current business hours as such:

Monday • 11₪AM-10₪PM

Tuesday • 11 AM-10 PM

Wednesday • 11 AM-11 PM

Thursday • 11 AM-11 PM

Friday • 11 AM-11 PM

Saturday • 9 AM-11 PM

Sunday • 11 AM-9 PM

We look forward to growing the sport of bowling and continuing with valuable local partnerships.

ALCOHOL LICENSE COMMITTEE CITY OF FOND DU LAC, WISCONSIN

Title: Temporary Class "B" Licenses/Picnic Licenses Subject: • St. Mary's Springs Academy Athletic Booster Club (Coach Bob Hyland Retirement Party 11/9/2024) • Downtown Fond du Lac Partnership (Wine Walk 11/16/2024) • 111 S Main Street • 131 S Main Street Ste 100 • 20 N Main Street • 19 S Main Street • 28 N Main Street • 57 N Macy Street • 209 S Main Street • 51 E 1st Street • 27 S Main Street • 117 S Main Street • 1 N Main Street • 74 S Main Street • 177 S Main Street • 14 N Main Street • 15 N Main Street • 36 N Main Street • 25 N Main Street • Fond du Lac Blue Line Hockey--Bears Hockey Games 10/25/2024-10/27/2024 11/15/2024-11/17/2024 11/29/2024-11/30/2024 12/6/2024-12/8/2024 12/20/2024-12/22/2024 12/27/2024-12/29/2024 1/10/2025-1/12/2025 1/17/2025-1/19/2025 1/24/2025-1/26/2025 2/14/2025-2/16/2025 2/21/2025-2/23/2025 2/28/2025-3/2/2025 3/7/2025-3/9/2025 3/18/2025-3/20/2025

Initiator:

Location:

Recommendation:

ATTACHMENTS:

File Name Description
SMSA Booster.pdf SMSA

3/21/2025-3/23/2025

D	SSM_Approval.pdf	SSMA Approval
ם	DFP_Wine_Walk.pdf	DFP
ם	DFP-25_N_Main_St.pdf	DFP
ם	Blueline_2024.pdf	Blueline
D	Blueline_2025.pdf	Blueline

Form	
A	3-220

Temporary Alcohol Beverage License

dunicipality	,			
CITY	OF	FOND	DÜ	LAC

License(s) Requested	Fees		
		License Fees	\$ 10.00
✓ Temporary "Class B" Wine	✓ Temporary Class "B" Beer	Background Check	\$ 0.00
		Total Fees	\$ 35.00

If not filed 15 days prior to ALC Meeting, a \$25 rush fee will be charged, for a total of \$35 due.

Part A: Organization Informa	tion				TOT A COLAT OF \$35 Bue.		
1. Organization Name							
Athletic Booster Clu	ıb - S	t. Mary's Springs	s Academy				
2. Organization Permanent Address							
255 County Rd. K							
3. City				4. State	5. Zip Code		
Fond du Lac				WI	54937		
6. Mailing Address (if different from pe	rmanent a	ddress)					
7. FEIN		8. Date of Organization/Incor	poration	State of Orga	nization/Incorporation		
39-1130623		09/01/09		MI			
10. Phone		11. Email					
(217) 317-0969		cdecker@smsaca	demy.org				
12. Organization type (check one)							
☑ Bona Fide Club	Church	☐ Fair Association	n/Agricultural Societ	y 🔲 Vet	eran's Organization		
Lodge/Society	Chambe	er of Commerce or similar (Civic or Trade Orga	nization under	ch, 181, Wis, Stats.		
13. Is this organization required to I	nold a Wi	sconsin Seller's permit?			🗌 Yes 🗹 No		
14. Wisconsin Seller's Permit Number (if applicab	le)					
,		,					
Part B: Individual Information	n						
List the name, title, and phone nu (Form AB-100) for each person lis				zation. Include	an Individual Questionnaire		
Corporations must also include Ak	cohol Bev	verage Appointment of Age	nt (Form AB-101).				
Last Name	First Na	ime	Title		Phone		
Hyland	Rob		President				
McGuire	Tom		Vice Presid	ent			
Huempfner Tom Secretary							
Mueller	Isaac						
Mueller	Mueller Kelly Trustee						

Continued \rightarrow

Part C: Event Information			3		
Name of Event (if applicable)		<u> </u>			
Coach Bob Hyland Retiremen	nt Party				
2. Dates of Operation			3. Hours of O	peration	W
11/09/2024				- 10:00pm	
4. Premises Address	+ HVIII +				
400 University Drive					
5. Clty			6. State	7. Zip Code	
Fond du Lac			WI	54937	
	9. Governing Munic	pipality City Town	Village	10. Aldermanic Di	strict
FOND DU LAC	of: FOND DU			N/A	
11. Organizer of Event (if not the named applican	t)	12, Email and/or Phone Numb	er for Organi:	zer of Event	
Christopher Decker		cdecker@smsacac	lemy.org		
13, Organizer Website		14. Event Website			
www.smsa.org		N/A			
15. Premises Description - Describe the build stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if necessify of event will be held in the by the County of Fond du Lac event will be the large gath wine will be stored in the l	s are kept. Descript records may obsary. e ballroom/ . The event ering space	ribe all rooms within the buil cour only on the premises of foyer of the old UW will be entirely i outside of the Pra	ding, includi escribed in t -Fond du ndoors. ' irie The:	ng living quarters this application. A Lac campus, The area for ater. All be	attach a map now run the
Part D: Attestation Who must sign this application? • one officer or director of the nonprofit of	rganization				
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely on seeking the license. Further, I agree that the to another individual or entity. I agree to of from Wisconsin-permitted wholesalers. I unbe deemed a refusal to allow inspection. See that any license issued contrary to Wis. State be prosecuted for submitting false statement provides materially false information on this	n behalf of the ap e rights and resp perate according derstand that lac uch refusal is a r at. Chapter 125 s ats and affidavits	plicant organization and not consibilities conferred by the to the law, including but not k of access to any portion of misdemeanor and grounds finall be void under penalty o in connection with this application be required to forfeit not mention.	on behalf of license(s), it it limited to, p a licensed p or revocation f state law. I cation, and the	f any other indivi- f granted, will not purchasing alcoh- remises during in n of this license. further understan hat any person wi	dual or entity be assigned of beverages aspection will I understand ad that I may ho knowingly
Last Name		First Name			M.I.
Mueller		Kelly			
Πde Athleti _κ c Administrator	Email kmuel	ler@smsacademy.org		Phone (920) 3	22-8095
Signature Cully Mulb-			Date	10/24/24	
			with a region of page 190		
Part E: For Clerk Use Only					
Date Application: Was Filed With Clerk		License Number			
Date License Granted	the state of the s	Date License Issued			
Signature of Clerk/Deputy Clerk					

CITY OF FOND DU LAC

Memorano	dum	
Date:		
To:	Chief of Police Attn: Records Division	
From:	City Clerk	
Subject:	Temporary Class B License	
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.	
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.	
CITY OF	F FOND DU LAC	
Date:		
To:	City Clerk	
From:	Chief of Police	
Subject:	Temporary Class B License	
	I hereby recommend that the application be:	
	Granted a license of R. R. D. #12(10-25-24	Ŧ
	Denied a license	
	Comments	

Form

AB-220

Temporary Alcohol Beverage License

Municipality				
CITY	OF	FOND	DU	LAC

License(s) Requested		Fe	es#	i e de la composición
		License Fees	\$	10.00
	☐ Temporary Class "B" Beer	Background Check	\$	0.00
		Total Fees	\$	10.00

If not filed 15 days prior to ALC Meeting, a \$25

			rush fee will	be charged,	for a total of \$35 due.
Part A: Organization Informa	itlan		(875)		
1. Organization Name	erone de Graff		PARTICIPATION OF THE STREET	NEOROPY ROST 100 TO 100	
Downtown Fond du La	c Part	nership			
2. Organization Permanent Address					
131 S. Main Street,	Suite	101			
3. City		,		4. State	5. Zip Code
Fond du Lac				WI	54935
6. Mailing Address (If different from pe	rmanent a	nddress)			
7. FEIN		8. Date of Organization/Incor	poration	9. State of Organi	zation/Incorporation
46-1169019			,	21 211112 21 21.9	
10. Phone		11. Email			
(920) 322-2006		info@downtownfo	dl.com		
12. Organization type (check one)					
• • • • • • • • • • • • • • • • • • • •] Church	☐ Fair Association	n/Agricultural Societ	v 📋 Vete	ran's Organization
		er of Commerce or similar (-		-
	1 Ollullion	or or commerce		The difference of the differen	
13. Is this organization required to					Yes 🗸 No
14. Wisconsin Seller's Permit Number	(it applicat	ole)			
The state of the s			adatutatata frimitatase hatarrete er ess (a seco de como es		and the second section of the
Pari B: Individual Information	n				A marketing to the second
List the name, title, and phone nu (Form AB-100) for each person lis	ımber for sted belov	all officers, directors, and a w. Attach additional sheets	agent of the organiz if necessary.	zation. Include a	an Individual Questionnaire
Corporations must also include A	Icohol Be	verage Appointment of Age	ent (Form AB-101).		
Last Name	First Na	ame	Title		Phone
Raflik	JJ		Board Presi	dent	
Meyer	Sam		Board Vice	President	
Gross	Tyler	•	Board Secre	tary	
Kittleson	Andre	₽W	Board Treas	urer	
Krupp	Amy		Executive D	irector	
Sigrist	Megar	1	Dir. of Spe	ecial Even	t 920 32€OANNOG →

Part C: Event Information							
Name of Event (if applicable)							
2024 Downtown Fond du Lac Holiday Wine Walk							
2. Dates of Operation	3. Hours of Operation						
11/16/2024			-	8:00pm			
4. Premises Address			12:000	m-5:00pm			
Argentum Et Aurum 111 S.	Main		E 122				
5. City			6. State	7. Zip Code			
Fond du Lac	T	🗖 😅	WI WI	54935			
8. County	9. Governing Munici		☐ Village	10. Aldermanic District N/A			
FOND DU LAC 11. Organizer of Event (if not the named applicant)	of: FOND DU	12. Email and/or Phone Num	ber for Organiz				
The organization Event (in not the named applical	,	Megan@downtown	1.70	a de resident d' o (TT) (F. 17.17.5.70)			
13. Organizer Website		14. Event Website					
downtownfdl.com		downtownfdl.co	m/wine-wa	alk/			
downtownfdl.com downtownfdl.com/wine-walk/ 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. Ground Floor							
Part D: Attestation							
Who must sign this application?							
one officer or director of the nonprofit	- T		TO A SERVICE IN				
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.							
Last Name	T	First Name		M.I.			
Sigrist		Megan		A			
Title Director of Special Events	Email Megan	@downtownfdl.com		Phone (920) 322-2006			
Signature Date							
The state of the s	20	>		10/0			
Part E: For Clerk Use Only							
Date Application Was Filed With Clerk		License Number					
000	3 2024		-016	2			
Date License Granted		Date License Issued					
Signature of Clerk/Deputy Clerk							

Form

AB-220

Temporary Alcohol Beverage License

Municipality	,			
CITY	OF	FOND	DU	LAC

License(s) Requested		Fe Fe	es ,	
		License Fees	\$	10.00
	☐ Temporary Class "B" Beer	Background Check	\$	0.00
		Total Fees	\$	10.00

If not filed 15 days prior to ALC Meeting, a \$25 rush fee will be charged, for a total of \$35 due

•			rush fee will	l be charged, f	or a total of \$35 due.		
Part A: Organization Informa	tion						
1. Organization Name							
Downtown Fond du Lac	Part	nership					
2. Organization Permanent Address							
131 S. Main Street, Suite 101							
3. City				4. State	5. Zip Code		
Fond du Lac				MI	54935		
6. Mailing Address (if different from per	manent a	ddress)					
		,					
7. FEIN		8. Date of Organization/Incor	poration	9, State of Organiz	zation/incorporation		
46-1169019							
10. Phone		11. Email					
(920) 322-2006		info@downtownf	dl.com				
12. Organization type (check one)							
☐ Bona Fide Club ☐	Church	☐ Fair Association	n/Agricultural Socie	ty 🔲 Vetei	an's Organization		
☐ Lodge/Society	Chambe	er of Commerce or similar (Civic or Trade Orga	anization under cl	h. 181, Wis. Stats.		
13. Is this organization required to h	old a Wi	sconsin Seller's permit?			🗌 Yes 📝 No		
14. Wisconsin Seller's Permit Number (if applicab	de)					
	• • • •	,					
Part B∵Individual Information	1						
List the name, title, and phone nu (Form AB-100) for each person lis				ization. Include a	n Individual Questionnaire		
Corporations must also include Ak	cohol Be	verage Appointment of Age	ent (Form AB-101).		•		
Last Name	First Na	ame	Title		Phone		
Raflik	JJ		Board Presi	i dent			
Kallik			Dodia Lico.	Luciic			
Meyer	Sam		Board Vice	President			
Gross	Tyler	•	Board Secre	etarv			
GLODS	1, 101						
Kittleson	Andre	w	Board Treas	surer			
Krupp	Amy		Executive I	Director			
Sigrist	Megan	1	Dir. of Sp	ecial Event			

Part C: Event Information			4			
1. Name of Event (if applicable)						
2024 Downtown Fond du Lac Holiday Wine Walk						
2. Dates of Operation			100000000000000000000000000000000000000	ours of Op		
11/16/2024					- 8:00pm	
4. Premises Address	. 1		13	1:00k	m-5:0	opm
Beauty Republic & Co. 131 S. Ma.	in ST	E. 100		0.01.	7 7 0	
5. City				6. State	7. Zip Cod	
Fond du Lac	ina M!	inclify [7] City [7] Tarrier		WI	5493 10. Aldermanic	
8. County 9. Governion FOND DU LAC of: FC	ND DU		⊔V	'illage	N/A	DISTRICT
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Num	nber fo	or Organize	er of Event	
		Megan@downtown	fdl	.com		
13. Organizer Website		14. Event Website	55:			
downtownfdl.com		downtownfdl.co				
stored, or consumed, and related records are kep						
Part D: Attestation						
Who must sign this application?						
one officer or director of the nonprofit organization	on					
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.						
Last Name	T	First Name				M.I.
Sigrist]:	Megan				A
Title Director of Special Events	Email Megan	@downtownfdl.com			Phone (920)	322-2006
Signature	Ticgail	0	1	Date	/ /	
Magen A Dost 10/3/24						
	J					
Part E: For Clerk Use Only						
Date Application Was Filed With Clerk OCT 0 3 2024		License Number	-0	163		
Date License Granted		Date License Issued			The state of the s	
Signature of Clerk/Deputy Clerk						

Form			
Α	B.	2	20

Temporary Alcohol Beverage License

Municipality	1				
CITY	OF	FOND	DU	LAC	

License(s) Requested		· · · · · · · · · · · · · · · · · · ·	ees	
		License Fees	\$	10.00
☑ Temporary *Class B* Wine	☐ Temporary Class "B" Beer	Background Check	\$	0.00
		Total Fees	\$	10.00
		led 15 days prior to . will be charged, for		
Part A: Organization Information			e de la	

Part A: Organization Informa	tion				
1. Organization Name					
Downtown Fond du Lac	Part	nership			
2. Organization Permanent Address					
131 S. Main Street,	Suite	101			
3. City				4. State	5. Zip Code
Fond du Lac				WI	54935
6. Mailing Address (if different from pe	rmanent a	adress)			
7. FEIN		8. Date of Organization/Incor	poration	9. State of Organ	ization/incorporation
46-1169019					
10. Phone		11. Email			
(920) 322-2006		info@downtownfo	dl.com		
12. Organization type (check one)					
☐ Bona Fide Club ☐	Church	Fair Association	n/Agricultural Soci	iety 🔲 Vete	eran's Organization
☐ Lodge/Society ☑	Chambe	er of Commerce or similar (Civic or Trade Org	ganization under	ch. 181, Wis. Stats.
13. Is this organization required to	nold a Wi	sconsin Seller's permit?			☐ Yes 🗹 No
14. Wisconsin Seller's Permit Number	if applicat	ole)			
Part B: Individual Informatio	n.		le de la companya de		
List the name, title, and phone nu (Form AB-100) for each person lis				nization. Include	an Individual Questionnaire
Corporations must also include Ale	cohol Be	verage Appointment of Age	nt (Form AB-101).	
Last Name	First Na	ame	Title		Phone
Raflik	JJ		Board Pres	sident	_
Meyer	Sam		Board Vice	President	-
Gross	Tyler	•	Board Secr	retary	
Kittleson	Andre	ew .	Board Trea	isurer	
Krupp	Amy		Executive	Director	
Sigrist	Megar	1	Dir. of S	pecial Even	t

Part C: Event Information							
1. Name of Event (if applicable)							
2024 Downtown Fond du Lac Holiday Wine Walk							
2. Dates of Operation 3. Hours of Operation							
11/16/2024			4:00pm	- 8:00pm			
4. Premises Address 12:00pm - 5:00pm							
Bespoke 20 N. Main				•			
5. City			6. State	7. Zip Code			
Fond du Lac	O Coversion M	inality	WI	54935 10. Aldermanic District			
8. County FOND DU LAC	9. Governing Munic of: FOND DU	25 3. American S. (A) (A)	☐ Village	N/A			
11. Organizer of Event (if not the named applicar		12. Email and/or Phone Num	nber for Organi:				
Megan@downtownfdl.com							
13. Organizer Website		14. Event Website					
downtownfdl.com		downtownfdl.co	m/wine-w	alk/			
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. Ground Floor							
Part D: Attestation							
Who must sign this application?							
one officer or director of the nonprofit of	organization						
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.							
Last Name		First Name		M.I.			
Sigrist		Megan		A			
Title	Email	adount confd?		Phone (920) 322-2006			
Director of Special Events Signature	Megan	@downtownfdl.com	Date	(920) 322-2006			
Myosen A	In I			10/3/24			
	7						
Part E: For Clerk Use Only							
Date Application Was Filed With Clerk	0 3 2024	License Number	2-016	4			
Date License Granted		Date License Issued					
Signature of Clerk/Deputy Clerk							

Form

AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

License(s) Requested			ees	
☑ Temporary "Class B" Wine		License Fees	\$	10,00
	Temporary Class "B" Beer	Background Check	\$	0.00
		Total Fees	\$	10.00

If not filed 15 days prior to ALC Meeting, a \$25 rush fee will be charged, for a total of \$35 due.

					or a total of 535 due.
Part A: Organization Informa	tion 😽				
1. Organization Name			•		
Downtown Fond du Lac	2 Part	nership			
2, Organization Permanent Address					
131 S. Main Street,	Suite	101			
3. City				4. State	5. Zip Code
Fond du Lac				WI	54935
6, Mailing Address (if different from per	rmanent a	ddress)			
				0.01-1-10-1-1	33
7. FEIN		8. Date of Organization/Incorp	poration	9. State of Organiz	zation/incorporation
46-1169019		44 1900 - 11			
10. Phone		11. Email	37		
(920) 322-2006		info@downtownfo	al.com	• • •	
12. Organization type (check one)					
Bona Fide Club	Church	☐ Fair Association	/Agricultural Societ	y 📋 Veter	an's Organization
Lodge/Society 7	Chambe	er of Commerce or similar C	Civic or Trade Orga	nization under cl	n. 181, Wis. Stats.

13. Is this organization required to b	nold a Wi	sconsin Seller's permit?	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	☐ Yes ☑ No
14. Wisconsin Seller's Permit Number (if applicab	ole)			
		,			
Part B: Individual Information	n		4800		
List the name, title, and phone nu (Form AB-100) for each person lis				zation. Include a	n Individual Questionnaire
Corporations must also include Ale	cohol Be	verage Appointment of Age	nt (Form AB-101).		
Last Name	First Na	me	Title		Phone
	<u> </u>			J	
Raflik	JJ		Board Presi	dent	
Meyer .	Sam		Board Vice	President	
Meyer	Sam.		Doard vice	riegiaene	
Gross	Tyler		Board Secre		
	<u> </u>				
Kittleson	Andre	:W	Board Treas	urer	
Krupp	Amy		Executive D	irector	
Sigrist	Megan		Dir. of Spe	ecial Event	

Part C: Event Information					
1. Name of Event (if applicable)					
2024 Downtown Fond du Lac	Holiday Wi	ne Walk			
2. Dates of Operation			3. Hours of Op		
11/16/2024			4:00pm	- 8:00pm	
4. Premises Address	useo suose seesse vass		12:00p	n-5:00pm	
Bird's Eye View Optical 1	9 S. Main				
5. City			6. State	7. Zip Code	
Fond du Lac			WI	54935	
8. County	9. Governing Munici		☐ Village	10. Aldermanic District	
FOND DU LAC	of: FOND DU	12. Email and/or Phone Num	abor for Organia	N/A	
11. Organizer of Event (if not the named applicat	11)	THE RECORD CONTROL OF THE PROPERTY OF THE PROP	107 APRIL	er or Everit	
13. Organizer Website	£	Megan@downtown 14. Event Website	itat.com		
downtownfdl.com		downtownfdl.co	m/wine-w	alk/	
				A CONTRACTOR OF THE PROPERTY O	
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. Ground Floor					
Part D: Attestation					
Who must sign this application?					
	organization				
• 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		First Name		M.I.	
Sigrist		Megan		A	
Title	Email			Phone	
Director of Special Events	Megan	@downtownfdl.com		(920) 322-2006	
Signature A	Sig	A	Date (C	13/24	
Part E: For Clerk Use Only					
Date Application Was Filed With Clerk	3 2024	License Number (2-016	5	
Date License Granted		Date License Issued			
Signature of Clerk/Deputy Clerk					

Form

AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

		License Fees	\$ 10.00
√ Temporary "Class B" Wine	☐ Temporary Class "B" Beer	Background Check	\$ 0.0
		Total Fees	\$ 10.0

					or a total of \$35 due.
Part A: Organization Informa	tion				1 3 6 7 3
1. Organization Name					
Downtown Fond du Lac	: Part	nership			
2. Organization Permanent Address					
131 S. Main Street,	Suite	101			
3. City				4. State	5. Zip Code
Fond du Lac			· 	WI	54935
6. Mailing Address (if different from per	rmanent a	ddress)			
7. FEIN		8. Date of Organization/incorp	noration 9	State of Organiz	ation/incorporation
46-1169019		Or Date of Significant and a	potation	Otato of organis	attorn por at
10. Phone		11. Email			
(920) 322-2006		info@downtownfo	dl.com		
12. Organization type (check one)		1			
	Church	☐ Fair Association	/Agricultural Society	∏ Veter	an's Organization
_		er of Commerce or similar C	•		* I
	Onanio	7 Of Oommeroe of Similar C	AVIO OI TIAGO OIGUII	Zatjon unuc, o	1. 101, 1413. Otalis.
13. Is this organization required to h	hold a Wi	sconsin Seller's permit?			Yes 🔽 No
14, Wisconsin Selter's Permit Number (if applicab	le)			
Part B: Individual Information	n			13917677	
1,400,600 43.5 C. 45.5 C. 45.5 C. 45.5 C. 47.5 C. 55.5 C. 47.5 C. 55.5 C. 47.5 C. 57.5 C. 47.5 C. 57.5 C. 47.5 C. 57.5 C. 47.5 C. 47.5 C. 57.5 C. 47.5	227 Cd 9224 Nov's 25 52				
List the name, title, and phone null (Form AB-100) for each person lis				IIIOn. Include al	Tindividual Questionnaire
Corporations must also include Ak	cohol Bev	verage Appointment of Age	nt (Form AB-101).		
Last Name	First Na	me	Title		Phone
			Daniel Drogid		
Raflik	JJ		Board Presid	ent	
Meyer	Sam		Board Vice P	resident	
neycz .	ban.		D0010 1200 1	100100	
Gross	Tyler		Board Secret	ary	
0.000					
Kittleson	Andre	:W	Board Treasu	rer.	
Krupp	Amy	!	Executive Di	rector	
	<u> </u>		I		
Sigrist	Megan	Ĺ	Dir. of Spec	ial Event	

Part C: Event Information				
Name of Event (if applicable)				
2024 Downtown Fond du Lac	Holidav Wi	ne Walk		
2. Dates of Operation			3. Hours of O	peration
11/16/2024			3222	_ mg00:8 -
4. Premises Address				
Blue Marble Botanicals 28	N. Main		12:000	m-5:00pm
5. City	11. 116.211		6. State	7. Zip Code
Fond du Lac			WI	1000 to 1000 to 1000
8. County	9. Governing Munic	ipality 🗸 City 🔲 Town	☐ Village	10. Aldermanic District
FOND DU LAC	of: FOND DU		_ ,	N/A
11. Organizer of Event (if not the named applica	-	12. Email and/or Phone Num	ber for Organi	zer of Event
		Megan@downtown	fdl.com	
13. Organizer Website		14. Event Website		
downtownfdl.com		downtownfdl.co	m/wine-w	alk/
15. Premises Description - Describe the bui	lding or buildings			
stored, or consumed, and related record alcohol beverage activities and storage	ds are kept. Descr of records may o	ibe all rooms within the bu	ilding, includi	ing living quarters. Authorized
or diagram and additional sheets if nece	ssary.			
Ground Floor				
Part D: Attestation				
Who must sign this application?	PATRICINA PARIA PROPERTY AND A			
one officer or director of the nonprofit	organization			
1			-16 411	and according completely and
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely of	Under penalty of	r law, I have answered ear	on or the abo	of any other individual or entity
seeking the license. Further, I agree that t	he rights and resp	onsibilities conferred by the	e license(s), i	f granted, will not be assigned
to another individual or entity. I agree to	perate according	to the law, including but no	ot limited to,	purchasing alcohol beverages
from Wisconsin-permitted wholesalers. I u	nderstand that lac	k of access to any portion of	of a licensed p	oremises during inspection will
be deemed a refusal to allow inspection. that any license issued contrary to Wis. S	Such refusal is a r	hall be void under penalty	for revocation of state law I	further understand that I may
be prosecuted for submitting false statement	ents and affidavits	in connection with this appl	lication, and t	hat any person who knowingly
provides materially false information on the	is application may	be required to forfeit not r	more than \$1,	,000 if convicted.
, ,	\$1000 B	First Name		M.I.
Last Name				IVI.I.
Sigrist		Megan		Phone
Title Director of Special Events	Email Megan	@downtownfdl.com		(920) 322-2006
Signature A	and of		Date	13/2024
	3			101000
Part E. For Clark Has Only				
Part E: For Clerk Use Only Date Application Was Filed With Clerk		License Number		
00	T 0 3 2024		-0161	Q
Date License Granted		Date License Issued		
Signature of Clerk/Deputy Clerk				

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		2		ш

AB-220 (N. 4-24)

AB-220

Temporary Alcohol Beverage License

Municipality	,				
CITY	OF	FOND	DÜ	$\mathbb{L}AC$	

				lica	nse Fees	\$	10.00
✓ Temporary "Class B" W	Vine	☐ Temporary Class	"R" Reer		Background Check		0.0
M Iomporary Glass B W	Wille		D DOO!		Total Fees		10.0
			Tf not			to AlG	Meeting, a \$2
							tal of \$35 du
Part A: Organization Informat	lon 🗝						ik .
1. Organization Name							
Downtown Fond du Lac	Part	nership					
 Organization Permanent Address 131 S. Main Street, 	Cui+o	1.01					
3. City	purre	TOT			4. State	5. Zip C	ode
Fond du Lac				WI		54935	
6. Mailing Address (if different from per	manent a	ddress)					
					· · · · · · · · · · · · · · · · · · ·		
7. FEIN		8. Date of Organization/Inco	9. St	ate of Organ	Ization/Inc	orporation	
46-1169019							
10. Phone		11. Email	J7				
(920) 322-2006		info@downtownf	al.com				
12. Organization type (check one)	.		7A	0	[-] Vata	ounds One	
	Church	☐ Fair Associatio			_	_	janization
☐ Lodge/Society ☑	Chambe	er of Commerce or similar	CIVIC OF ITAU	e Organiza	under u	311. 101, V	vis. Stats.
13. Is this organization required to h	old a Wi	pagnain Coller's normit?					
10. 10 tillo bigariization roquirea to n	old a re		-				□ Yes □ N
							☐ Yes ☑ N
14. Wisconsin Seller's Permit Number (ii	f applicat						Yes V
14. Wisconsin Seller's Permit Number (i	if applical:						Yes 📝 N
		ole)					☐ Yes
Part B: Individual Information	ı	ole)					
Part Bolindividual Information	I nber for	all officers, directors, and	agent of the	organizatio			
Part Scindividual Information List the name, title, and phone num (Form AB-100) for each person list	l mber for ted below	all officers, directors, and w. Attach additional sheets	agent of the if necessary.	organizatio			
List the name, title, and phone num (Form AB-100) for each person liste Corporations must also include Aic	nber for ted belov tohal Be	all officers, directors, and w. Attach additional sheets werage Appointment of Age	agent of the if necessary. ent (Form AB	organizatio		an Individ	ual Questionnai
Part S: Individual Information List the name, title, and phone num (Form AB-100) for each person list	l mber for ted below	all officers, directors, and w. Attach additional sheets werage Appointment of Age	agent of the if necessary. ent (Form AB	organizatio	n, Include a		ual Questionnai
Part Scindividual Information List the name, title, and phone num (Form AB-100) for each person liste Corporations must also include Alc Last Name	nber for ted belov tohal Be	all officers, directors, and w. Attach additional sheets werage Appointment of Age	agent of the if necessary. ent (Form AB	organizatio	n, Include a	an Individ	ual Questionnai
Part S: Individual Information List the name, title, and phone num (Form AB-100) for each person list. Corporations must also include Aic Last Name Raflik	mber for ted belov cohol Be First Na	all officers, directors, and w. Attach additional sheets werage Appointment of Age	agent of the if necessary. ent (Form AB Title Board P	organizatio -101). Presider	n. Include :	an Individ	ual Questionnai
Part S: Individual Information List the name, title, and phone num (Form AB-100) for each person list. Corporations must also include Aic Last Name Raflik	nber for ed belov ohol Be	all officers, directors, and w. Attach additional sheets werage Appointment of Age	agent of the if necessary. ent (Form AB	organizatio -101). Presider	n. Include :	an Individ	ual Questionnai
Part S: Individual Information List the name, title, and phone num (Form AB-100) for each person list. Corporations must also include Aic Last Name Raflik Meyer	mber for ted below cohol Be First Na	all officers, directors, and w. Attach additional sheets verage Appointment of Ago ame	agent of the if necessary. ent (Form AB Title Board P	organization -101). Presider	n, Include a	an Individ	ual Questionnai
Part S: Individual Information List the name, title, and phone num (Form AB-100) for each person list. Corporations must also include Aic Last Name Raflik Meyer Gross	mber for red below cohol Be First Na JJ	all officers, directors, and w. Attach additional sheets verage Appointment of Aga ame	agent of the if necessary. ent (Form AB Title Board P Board V	organization—101). Tresider ice Presectan	n. Include a	an Individ	ual Questionnai
Part Scindividual Information List the name, title, and phone num (Form AB-100) for each person lists Corporations must also include Aic Last Name Raflik Meyer Gross Kittleson	mber for sed below sohol Be First Na JJ Sam Tyler	all officers, directors, and w. Attach additional sheets verage Appointment of Aga ame	agent of the if necessary. ent (Form AB Title Board P Board V Board S	organization-101). Presider Presider Presider Presider	n. Include a	an Individ	ual Questionnai

- 1 -

Part C: Event Information								
Name of Event (if applicable)								
2024 Downtown Fond du Lac	Holiday Wi:	ne Walk						
2. Dates of Operation					3. Hours of Operation			
11/16/2024			4	1:00pm	- 8:00pm			
4. Premises Address CC'S Chocolates 57 N. Mac	v			2:00 p	om = 5:00pm			
5. City	1			6. State	7. Zip Code			
Fond du Lac				WI	54935			
8. County	9. Governing Munici	ipality 🗸 City 🔲	Town	Village	10. Aldermanic District			
FOND DU LAC	of: FOND DU	LAC	104 104		N/A			
11. Organizer of Event (if not the named application	nt)	12. Email and/or Ph	one Number	for Organiz	er of Event			
		Megan@dow	ntownfd	l.com				
13. Organizer Website	14. Event Website							
downtownfdl.com 15. Premises Description - Describe the bui		downtownfo						
alcohol beverage activities and storage or diagram and additional sheets if nece Ground Floor		ccur only on the pr	emises des	cribed in t	ть аррисацоп. Ацаст а тар			
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		First Name			M.I.			
Sigrist		Megan			A			
Title Director of Special Events	Email Megan	ı@downtownfdl.	.com		Phone (920) 322-2006			
Signature A A County A	1-1			Date	12/2024			
VINCON A	nax			1 10	0/3/2027			
Part E: For Clerk Use Only								
Data Application Mag Filed Mith Clark	0 3 2024	License Number		-016	7			
Date License Granted		Date License I			I.			
Signature of Clerk/Deputy Clerk								

AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

License(s) Requested		F	es	
☑ Temporary "Class B" Wine		License Fees	\$	10.00
	Temporary Class "B" Beer	Background Check	\$	0.00
		Total Fees	\$	10.00

			rush fee will	be charged, for	or a total of \$35 due.	
Part A: Organization Informa	ition					
1. Organization Name					,,	
Downtown Fond du La	c Part	nership				
2. Organization Permanent Address						
131 S. Main Street,	Suite	101				
3. City				4. State	5. Zip Code	
Fond du Lac				WI	54935	
6. Mailing Address (if different from pe	rmanent a	ddress)				
7. FEIN		8. Date of Organization/Incor	poration 9	. State of Organiz	ation/incorporation	
46-1169019						
10, Phone						
(920) 322-2006 info@downtownfdl.com						
12. Organization type (check one)						
☐ Bona Fide Club ☐ Church ☐ Fair Association/Agricultural Society ☐ Veteran's Organization						
☐ Lodge/Society ☐ Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.						
13, Is this organization required to	hold a Wi	sconsin Seller's permit?			🗀 Yes 🗾 No	
14. Wisconsin Seller's Permit Number	(if applicab	ele)				
Par B: Individual Informatio	n,			¥ 1		
List the name, title, and phone nu (Form AB-100) for each person lis		all officers, directors, and a	agent of the organiza			
Corporations must also include Al			-			
			·		T	
Last Name	First Na	ime	Title		Phone	
Raflik	JJ		Board Presid	dent		
Meyer	Sam		Board Vice I	President		
Gross	Tyler		Board Secret	ary	·	
Kittleson	Andre	W	Board Treast	ırer		
Krupp	Amy		Executive Di	irector		
Sigrist	Megan	ı	Dir. of Spe	cial Event	<u></u>	

Part C: Event Information						
1. Name of Event (if applicable)						
2024 Downtown Fond du Lac Holiday	Wine Walk					
2. Dates of Operation		3. Hours of Opera				
11/16/2024		4:00pm -	8:00pm			
4. Premises Address		12:00 px	1-5:00 pm			
Fond du lac Cyclery 209 S. Main			1000			
5. City		6. State	7. Zip Code			
Fond du Lac		WI	54935			
		L village	. Aldermanic District			
FOND DU LAC of: FOND			N/A			
11. Organizer of Event (if not the named applicant)	12. Email and/or Phone Num Megan@downtown	1075 nde 1 compa 100	or Event			
13. Organizer Website	14. Event Website					
downtownfdl.com	downtownfdl.co	m/wine-wall	k/			
Premises Description - Describe the building or building stored, or consumed, and related records are kept. Do alcohol beverage activities and storage of records may or diagram and additional sheets if necessary. Ground Floor	escribe all rooms within the bu	ilding, including I	iving quarters. Authorized			
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	First Name		M.I.			
Sigrist	Megan		A			
Title Ema	ail gan@downtownfdl.com		Phone (920) 322-2006			
Director of Special Events Me	ganedowncowntar.com	Date	1			
Legel & upgall		10/3	3/2024			
7						
Part E: For Clerk Use Only	I i Nit					
Date Application Was Filed With Clerk OCT 0 3 2024	License Number	-01108				
Date License Granted	Date License Issued					
Signature of Clerk/Deputy Clerk						

AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

License(s) Requested	2011 A 2 - 1942 A 20 C 27 C 20 C 20 C 20 C 20 C 20 C 20 C	, see the party Fe	968	11.
☑ Temporary "Class B" Wine		License Fees	\$	10,00
	☐ Temporary Class "B" Beer	Background Check	\$	0.00
		Total Fees	\$	10.00

			rush	fee will	be charge	d, fo	or a total of \$35 due.
Part A: Organization Informa	tion		English Turk		4.4		
1. Organization Name							
Downtown Fond du Lac	. Part	nership					
2. Organization Permanent Address							
131 S. Main Street,	Suite	1.01					
3. City		<u>.</u>			4. State	ĺ	5. Zip Code
Fond du Lac					WI	:	54935
6. Mailing Address (if different from pe	rmanent a	ddress)					
7. FEIN 8. Date of Organization/inco					9. State of O	rganiza	ation/incorporation
46-1169019							
10, Phone		11. Email					
(920) 322-2006		info@downtownfo	il.com	ì			
12. Organization type (check one)							
☐ Bona Fide Club ☐	Church	☐ Fair Association	/Agricult	ıral Societ	у 🗆	Vetera	an's Organization
☐ Lodge/Society							
13. Is this organization required to I 14. Wisconsin Seller's Permit Number of I Part B: Individual Information List the name, title, and phone number of I (Form AB-100) for each person list	if applicab	all officers, directors, and a	gent of t	he organiz			
Corporations must also include Ale	cohol Be	verage Appointment of Age	nt (Form	AB-10 1).			
Last Name	First Na	ime	Title				Phone
Raflik	JJ		Board	Presi	dent		
Meyer	Sam		Board	Vice	Preside	nt	
Gross	Tyler	· ·	Board	Secre	tary		
Kittleson	Andre	W	Board	Treas	urer		
Krupp	Amy		Execu	tive D	irector		
Sigrist	Megan	ι	Dir.	of Spe	cial Ev	rent	

Part C: Event Information					
1. Name of Event (if applicable)	2 220 20 30				
2024 Downtown Fond du Lac Holiday W	ine Walk				
2. Dates of Operation	3	B. Hours of Oper			
11/16/2024		4:00pm -	n van in samme Lydere		
4. Premises Address		12:00pm	~5:00pm		
Fox Valley Savings Bank 51 E. 1st S	treet				
5. City		6. State	7. Zip Code		
Fond du Lac		WI VI	54935		
8. County 9. Governing Mun FOND DU LAC of: FOND DI). Aldermanic District N/A		
11. Organizer of Event (if not the named applicant)	12. Email and/or Phone Numb				
	Megan@downtownf	dl.com			
13. Organizer Website	14. Event Website				
downtownfdl.com	downtownfdl.com	/wine-wal	k/		
Premises Description - Describe the building or buildings stored, or consumed, and related records are kept. Described alcohol beverage activities and storage of records may or diagram and additional sheets if necessary. Ground Floor	cribe all rooms within the build	ding, including	living quarters. Authorized		
Part D: Attestation		en de la companya de			
Who must sign this application?		Internation of the Control of the Co			
• 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	First Name		M.I.		
Sigrist	Megan		A		
Title Email	- 1		Phone		
22100001	n@downtownfdl.com	Date	(920) 322-2006		
Signature A A A		10/	3/24		
Post Fr For Clouds Has Only					
Part E: For Clerk Use Only Date Application Was Filed With Clerk OCT A 9 2024	License Number				
OCT 0 3 2024	(-1	2169			
Date License Granted	Date License Issued				
Signature of Clerk/Deputy Clerk					

AB-220

Temporary Alcohol Beverage License

		License Fees	\$ 10,00
☑ Temporary "Class B" Wine	☐ Temporary Class "B" Beer	Background Check	\$ 0.00
		Total Fees	\$ 10.00

			TUSH 188 WILL	De Charged,	for a total of \$35 due.
Part A: Organization Inform	nation -				
1. Organization Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Downtown Fond du L	ac Partne	rship			
2. Organization Permanent Address					
131 S. Main Street	, Suite 1	.01			
3, City				4, State	5. Zip Code
Fond du Lac				WI	54935
6. Mailing Address (if different from	permanent addr	ess)			
7. FEIN	- 10	Date of Organization/Inco	rnoration	9 State of Organi	zation/Incorporation
46-1169019)°.	Date of Organization/into	rporation	e. State of Organi	Zationinicorporation
10. Phone	11	. Email			
(920) 322-2006	"	info@downtownf	dl.com		
12. Organization type (check one)		111200001111001111			
1	Church	☐ Fair Associatio	n/Agricultural Societ	by □ Vete	ran's Organization
i —	_		-	-	-
Lodge/Society [∡l Chamber o	of Commerce or similar	Civic or Trade Orga	nization under d	n. 161, Wis. Stats.
14. Wisconsin Seller's Permit Number					
List the name, title, and phone in (Form AB-100) for each person	listed below, A	Attach additional sheets	if necessary,	zation. Include a	n Individual Questionnaire
Corporations must also include					<u> </u>
Last Name	First Name	3	Title		Phone
Raflik	JJ		Board Presi	dent	
Meyer	Sam		Board Vice	President	
Gross	Tyler		Board Secre	tary	
Kittleson	Andrew		Board Treas	urer	
Krupp	Amy		Executive D	irector	
Sigrist	Megan		Dir. of Spe	ecial Even	t
AB-220 (N, 4-24)	******	_1_			

Part C: Event Information						
Name of Event (if applicable)				STATE OF STA	190 FIVE VALUE OF SAME AND A STATE OF SAME AND	
2024 Downtown Fond du Lac	Holiday Wi:	ne Walk				
2. Dates of Operation			3. H	ours of Op	peration	
11/16/2024			4_	:00pm	- 8:00pm	
4. Premises Address			12	2:000	n -5:00pm	\neg
Lillians of Fond du Lac 2'	7 S. Main			1		
5. City				6. State	7. Zip Code	
Fond du Lac	Fond du Lac WI 54935					
8. County	9. Governing Munici	pality 🔽 City 🗌 Town	□ ∨	/illage	10. Aldermanic District	
FOND DU LAC	of: FOND DU				N/A	
11. Organizer of Event (if not the named applicar	nt)	12. Email and/or Phone Num	nber fo	or Organiz	zer of Event	1
Megan@downtownfdl.com						
13. Organizer Website		14. Event Website				
downtownfdl.com		downtownfdl.co	m/w	ine-wa	alk/	
stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if nece Ground Floor	of records may or	ccur only on the premises	descr	, merdan	his application. Attach a m	ap
		Data transcription development of the second				
Part D: Attestation						
Who must sign this application?						
one officer or director of the nonprofit of	organization					
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.						
Last Name		First Name			M.I.	
Sigrist		Megan			A	
Title	Email				Phone	
Director of Special Events	Megan	@downtownfdl.com	- 1	Data	(920) 322-2006	
Signature 10/3/2024						
			A-807.55			
Part E: For Clerk Use Only		Ligonas Numbas				
Date Application Was Filed With Clerk	CT 0 3 2024	License Number	-0	170	j	
Date License Granted	d	Date License Issued				
Signature of Clerk/Deputy Clerk						

	Form
	AB-220

Temporary Alcohol Beverage License

Municipality	,				
CITY	OF	FOND	DU	LAC	

License(s) Requested		,	es	
☑ Temporary "Class B" Wine		License Fees	\$	10,00
	☐ Temporary Class "B" Beer	Background Check	\$	0.00
		Total Fees	\$	10.00

					ior to ALC Meeting, a \$25 d, for a total of \$35 due.
Part A: Organization Informa	ition				
1. Organization Name	LAVI-LL BY TO BY	<u> </u>		34.02.00.10.10.10.10.10.10.10.10.10.10.10.10.	
Downtown Fond du Lac	c Part	nership			
2. Organization Permanent Address					
131 S. Main Street,	Suite	101			1
3. City				4. State	5. Zip Code
Fond du Lac				MI	54935
6. Mailing Address (if different from pe	rmanent a	ddress)			
7. FEIN		8. Date of Organization/Incom	poration	9. State of Org	ganization/Incorporation
46-1169019					
10. Phone		11. Email			
(920) 322-2006		info@downtownf	dl.com		
12. Organization type (check one)					
☐ Bona Fide Club ☐	Church	☐ Fair Association	√Agricultural Socie	ety 📋 V	/eteran's Organization
	I Chambe	er of Commerce or similar (-	-	er ch. 181. Wis. Stats.
13. Is this organization required to 14. Wisconsin Seller's Permit Number Part B: Individual Informatio	(if applicat	ole)			☐ Yes ☑ No
List the name, title, and phone nu (Form AB-100) for each person lis		all officers, directors, and	agent of the organ		de an Individual Questionnaire
Corporations must also include Al	cohol Be	verage Appointment of Age	ont (Form AB-101).		
Last Name	First Na	ame .	Title		Phone
Raflik	JJ		Board Pres	ident	
Meyer	Sam		Board Vice	Presider	nt
Gross	Tyler	,	Board Secre	etary	
Kittleson	Andre	w	Board Trea	surer	
Krupp	Amy		Executive 1	Director	
Sigrist	Megan	1	Dir. of Sp	ecial Eve	ent

Part C: Event Information				
1. Name of Event (if applicable)				
2024 Downtown Fond du Lac	Holiday Win	ne Walk		
2. Dates of Operation			3. Hours of Opera	MANUFACTURE CONTRACTOR
11/16/2024			4:00pm -	mq00:8
4. Premises Address	20-1		12:00pm	1-5:00pm
Main Street Fashion 117 S	. Main		1	
5. City			6. State WI	7. Zip Code 54935
Fond du Lac 8. County	9. Governing Munici	pality ☑ City ☐ Town		. Aldermanic District
FOND DU LAC	of: FOND DU	20 /200 Maria 1 0 100 (2 . 10		N/A
11. Organizer of Event (if not the named applicar	nt)	12. Email and/or Phone Num	ber for Organizer	of Event
		Megan@downtown:	fdl.com	
13. Organizer Website		14. Event Website		
downtownfdl.com		downtownfdl.com	m/wine-wal	k/
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. Ground Floor				
Part D: Attestation				
Who must sign this application?				
one officer or director of the nonprofit of the nonp	organization			
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely o seeking the license. Further, I agree that I to another individual or entity. I agree to of from Wisconsin-permitted wholesalers. I u be deemed a refusal to allow inspection. So that any license issued contrary to Wis. So be prosecuted for submitting false statement provides materially false information on the	n behalf of the ap ne rights and responserate according nderstand that lace Such refusal is a restat. Chapter 125 sients and affidavits	plicant organization and no onsibilities conferred by the to the law, including but no k of access to any portion o nisdemeanor and grounds hall be void under penalty of in connection with this appli	t on behalf of are license(s), if grant of limited to, pure of a licensed prent for revocation of of state law. I furtication, and that	ny other individual or entity anted, will not be assigned chasing alcohol beverages nises during inspection will f this license. I understand ther understand that I may any person who knowingly
Last Name		First Name		M.I.
Sigrist		Megan		A
Title	Email	@downtownfdl.com		Phone (920) 322-2006
Director of Special Events Signature	Megan	edowiicowiitut.com	Date	1 1
Man A A	reid		0/	13/24
Part E: For Clerk Use Only				
Date Application Was Filed With Clerk	CT 0 3 2024	License Number	-0171	
Date License Granted		Date License Issued		
Signature of Clerk/Deputy Clerk				

AB-220

Temporary Alcohol Beverage License

		License Fees	Ψ	10
√ Temporary "Class B" Wine	Temporary Class "B" Beer	Background Check	\$. 0
		Total Fees	\$	10

					for a total of \$35 due.
Part A: Organization Informa	tion				
Organization Name					
Downtown Fond du Lac	2 Part	nership			
2. Organization Permanent Address					
131 S. Main Street,	Suite	101			
3. City				4. State	5. Zip Code
Fond du Lac				WI	54935
6. Mailing Address (if different from pe	rmanent a	iddress)			
7. FEIN		8. Date of Organization/Incorp	poration	9. State of Organi	zation/Incorporation
46-1169019					
10, Phone		11, Email		1	
(920) 322-2006		info@downtownfo	dl.com		
12. Organization type (check one)		1			
☐ Bona Fide Club ☐	Church	Fair Association	n/Agricultural Socie	aty 🔲 Vete	ran's Organization
		er of Commerce or similar C	-	-	h. 181. Wis. Stats.
	· · · · · · · · · · · · · · · · · · ·	71 01 00111110100 01 01111,	//// VI // Car 5.3.		10 1, 1101
13. Is this organization required to h	hold a Wi	isconsin Seller's permit?	· · · · · · · · · · · · · · · · · · ·		☐ Yes ☑ No
14. Wisconsin Seller's Permit Number ((if applicat	ole)			
Rart B: Individual Informatio	n 🔭			tarkias e justini	
List the name, title, and phone nu (Form AB-100) for each person lis				ization. Include a	n Individual Questionnaire
Corporations must also include Ale	cohol Be	verage Appointment of Age	nt (Form AB-101).		
Last Name	First Na		Title		Phone
East Name	FIISLIVE	ane	Title		Filoric
Raflik	JJ	!	Board Presi	ident	
	~			Describing to	
Meyer	Sam		Board Vice	President	
Gross	Tyler	?	Board Secretary		
Kittleson	Andre		Board Treasurer		
VTCCTGOOT	HIGIC	:W	DOALG LIEGE		
Krupp	Amy		Executive I	Director	
Sigrist	Megan	1	Dir. of Sp	ecial Event	-

Part C: Event Information					
Name of Event (if applicable)	100 20 100				
2024 Downtown Fond du Lac	Holiday Wi:	ne Walk			
2. Dates of Operation			3. Hours of Op	VANA 200 II.	
11/16/2024			4:00pm	- 8:00pm	
4. Premises Address Noel's Touch Esthetics 1 I	N Main		12:000	m-5:00pm	
	N. Mall		6. State	7. Zip Code	
5. City Fond du Lac			WI	54935	
8. County	9. Governing Munici	ipality ✓ City ☐ Town	☐ Village	10. Aldermanic District	
FOND DU LAC	of: FOND DU			N/A	
11. Organizer of Event (if not the named applicar	nt)	12. Email and/or Phone Num	ber for Organiz	zer of Event	
		Megan@downtown:	fdl.com		
13. Organizer Website		14. Event Website			
downtownfdl.com		downtownfdl.com			
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. Lower Level					
Part D: Attestation					
Who must sign this application?					
one officer or director of the nonprofit of the nonp	organization				
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely o seeking the license. Further, I agree that I to another individual or entity. I agree to of from Wisconsin-permitted wholesalers. I up be deemed a refusal to allow inspection. Such at any license issued contrary to Wis. Stop be prosecuted for submitting false statement provides materially false information on the	n behalf of the ap ne rights and resp operate according nderstand that lac Such refusal is a r at. Chapter 125 s ents and affidavits	plicant organization and no onsibilities conferred by the to the law, including but no k of access to any portion o misdemeanor and grounds hall be void under penalty of in connection with this appli	t on behalf of e license(s), if of limited to, p f a licensed p for revocation of state law. I ication, and the	f any other individual or entity franted, will not be assigned burchasing alcohol beverages bremises during inspection will nof this license. I understand further understand that I may not any person who knowingly	
Last Name		First Name		M.I.	
Sigrist		Megan		A	
Title	Email	@downtownfdl.com		Phone (920) 322-2006	
Director of Special Events Signature	Megan	^	Date	1 1	
Myoun A	Sof	¥	10	13/2024	
			An area per les alculos		
Part E: For Clerk Use Only		License Number			
Date Application Was Filed With Clerk	T 0 3 2024	License Number	-017	2	
Date License Granted		Date License Issued			
Signature of Clerk/Deputy Clerk					

For	n		

AB-220

Temporary Alcohol Beverage License

Municipality	,			
CITY	of	FOND	$D\mathbf{U}$	LAC

Liconse(s) Requested		. Fi	es	firation:
☑ Temporary "Class B" Wine		License Fees \$		10.00
	☐ Temporary Class "B" Beer	Background Check	\$	0.00
		Total Fees	\$	10.00

					for a total of \$35 due.
Part A: Organization Informa	tion			A William	
1. Organization Name					
Downtown Fond du Lac	Part	nership			
2. Organization Permanent Address					
131 S. Main Street,	Suite	101			
3. City				4. State	5. Zip Code
Fond du Lac				MI	54935
6. Mailing Address (if different from per	rmanent a	ddress)			
7. FEIN		8. Date of Organization/Incor	poration	9. State of Organ	zation/Incorporation
46-1169019					
10. Phone		11. Email			
(920) 322-2006		info@downtownf	dl.com		
12, Organization type (check one)					
☐ Bona Fide Club ☐	Church	Fair Association	n/Agricultural Socie	ty 🗌 Vete	ran's Organization
Lodge/Society	Chambe	er of Commerce or similar (Civic or Trade Orga	anization under d	ch. 181, Wis. Stats.
13. Is this organization required to I	nold a Wi	sconsin Seller's permit?	,		🗌 Yes 📝 No
14. Wisconsin Seller's Permit Number (.		
(4, Wisconsin Seller's Permit Number (паррисав	ne)			
<u> </u>			· · · · · · · · · · · · · · · · · · ·		
	tarenial acres of the		Burbarda Mikir manganya nyang " ayun nag-		compression of the property of the compression of t
Pan 6: Individual Information	0		14	P. Weller	attack Timble
List the name, title, and phone null (Form AB-100) for each person lis				ization, Include a	an Individual Questionnaire
Corporations must also include Ale	cohol Bev	verage Appointment of Age	nt (Form AB-101).		
Last Name	First Na	ame	Title		Phone
		· · · · · · · · · · · · · · · · · · ·	_ •		
Raflik	JJ		Board Presi	ident	
			7		
Meyer	Sam		Board Vice	President	
	1		D		
Gross	Tyler		Board Secre	etary	
773 1.17	X		Doored Wasse	******	
Kittleson	Andre	•W	Board Treas	surer	
77	Amy		Executive I	Director	
Krupp	will		EVECUCE AS 1		
Sigrist	Megan		Dir. of Sp	ecial Even	t

Part C: Event Information				
Name of Event (if applicable)				
2024 Downtown Fond du Lac	Holiday Wi	ne Walk		
2. Dates of Operation			3. Hours of Ope	A 144-373
11/16/2024			4:00pm -	8:00pm
4. Premises Address The Gallery 74 S. Main			12:00pm	-5:00pm
5. City			6. State	7. Zip Code
Fond du Lac			WI	54935
8. County	9. Governing Munic	ipality 🗸 City 🔲 Town		Aldermanic District
FOND DU LAC	of: FOND DU	LAC		N/A
11. Organizer of Event (if not the named applicar	nt)	12. Email and/or Phone Num		of Event
		Megan@downtown	fdl.com	
13. Organizer Website		14. Event Website	W 93	
downtownfdl.com 15. Premises Description - Describe the buil		downtownfdl.co		
stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if nece 2nd Floor	of records may o	ccur only on the premises	described in this	s application. Attach a map
			Anna James Carlo	
Part D: Attestation				
Who must sign this application?				
one officer or director of the nonprofit of	127			
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely o seeking the license. Further, I agree that It to another individual or entity. I agree to of from Wisconsin-permitted wholesalers. I ube deemed a refusal to allow inspection. I that any license issued contrary to Wis. Stop prosecuted for submitting false statement provides materially false information on the	n behalf of the ap ne rights and resp operate according nderstand that lac Such refusal is a r tat. Chapter 125 s ents and affidavits	plicant organization and no consibilities conferred by the to the law, including but no ek of access to any portion of misdemeanor and grounds shall be void under penalty in connection with this appli	ot on behalf of a e license(s), if g ot limited to, pure of a licensed pre for revocation of of state law. I fullication, and tha	ranted, will not be assigned rchasing alcohol beverages emises during inspection will of this license. I understand arther understand that I may tany person who knowingly
Last Name		First Name		M.I.
Sigrist		Megan		A
Title Director of Special Events	Email	n@downtownfdl.com		Phone (920) 322-2006
Signature	regar	Tedowii Com	Date	/ / -
Mylym A Sa	58		10,	13/24
Part E: For Clerk Use Only		Liegras Nurshas		
Date Application Was Filed With Clerk	CT 0 3 2024	License Number	0193	
Date License Granted		Date License Issued		
Signature of Clerk/Deputy Clerk				

AB-220

Temporary Alcohol Beverage License

License(s) Requested		F	es 🚉 .	
☑ Temporary "Class B" Wine		License Fees	\$	10.00
	☐ Temporary Class "B" Beer	Background Check	\$	0.00
		Total Fees	\$	10.00

						for a total of \$35 due.
Part A: Organization Infor	mation					
Organization Name	Material Control (SI)			C PORT SERVENCE CASE DAY	MERSON OF STREET	
Downtown Fond du 1	Lac Part	nership				
2. Organization Permanent Addres	is .					
131 S. Main Street	t, Suite	101				
3. City					4. State	5. Zip Code
Fond du Lac					MI	54935
6. Mailing Address (If different from	n permanent a	iddress)				
7. FEIN		8. Date of Organiz	oflondingornore	lon	0. State of Organ	ization/incorporation
46-1169019		o. Date of Organiz	alloninicorpora	lioti	9. State of Organi	ization/moorporation
10. Phone		11. Email			l	
(920) 322-2006			ntownfdl.	com		
12. Organization type (check one)					· ·	
Bona Fide Club	☐ Church	∏ Fair Δ	ssociation/Ag	ricultural Socie	atv 🗀 Vete	eran's Organization
			_		•	ch, 181, Wis. Stats.
Lodge/Society	A Cusume	er or commerce o	n signar Civic	or made org	anization under c	on, 101, vvis. Stats.
Part B: Individual Informa List the name, title, and phone (Form AB-100) for each persor Corporations must also include	number for n listed belov	all officers, direct v. Attach addition	tors, and ager al sheets if ne	t of the organ cessary.	ization. Include a	an Individual Questionnaire
Last Name	First Na	ame	Tit	e		Phone
Raflik	JJ		Во	ard Pres	ident	
Meyer	Sam		Во	Board Vice President		
Gross	Tyler		Вс	Board Secretary		
Kittleson	Andre	w	Во	ard Trea	surer	
Krupp	Amy		Ex	ecutive	Director	
Sigrist	Megar	1	Da	r. of Sp	ecial Even	t
AB-220 (N. 4-24)			-1 -		,u	vvisconsin Department or Revenue

Part C: Event Information				
1. Name of Event (if applicable)				
2024 Downtown Fond du Lac	Holiday Wi	ne Walk		
2. Dates of Operation		3.	Hours of Op	eration
11/16/2024			4:00pm	- 8:00pm
4. Premises Address The Goldsmith 177 S. Main		l	2:00pi	4-5:00pm
			6. State	7. Zip Code
5. City			WI	54935
Fond du Lac	O. Carramina Munic	inality		10. Aldermanic District
8. County FOND DU LAC	9. Governing Munic of: FOND DU	a a same same	Village	N/A
11. Organizer of Event (if not the named applicar		12. Email and/or Phone Number	r for Organiz	
The organization of Zitolik (which are harmed approximately		Megan@downtownfd	975	
13. Organizer Website		14. Event Website		
downtownfdl.com		downtownfdl.com/	wine-wa	alk/
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. Ground Floor				
Part D: Attestation			Y	
Who must sign this application?	1977 - Ya.			
one officer or director of the nonprofit of				
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely o seeking the license. Further, I agree that It to another individual or entity. I agree to of from Wisconsin-permitted wholesalers. I up be deemed a refusal to allow inspection. It that any license issued contrary to Wis. State prosecuted for submitting false statement provides materially false information on the	n behalf of the ap he rights and resp operate according nderstand that lac Such refusal is a r tat. Chapter 125 s ents and affidavits	plicant organization and not consibilities conferred by the lie to the law, including but not I k of access to any portion of a misdemeanor and grounds for hall be void under penalty of sin connection with this applica	on behalf of cense(s), if imited to, p licensed por revocation state law. I ttion, and the	any other individual or entity granted, will not be assigned urchasing alcohol beverages remises during inspection will of this license. I understand further understand that I may leat any person who knowingly
Last Name		First Name		M.I.
Sigrist		Megan		A
Title Director of Special Events	Email	@downtownfdl.com		Phone (920) 322-2006
Signature (ledowiicowiildi.com	Date	1 1
Mysym A S	a l		10	13/2026
Part E: For Clerk Use Only				
The state of the s	3 2024	License Number	-0174	ł
Date License Granted		Date License Issued		
Signature of Clerk/Deputy Clerk				

AB-220

Temporary Alcohol Beverage License

Municipality	,			
CITY	OF	FOND	DΩ	LAC

Litense(s) Requested		1.3.2.3.3.5 F	es 👭	
		License Fees	\$	10.00
☑ Temporary "Class B" Wine	☐ Temporary Class "B" Beer	Background Check	\$	0.00
		Total Fees	\$	10.00

			****		r to ALC Meeting, a \$25 for a total of \$35 due.
Part A: Organization Informa	tion			V DATE	
1. Organization Name	A STATE OF THE PARTY OF THE PAR	A Company of the Comp	A Profesional Control of the Control	, , , , , , , , , , , , , , , , , , , ,	
Downtown Fond du Lac	2 Part	nership			
2. Organization Permanent Address					
131 S. Main Street,	Suite	. 101			
3. City				4. State	5. Zip Code
Fond du Lac		- d-d		MI	54935
6. Malling Address (If different from pe	rmanent a	(ddress)			
7. FEIN		8. Date of Organization/Incorp	poration	9. State of Orga	nization/incorporation
46-1169019					
10. Phone		11. Email			
(920) 322-2006		info@downtownfo	dl.com		
12. Organization type (check one)					
☐ Bona Fide Club ☐	Church	☐ Fair Association	n/Agricultural Socie	ty 🔲 Ve	teran's Organization
☐ Lodge/Society ☑	Chambe	er of Commerce or similar C	Civic or Trade Orga	anization under	ch. 181, Wis. Stats.
13. Is this organization required to 14. Wisconsin Seller's Permit Number					☐ Yes ☑ No
Pan B Individual Informatio	and the second second second				
List the name, title, and phone nu (Form AB-100) for each person lis				zation. Include	an Individual Questionnaire
Corporations must also include Al-	cohol Be	verage Appointment of Age	nt (Form AB-101).		
Last Name	First Na	ıme	Title		Phone
Raflik	JJ		Board Presi	dent	
Meyer	Sam		Board Vice	President	
Gross	Tyler	;	Board Secre	etary	
Kittleson	Andre	.W	Board Treas	surer	
Krupp	Amy		Executive I	Director	
Sigrist	Megan	ı	Dir. of Spe	ecial Eve	nt

Part C: Event Information				
Name of Event (if applicable)				
2024 Downtown Fond du Lac	Holiday Wi	ne Walk		
2. Dates of Operation			3. Hours of Open	ration
11/16/2024			4:00pm -	8:00pm
4. Premises Address			13:000	n-5:00pm
Victorias Pet Nutrition 1	4 N. Main		12 000	
5. City			6. State	7. Zip Code
Fond du Lac			WI	54935
8. County	8		☐ Village ☐ 1	0. Aldermanic District
FOND DU LAC	of: FOND DU			N/A
11. Organizer of Event (if not the named applicar	nt)	12. Email and/or Phone Num		of Event
12 Organizar Wahaita		Megan@downtown 14. Event Website	rar.com	
13. Organizer Website		downtownfdl.com	m/wino_wal	lr /
downtownfdl.com 15. Premises Description - Describe the buil		State of the second		
stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if nece Ground Floor	of records may or	ibe all rooms within the bui	lding, including described in this	Ilving quarters. Authorized s application. Attach a map
Part D: Attestation				
Who must sign this application?				
one officer or director of the nonprofit of	organization			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.				
Last Name		First Name		M.I.
Sigrist		Megan		A
Title	Email			Phone
Director of Special Events	Megan	@downtownfdl.com	1= :	(920) 322-2006
Signature Ad	began		Date	3/2024
Part E: For Clerk Use Only				
Date Application Was Filed With Clerk	0 3 2024	License Number	-0175	
Date License Granted		Date License Issued		
Signature of Clerk/Deputy Clerk				

AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

Licerise(s) Requested		, Fi	90S	
		License Fees	\$	10.00
☑ Temporary "Class B" Wine	☐ Temporary Class "B" Beer	Background Check	\$	0.00
		Total Fees	\$	10.00
	75 61	1-2 15 days prior to	BIC Moni	Han = 625

			rush fee will	l be charged, f	or a total of \$35 due.
Part A: Organization Informa	tion 🚎			i de	
1. Organization Name	M612912331 60-67.				
Downtown Fond du Lac	c Part	nership			
2. Organization Permanent Address					
131 S. Main Street,	Suite	101			
3. City				4. State	5. Zip Code
Fond du Lac				ΕW	54935
6. Mailing Address (If different from pe	rmanent a	ddress)			
7. FEIN		8. Date of Organization/Incor	poration	9. State of Organiz	ation/Incorporation
46-1169019					
10. Phone		11. Email			
(920) 322-2006		info@downtownfo	dl.com		
12. Organization type (check one)					
☐ Bona Fide Club ☐	Church	☐ Fair Association	/Agricultural Socie	ty 🔲 Veter	an's Organization
-	Chambe	er of Commerce or similar (•	-	n. 181. Wis. Stats.
13. Is this organization required to	hold a Wi	sconsin Seller's permit?		. ,	☐ Yes ☑ No
14. Wisconsin Seller's Permit Number	(if applicab	le)			
Part Buindividual Informatio	n _{erobe}				and the second second
List the name, title, and phone nu (Form AB-100) for each person lis				zation, Include ar	n Individual Questionnaire
Corporations must also include Al-	cahol Bev	verage Appointment of Age	nt (Form AB-101).		
Last Name	First Na		Title		Phone
	1				
Raflik	JJ		Board Presi	ident	
Meyer	Sam		Board Vice	President	
,					
Gross	Tyler	•	Board Secre	etary	
Kittleson	Andre	W	Board Treas	surer	
Krupp	Amy		Executive I	Director	
Sigrist	Megan		Dir. of Sp	ecial Event	
·					

Part C: Event Information					
Name of Event (if applicable)					
2024 Downtown Fond du Lac	Holiday Wi	ne Walk			
2. Dates of Operation			3. Hours of O		
11/16/2024			4:00pm - 8:00pm		
4. Premises Address			12:00	pm-5:00pm	
Wonder 15 N. Main					
5. City			6. State	7. Zip Code	
Fond du Lac			WI		
-			☐ Village	10. Aldermanic District	
FOND DU LAC	of: FOND DU			N/A	
11. Organizer of Event (if not the named applicant	t)	12. Email and/or Phone Num Megan@downtown:		zer of Event	
13. Organizer Website		14. Event Website			
downtownfdl.com		downtownfdl.com	m/wine-w	alk/	
15. Premises Description - Describe the build stored, or consumed, and related records alcohol beverage activities and storage or diagram and additional sheets if necessity of the following sheets if necessity of the storage of the	s are kept. Descr of records may o	ibe all rooms within the bui	ilding, includi	ing living quarters. Authorized	
					
Part D: Attestation					
Who must sign this application?					
one officer or director of the nonprofit o	rganization				
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely or seeking the license. Further, I agree that the to another individual or entity. I agree to of from Wisconsin-permitted wholesalers. I unbe deemed a refusal to allow inspection. See that any license issued contrary to Wis. State be prosecuted for submitting false statement provides materially false information on this	n behalf of the ap e rights and resp perate according derstand that lac such refusal is a r at. Chapter 125 sints and affidavits	plicant organization and no onsibilities conferred by the to the law, including but no k of access to any portion o misdemeanor and grounds hall be void under penalty of in connection with this appli	on behalf of a license(s), if the limited to, if a licensed properties of the limited to the licensed properties of state law. It is action, and the license of state law. It is action, and the license of state law.	of any other individual or entity of granted, will not be assigned purchasing alcohol beverages becomes during inspection will on of this license. I understand further understand that I may that any person who knowingly	
Last Name	Т	First Name		M.I.	
Sigrist		Megan		A	
Title	Email			Phone	
Director of Special Events	Megan	@downtownfdl.com		(920) 322-2006	
Signature A A	tro		Date (13/2024	
Part E: For Clerk Use Only		X-12-3-12-12-12-12-12-12-12-12-12-12-12-12-12-			
Date Application Was Filed With Clerk	0 3 2024	License Number	-047	10	
	U U LUL4	Data Userra Lauri	O(1)	Ψ	
Date License Granted		Date License Issued			
Signature of Clerk/Deputy Clerk					

AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

License(s) Requested		F	es 🐃	
		License Fees	\$	10.00
✓ Temporary "Class B" Wine	☐ Temporary Class "B" Beer	Background Check	\$	0.00
		Total Fees	\$	10.00

				***	or a total of \$35 due.
Part A: Organization Informa	tion				
Organization Name					
Downtown Fond du Lac	Part	nership			
2. Organization Permanent Address					
131 S. Main Street,	Suite	101			
3. City				4. State	5. Zip Code
Fond du Lac				MI	54935
6. Mailing Address (if different from pe	rmanent a	iddress)			
7. FEIN		8. Date of Organization/Incor	noration	9 State of Organiz	ration/incorporation
46-1169019		o, Date of Organization/incom	poration	o. Otato of Organiz	allora moorporation
10. Phone	•	11. Email			
(920) 322-2006		info@downtownfo	dl.com		
12. Organization type (check one)					
	Church	☐ Fair Association	ı/Agricultural Socie	tv ⊟ Veter	an's Organization
		er of Commerce or similar (,	- 1
Lodge/Society 🗸	CHambe	or of Commerce of Similar C	DIVIC DI TIAGE OTGE	anization under ci	1. 101, Wis. Stats.
13. Is this organization required to	hold a Wi	isconsin Seller's permit?			☐ Yes 📝 No
14, Wisconsin Seller's Permit Number	if applicat	ole)			
Part B: Individual Informatio	n .	(1860-1861) - Yoshin Salta (1861-1861)		in the second section with	
List the name, title, and phone nu (Form AB-100) for each person lis				ization. Include a	n Individual Questionnaire
Corporations must also include Ale	cohol Be	verage Appointment of Age	nt (Form AB-101).		
Last Name	First Na	ame	Title		Phone
Raflik	υŭ		Board Pres:	ldent	
Meyer	Sam		Board Vice	President	_
Gross	Tyler		Board Secre	etary	_
Kittleson	Andre	eW .	Board Treas	surer	
Krupp	Amy		Executive 1	Director	
Sigrist	Megan	1	Dir. of Sp	ecial Event	

Part C: Event Information					
Name of Event (if applicable)					
2024 Downtown Fond du Lac Holiday Wine Walk					
2. Dates of Operation			3. Hours of Op	peration	
11/16/2024				- 8:00pm	
4. Premises Address			12:000	n-5:00pm	
Woods Floral 36 N. Main			, , , , , , , , , , , , , , , , , , , ,	<u> </u>	
5. City			6. State	7. Zip Code	
Fond du Lac			WI	54935	
8. County	9. Governing Munic	Maria	☐ Village	10. Aldermanic District	
FOND DU LAC	of: FOND DU		<u> </u>	N/A	
11. Organizer of Event (if not the named application)	nt)	12. Email and/or Phone Num		er of Event	
10.0		Megan@downtown	idl.com		
13. Organizer Website		14. Event Website	m /x.z.l	11e/	
downtownfdl.com		downtownfdl.co			
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. Ground Floor					
			er er er er er er er er	w en	
Part D: Attestation					
Who must sign this application?					
one officer or director of the nonprofit					
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.					
Last Name	T	First Name		M.I.	
Sigrist		Megan		A	
Title Director of Special Events	Email Megan	@downtownfdl.com		Phone (920) 322-2006	
Signature Date Date					
10/3/2024					
	7		•		
Part E: For Clerk Use Only		Liganga Numbar			
Date Application Was Filed With Clerk OCT	0 3 2024	License Number (2-01	77	
Date License Granted		Date License Issued			
Signature of Clerk/Deputy Clerk				1	

Form AB-100

Alcohol Beverage Individual Questionnaire

Date	
10/03	/2024

All individuals involved in the alcohol beverage business must complete this form, including:

· sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
- · all partners of a partnership
- · members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

, , , , , , , , , , , , , , , , , , , ,	mor be verage applicat	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ranto mot domprota	o annen	an roquire			0.000	·	
Part A	:Business Informa	ition :								
1. Legal	Business Name (Individu	al name if sol	e proprietor)						-	
Down	ntown Fond du	Lac Par	tnership				_			
2. Busine	ess Trade Name or DBA									
Down	ntown Fond du	Lac Par	tnership							
1 '	Type (check one)									
☐ Sc	ole Proprietor 🔲	Partnership	Limited L	Liabilit	y Compan	ıy 🗌 Corpo	oration 🔽	Nonprofit C	rganization	
Part B	: Individual Inform	ation						1.6 (1.62.5)		
1. Last N	 In a library of the property of t		A TOTAL A COMPANIES OF THE BURNESS	2. Fir	st Name	and participation in the first contract to the same			3. M.I.	
Sign	rist			M	egan				A	
4. Relation	onship to Business (Title)		5. Email	1			1	6. Phone		
Dir	, of Special E	vents	Megan@	dowr	townfo	ilcom		(920)	322-2006	
7. Home.	Address									
268	Roosevelt St.									
8. City					9. State	10. Zip Code		11. Date of B	Birth	
Fone	d du Lac				WI	54935				
12 Drive	re License/State ID Num	ner				13. Drivers Lice	rs License/State ID State of Issuance			
						MI				
Part C	Address History	ringin (from Status		SHESPLS STROKES				(ASA) (ASA)	Bigging to the control of the contro	
					representati				Yes 🗌 No	
1. DO yo	ou currently reside in V	VISCONSITY.	• • • • • • • • • • • • • • • • • • • •					···· 🙀	165 140	
If yes	to 1 above, how long	have you co	ntinuously lived in	Wisco	onsin prio	r to the date of ap	plication?	Years	Months	
2. List in	n chronological order a	ll of your ad	dresses within the	last 5	years. At	tach additional sh	eets if necessa	ry.		
Previous	Address 1			City	•		State	Zip Code		
146 S	Hickory Stre	et		Fond du Lac			MI	5493	5	
Previous	Address 2			City	City			Zip Code)	
3322	S Taylor Ave.			Milwaukee			MI	5320	7	
Previous	Address 3			City			State	Zip Code)	
Previous	Address 4		· · ·	City			State	Zip Cod	е	
Previous	Address 5			City			State	Zip Cod	e ·	
3 Lieto	ill states and counties	vou have liv	ad in se an adult /	Attech	additions	l sheets if neces	arv	l		
				nudull				Country		
State	County	State	County		State	County	State	County		
WI	Fond du Lac	WI	Milwaukee County		State	County	State	County		
State	County	State	County		State	County	State	County		
	<u> </u>									

Continued --->

Part D: Criminal History			in the state of th
Have you ever been convicted of any offenses (e for violation of any federal, Wisconsin, or another	excluding traffic offenses r state's laws or of any co	unless related to alcohol beverage ounty or municipal ordinances?	es) Tyes 🗸 No
If yes to question 1, please list details of each co	nviction below. Attach ad	ditional sheets as needed.	, Abuliopa (Apply)
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Are charges for any offenses currently pending a beverages) for violation of any federal, Wisconsi ordinances? If yes to question 2, describe nature and status sheets as needed.	n, or another state's laws	s or any county or municipal	☐ Yes 🗹 No
	<i>€</i>	•	·
	; 		
Part E: Attestation			
Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under truthfully. I certify that I am not prohibited from pa beverage industry as a restricted investor. I under under penalty of state law. I further understand that with this application, and that any person who knot to forfeit not more than \$1,000 if convicted. Signature	articipating in this busine erstand that any license at I mav be prosecuted fo	ess due to any involvement in and issued contrary to Wis. Stat. Char submitting false statements and ally false information on this applicate	other tier of the alcohol apter 125 shall be void affidavits in connection

CITY OF FOND DU LAC

Memorano	
Date:	
To:	Chief of Police Attn: Records Division
From:	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.
رود در	
	FOND DULAC
Memoran	FOND DULAC
Memoran	FOND DULAC
Memorand Date: To:	FOND DU LAC
Memorano Date:	FOND DU LAC ium City Clerk:
Memorand Date: To: From:	EOND DU LAC lum City Clerk: Chief of Police Temporary Class B License Thereby, recommend that the application be:
Memorand Date: To: From:	FOND DU LAC ium City Clerk Chief of Police Temporary Class B License

AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

License(s) Requested					Fee		
			Lice	ense Fees	\$		10.00
Temporary "Class B" W	Vine ☐ Temporary Class "B" Beer		Bac	Background Check			0.0
			Tot	al Fees	\$		10.0
				days prior charged,			
Part A: Organization Informat		Tubh 169	WILL DE	onargeu,		manne.	. 933 QUE
1. Organization Name	OII						
Downtown Fond du Lac	Partnership						
2. Organization Permanent Address	a da diret parap						
131 S. Main Street,	Suite 101						
3. City	34100 171			4. State	5. Zip	Code	
Fond du Lac				WI	1	935	
6. Mailing Address (If different from perr	nament address)			1/1	54		
7. FEIN	8. Date of Organization/I	ncorporation	9.8	tate of Organi	zation/In	cornorati	on
46-1169019				and or organi		001,007.44	,,,
10. Phone	11. Email						
(920) 322-2006	info@downtow	nfdl.com					
12. Organization type (check one)							
	Church T Fair Associa	ation/Agricultural S	onietu	☐ Veter	ran'e O≀	manizati	an
_		_	•			-	
	Chamber of Commerce or simil	ar Givic or Trade	Organiza	tion under c	n. 161,	vvis. Sta	ıs.
13. Is this organization required to ho	old a Wisconsin Seller's permit?					☐ Ye	s 🗹 No
14. Wisconsin Seller's Permit Number (if	applicable)						
. •							
		Nava verte minorale en e		n same such	8.00 Feb. 1958	Sac Sandari	
Part 휴: Individual Information				and the state of the last	e in the second	siki tel	ii dan da kalandi
List the name, title, and phone num (Form AB-100) for each person liste			ganizatio	n. Include a	n Individ	dual Que	estionnaire
Corporations must also include Alco	hol Beverage Appointment of	Agent (Form AB-1	01).				
Last Name	First Name	Title			Phone)	
Raflik	IJ	Board Pro	esider	ıt			
leyer s	Sam	Board Vi	ce Pre	esident			
ross	yler	Board Sec	Board Secretary				
ittleson A	andrew	Board Tre	Board Treasurer				
Crupp 2	Executive Director						

Sigrist

Megan

Dir. of Special Event

Part C. Event Information 1. Name of Event (if applicable)			en e	An Italian
2024 Downtown Fond du Lac	Holiday Wir	ne Walk		
2. Dates of Operation			3. Hours of Ope	ration
11/16/2024			4:00pm -	- 8:00pm
4. Premises Address				
This Is Permanent, 25 1	N Main St.			
5. City			6. State	7. Zip Code
Fond du Lac			wı	54935
8. County	9. Governing Munici	pality 🔽 City 🔲 Town	☐ Village 1	Aldermanic District
FOND DU LAC	of: FOND DU			N/A
11. Organizer of Event (if not the named applicar		12. Email and/or Phone Num	iber for Organize	r of Event
The original of the property o	•	Meqan@downtown	fdl.com	
13. Organizer Website		14. Event Website		
downtownfdl.com		downtownfdl.co	m/wine-wa	lk/
15. Premises Description - Describe the bull stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if nece	is are kept. Descr of records may o	ine all moms wilbill the bu	III GIGIGIA III GIGIGIA III C	JIIVIIIU UUAITEIS, AUUIDII≥GG II
Part D: Attestation				
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)		
Who must sign this application?				
one officer or director of the nonprofit				
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely o seeking the license. Further, I agree that it to another individual or entity. I agree to o from Wisconsin-permitted wholesalers. I u be deemed a refusal to allow inspection that any license issued contrary to Wis. So be prosecuted for submitting false statement provides materially false information on the	on behalf of the ap he rights and resp operate according nderstand that lac Such refusal is a I tat. Chapter 125 s ents and affidavits	plicant organization and no onsibilities conferred by the to the law, including but not k of access to any portion of misdemeanor and grounds thall be void under penalty in connection with this app	of on benair of a elicense(s), if got limited to, puof a licensed profession of state law. I folication, and the	granted, will not be assigned urchasing alcohol beverages emises during inspection will of this license. I understand urther understand that I may at any person who knowingly
Last Name		First Name		M.I.
Sigrist	1	Megan		A
Title	Email	· —	_	Phone
Director of Special Events	Megar	n@downtownfdl.com	Date ,	(920) 322-2006
Signature A Shape			16/2	23/2024
Part E: For Clerk Use Only				
Date Application Was Filed With Clerk	ALL STREET, ST.	License Number	Company of the Anna Andrews	
Date License Granted		Date License Issued		
Signature of Clerk/Deputy Clerk				

AB-220

License(s) Requested

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

Fees

		License Fees	\$	10.00
☐ Temporary "Class B" Wine	Temporary Class "B" Beer	Background Che	ick \$	0.00
		Total Fees	\$	10.00
	If not f rush fee	iled 15 days prior will be charged, f	to ALC Meet or a total	ing, a \$25
Part A: Organization Information				
1. Organization Name				
Fond du Lac Blue Line Hoo	key Inc.			
2. Organization Permanent Address				
550 Fond du Lac Ave				
3. City		4. State	5. Zip Code	
Fond du Lac		WI		
6. Mailing Address (if different from permanent	address)		.•	
54935				
7. FEIN	8. Date of Organization/Incorporation	9. State of Organiz	ation/Incorpor	ation
23-7182059	01/01/19	Wisconsin	1	
10. Phone	11. Email	1.1		
(734) 516-1381	Rinkmgr@fdlblueline.com	n		
12. Organization type (check one)				•
✓ Bona Fide Club ☐ Church	Fair Association/Agricultural	Society Veter	ran's Organiz	ation
☐ Lodge/Society ☐ Chamb	er of Commerce or similar Civic or Trade	Organization under cl	h. 181, Wis. 8	Stats.
13. Is this organization required to hold a W	fisconsin Seller's permit?			Yes 🗹 No
14. Wisconsin Seller's Permit Number (if applica	ble)			

(Form AB-100) for each	d phone number for all officers, dire h person listed below. Attach additio o include Alcohol Beverage Appointr		nclude an Individual Questionnaire
Last Name	First Name	Title	Phone
Carlson	Doug	President	
Shober	Sarah	Bar Director	

Part C: Event Information		**************************************				
1. Name of Event (if applicable)						
Fond du Lac Hockey: Bears, Stat	e Tourn	ament, or Invit	ation Ev	vent	S	
2. Dates of Operation			3. Hours of O	peratio	on	
11/15 - 11/17 2024			5pm-11	pm		
4. Premises Address			4	1		
550 Fond du Lac						
5. City			6. State	1	7. Zip Code	
Fond du Lac			_ WI		54935	
I CONTRACTOR CONTRACTO	ning Municipal		☐ Village		ldermanic Dis	trict
FOND DU LAC of: FO	OND DU L	AC 2. Email and/or Phone Num	hor for Organi	100000	/A Event	
Fond du Lac Blue Line		Rinkmgr@fdlblue	N.7.20		Event	
13. Organizer Website		4. Event Website	errne.co	111		
www.fdlblueline.com		www.fdlblueline	e.com			
stored, or consumed, and related records are ker alcohol beverage activities and storage of record or diagram and additional sheets if necessary. Our rink has a bar lcoated in the We also on occassion sell beer from	s may occu back of	r only on the premises of Rink A where we	described in	this ap	oplication. A	ttach a map
Part D: Attestation						
Who must sign this application?		Y				
one officer or director of the nonprofit organizati	ion					
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 Blick	I F	No. of the last of				
		st Name				M.I.
	Rya					M.I.
Title	Rya	an			Phone	
Title Rink Manager	Rya		Dete		Phone (734) 51	
Title	Rya	an	Date			
Title Rink Manager	Rya	an	Date		(734) 51	
Title Rink Manager	Rya	an	Date		(734) 51	
Title Rink Manager Signature	Rya	en@fdlblueline.com	Date - 0196		(734) 51	

Signature of Clerk/Deputy Clerk

AB-220

Temporary Alcohol Beverage License

Municipality	,			
CITY	OF	FOND	DÜ	LAC

License(s) Requested		F	ees	
		License Fees	\$	10.00
☐ Temporary "Class B" Wine	✓ Temporary Class "B" Beer	Background Check	\$	0.00
		Total Fees	\$	10.00

			rush fee wi	ll be	charged,	for a total of \$35 due.
Part A: Organization Inform	ation			•		
1. Organization Name		<u> </u>				· · · · · · · · · · · · · · · · · · ·
Fond du Lac Blue Li	ne Hoc	key Inc.				
2. Organization Permanent Address						year and the second of the sec
550 Fond du Lac Ave						
3. City					4. State	5. Zip Code
Fond du Lac					WΙ	
6. Mailing Address (if different from p	ermanent a	address)				
54935						
7. FEIN		8. Date of Organization/Inc	orporation	9. 5	State of Orga	nization/Incorporation
23-7182059		01/01/19		V	viscons.	in
10. Phone	•	11. Email				
(734) 516-1381		Rinkmgr@fdlbl	ueline.com			
12. Organization type (check one)						
☑ Bona Fide Club	Church	☐ Fair Associati	on/Agricultural Soci	iety	☐ Ve	teran's Organization
☐ Lodge/Society	Chambe	er of Commerce or similar	Civic or Trade Org	ganiza	ation under	r.ch. 181, Wis. Stats.
						· · · · · · · · · · · · · · · · · · ·
13. Is this organization required to	hold a W	sconsin Seller's permit? .				Yes 🗹 No
14. Wisconsin Seller's Permit Numbe	r (if applicat	ole)				
Part B: Individual Informati	on					
List the name, title, and phone n				nizati	on. Include	an Individual Questionnaire
(Form AB-100) for each person I	sted belov	w. Attach additional sheet	s if necessary.			
Corporations must also include A	lcohol Be	verage Appointment of Ag	gent (Form AB-101)).		
Last Name	First Na	ame	Title			Phone
Carlson	Doug		President			
Shober	Sarah		Bar Direct	Bar Director		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· · · · · · · · · · · · · · · · · · ·	
**************************************					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Part C: Event Information				/************************************		
Name of Event (if applicable)						
Fond du Lac Hockey: Bears, Stat	te Tour	rnament, or Invit	tation Ev	ents	3	
2. Dates of Operation			3. Hours of Op	peratio	n	
11/29-11/30 2024			5pm-	110	M	
4. Premises Address			Opins	111	1.1	
550 Fond du Lac						
5. City			6. State	7	7. Zip Code	
Fond du Lac			WI		54935	
8. County 9. Gover	ning Munici	pality 🔽 City 🗌 Town	Village	10. Al	dermanic Dis	trict
	'OND DU			N/		
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Num	ber for Organiz	zer of E	Event	
Fond du Lac Blue Line		Rinkmgr@fdlblu	eline.com	n		
13. Organizer Website		14. Event Website				
www.fdlblueline.com		www.fdlbluelin	e.com			
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. Our rink has a bar lcoated in the back of Rink A where we will be selling Beer from. We also on occassion sell beer from the concession stand.						
Part D: Attestation						
Who must sign this application?						
one officer or director of the nonprofit organization.						
READ CAREFULLY BEFORE SIGNING: Under part truthfully. I agree that I am acting solely on behalf seeking the license. Further, I agree that the rights to another individual or entity. I agree to operate a from Wisconsin-permitted wholesalers. I understan be deemed a refusal to allow inspection. Such refuthat any license issued contrary to Wis. Stat. Chap be prosecuted for submitting false statements and a provides materially false information on this application.	of the app and respond according and that lack usal is a moter 125 sh affidavits in	olicant organization and no onsibilities conferred by the to the law, including but no c of access to any portion on insidemeanor and grounds nall be void under penalty in connection with this appl	ot on behalf of e license(s), if ot limited to, p of a licensed p for revocation of state law. I ication, and the	f any of grant purcha remisen of the further at any of the further	other individed, will not using alcoholes during in its license. It understand person who	lual or entity be assigned bl beverages spection will understand d that I may
Last Name	F	First Name				M.I.
Blick	F	Ryan				
Title	Email				Phone	
Rink Manager	Rinkmo	gr@fdlblueline.com			(734) 51	.6-1381
Signature			Date	1	10/10/20	
		The second secon				
Part E: For Clerk Use Only	_			*************		
Date Application Was Filed With Clerk		License Number				
OCT 1 0 20	74		-0193			
Date License Granted		Date License Issued				
Signature of Clerk/Deputy Clerk						

AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

License(s) Requested	Fees			
		License Fees	\$	10.00
☐ Temporary "Class B" Wine	✓ Temporary Class "B" Beer	Background Check	\$	0.00
		Total Fees	\$	10.00

			rush fee will	be	charged,	for a total of \$35 due.
Part A: Organization Informa	tion					
1. Organization Name						
Fond du Lac Blue Lir	ne Hoc	key Inc.				
2. Organization Permanent Address		, , , , , , , , , , , , , , , , , , , ,				
550 Fond du Lac Ave						
3. City					4. State	5. Zip Code
Fond du Lac					WI	
6. Mailing Address (If different from pe	rmanent a	ddress)				
54935						
7. FEIN		8. Date of Organization/Inco	rporation		-	zation/Incorporation
23-7182059		01/01/19		M	isconsir	1
10. Phone		11. Email				
(734) 516-1381		Rinkmgr@fdlblu	errue.com			
12. Organization type (check one)			•			
☑ Bona Fide Club	Church	☐ Fair Association	n/Agricultural Socie	ty	Vete	ran's Organization
☐ Lodge/Society ☐	Chambe	er of Commerce or similar	Civic or Trade Orga	niza	ation under c	h. 181, Wis. Stats.
13. Is this organization required to	hold a Wi	sconsin Seller's permit?	.,.,,			Yes 🔽 No
14. Wisconsin Seller's Permit Number	(if applicat	pie)				
						
Part B: Individual Informatio	n					
List the name, title, and phone nu (Form AB-100) for each person lis Corporations must also include Al	ted belov	v. Attach additional sheets	if necessary.	zati	on. Include a	n Individual Questionnaire
	·		T :			
Last Name	First Na	ame	Title			Phone
Carlson	Doug		President			
Shober	Sarah		Bar Directo	r		
		**** *********************************				
	<u> </u>		1			
	}					

Part C: Event Information				
1. Name of Event (if applicable)				
Fond du Lac Hockey: Bears, Sta	ate Tour	nament. or Invit	ation Eve	nts
2. Dates of Operation			3. Hours of Oper	
	524		- 11	
4. Premises Address	127		5pm-//pm	•
550 Fond du Lac				
			C Ctata	7 7in Code
5. City Fond du Lac			6. State WI	7. Zip Code 54935
			4500,000	Assessment Assessment
ALL MARKS PARKED. MARKS WITH STONE WITH STONE WITH		pality 🔽 City 🗌 Town	☐ Village 10	0. Aldermanic District N/A
11. Organizer of Event (if not the named applicant)	FOND DU	12. Email and/or Phone Num	her for Organizer	38.7(20):408(
Fond du Lac Blue Line				OI EVEIR
13. Organizer Website		Rinkmgr@fdlblue	errue.com	
www.fdlblueline.com				
		www.fdlblueline		
15. Premises Description - Describe the building of stored, or consumed, and related records are alcohol beverage activities and storage of record or diagram and additional sheets if necessary.	kept. Descril ords may oc	be all rooms within the bui	lding, including described in this	living quarters. Authorized sapplication. Attach a map
Our rink has a bar lcoated in th			will be se	lling Beer from.
We also on occassion sell beer f	rom the o	concession stand.		
Part D: Attestation				
Who must sign this application?				
one officer or director of the nonprofit organiz	ation			
			T 20 T	20 20 20 20
READ CAREFULLY BEFORE SIGNING: Under truthfully. I agree that I am acting solely on beha seeking the license. Further, I agree that the right to another individual or entity. I agree to operate from Wisconsin-permitted wholesalers. I understate be deemed a refusal to allow inspection. Such rethat any license issued contrary to Wis. Stat. Chabe prosecuted for submitting false statements and provides materially false information on this applies.	of the app ts and respo according t and that lack efusal is a m apter 125 sh d affidavits ir ication may	licant organization and no nsibilities conferred by the o the law, including but no of access to any portion or isdemeanor and grounds all be void under penalty of connection with this appliate required to forfeit not me	t on behalf of an license(s), if grat limited to, pur falicensed prefor revocation of state law. I fulcation, and that	ny other individual or entity ranted, will not be assigned chasing alcohol beverages mises during inspection will of this license. I understand of the runderstand that I may any person who knowingly
Last Name	F	irst Name		M.I.
Blick	R	yan		
Title	Email			Phone
Rink Manager	Rinkmg	r@fdlblueline.com		(734) 516-1381
Signature			Date	10/10/20
	_			
Part E: For Clerk Use Only				
Date Application Was Filed With Clark	10 /	License Number		
OCT 1 0 20	124		-0194	
Date License Granted		Date License Issued		

Signature of Clerk/Deputy Clerk

AB-220

Temporary Alcohol Beverage License

Municipality	,			
CITY	OF	FOND	DU	LAC

License(s) Requested			:		Fees	
	·			License Fees	\$	10.00
☐ Temporary "Class B" \	Wine	Temporary Class	'B" Beer	Background Che	eck \$	0.00
				Total Fees	\$	10.00
				d 15 days prior ll be charged, f		ting, a \$25
	£f		IUSH 166 WI.	ii De Charged, 1	OT A COLAT	or 933 aue.
Part A: Organization Informa 1. Organization Name	ition			· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Fond du Lac Blue Lin	ne Hock	cev Inc.				
Organization Permanent Address		.0,				
550 Fond du Lac Ave						
3. City				4. State	5. Zip Code	
Fond du Lac				WI		
6. Mailing Address (if different from pe	rmanent a	idress)			J	•
54935						
7. FEIN		8. Date of Organization/Incor	poration	9. State of Organiz	zation/Incorpc	ration
23-7182059		01/01/19		Wisconsin	l .	
10. Phone		11. Email				
(734) 516-1381		Rinkmgr@fdlblue	eline.com			
12. Organization type (check one)						
☑ Bona Fide Club	Church	Fair Association	/Agricultural Soci	iety 🗌 Veter	ran's Organi:	zation
Lodge/Society	Chambe	r of Commerce or similar (Civic or Trade Org	ganization under cl	h. 181, Wis.	Stats.
13. Is this organization required to I	hold a Wis	sconsin Seller's permit?		,		Yes ✓ No
14. Wisconsin Seller's Permit Number (· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
The residence of the re	(п аррасав	0)				
	•					
Part B: Individual Information	n					· · ·
	· · · · · · · · · · · · · · · · · · ·					
List the name, title, and phone nu (Form AB-100) for each person lis				nization. Include a	n Individual	Questionnaire
Corporations must also include Ale	cohol Bev	erage Appointment of Age	nt (Form AB-101)).		
Last Name	First Na	me	⊤itle		Phone	
Carlson	Doug		President		7	
					-	
Shober	Sarah		Bar Direct	or		
	}					
					 	<u> </u>
					1	
the thirt is a state of the sta			<u> </u>			

Part C: Event Information		×××111-10-3200-16-16-16-16-16-16-16-16-16-16-16-16-16-		
1. Name of Event (if applicable)				A CONTRACTOR OF THE PARTY OF TH
Fond du Lac Hockey: Bears, State	Tourn	ament, or Invit	ation Eve	ents
2. Dates of Operation			3. Hours of Op	SC 31 3080
12/20 - 12/22 2029			5pm-11pm	1
4. Premises Address			. ,	
550 Fond du Lac		·	1	
5. City			6. State	7. Zip Code
Fond du Lac 8. County 9. Governing	Monteleas	. Go: D	WI	54935
ACCOUNT PROPERTY AND ACCOUNTS A	D DU L	,,	Village	10. Aldermanic District N/A
11. Organizer of Event (if not the named applicant)		2. Email and/or Phone Numb	er for Organize	
Fond du Lac Blue Line		Rinkmgr@fdlblue		
13. Organizer Website	14	Event Website		
www.fdlblueline.com	500.00	www.fdlblueline	.com	
15. Premises Description - Describe the building or build	lings and	l any outside areas where	alcohol heve	erages and records are sold
stored, or consumed, and related records are kept. I alcohol beverage activities and storage of records m or diagram and additional sheets if necessary.	Describe nay occu	all rooms within the buil r only on the premises d	ding, includin escribed in th	g living quarters. Authorized iis application. Attach a map
Our rink has a bar lcoated in the ba We also on occassion sell beer from			will be s	elling Beer from.
we also on occassion sell beel from	the cc	nicession scand.		
-				
Part D: Attestation			:+	
Who must sign this application?				
one officer or director of the nonprofit organization				
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I agree that I am acting solely on behalf of the seeking the license. Further, I agree that the rights and to another individual or entity. I agree to operate accomo Wisconsin-permitted wholesalers. I understand the bedeemed a refusal to allow inspection. Such refusal that any license issued contrary to Wis. Stat. Chapter to be prosecuted for submitting false statements and affid provides materially false information on this application.	he applic I respons ording to at lack of is a miso 125 shall avits in c n may be	cant organization and not sibilities conferred by the the law, including but not access to any portion of demeanor and grounds for be void under penalty of connection with this applicate required to forfeit not me	on behalf of license(s), if go it limited to, put a licensed proor revocation of state law. I footion, and the	any other individual or entity granted, will not be assigned urchasing alcohol beverages emises during inspection will of this license. I understand urther understand that I may at any person who knowingly 00 if convicted.
Last Name Blick		st Name		M.I.
	Rya	an 		
CANADA MARIA	nail i n lema se	@fdlblueline.com		Phone (734) 516 1301
Signature,	THRINGT	erarbruerrne.com	Data	(734) 516-1381
Signature Un			Date	10/10/20
	_			
Part E: For Clerk Use Only				
Date Application Was Filed With Clerk	1	License Number	alar	
OCT 1 0 2024	<u>a</u>		0195	
Date License Granted		Date License Issued		
Signature of Clerk/Deputy Clerk			en ar ar en company de comp	

AB-220

Temporary Alcohol Beverage License

License(s) Requested				Fees			
	· · · · · · · · · · · · · · · · · · ·		icense Fees	\$	10.00		
☐ Temporary "Class B" \	Mine Temporary Class "E		Background Chec		0.00		
_ , ,		-	Total Fees	\$	10.00		
•			15 days prior t				
		rush fee will	be charged, fo	r a tota	1 of \$35 due.		
Part A: Organization Informa	tion						
1. Organization Name	_						
Fond du Lac Blue Lir	ne Hockey Inc.						
2. Organization Permanent Address							
550 Fond du Lac Ave			-				
3. City				5. Zip Code	>		
Fond du Lac			WI				
 Mailing Address (if different from pe 54935 	rmanent address)						
7. FEIN	8. Date of Organization/Incorpo		State of Occasion	ti			
23-7182059	01/01/19	piation	9. State of Organization/Incorporation Wisconsin				
10. Phone	11. Email		MTBCOHBIH				
(734) 516-1381	Rinkmgr@fdlblue	line.com					
12. Organization type (check one)							
✓ Bona Fide Club	Church	Agricultural Society	/ ☐ Vetera	n's Organ	ization		
Lodge/Society	Chamber of Commerce or similar Ci	-		_			
13. Is this organization required to I	hold a Wisconsin Seller's permit?	,			Yes 🗹 No		
14. Wisconsin Seller's Permit Number ((if applicable)						
ALARY, 118							
PALA PALA DE LA SELECCIONA DE LA CONTRACTOR DE LA CONTRAC		4 - 14 - 1 - 1	<u> </u>				
Part B: Individual Information	The state of the s			<u> - </u>			
	mber for all officers, directors, and ag ted below. Attach additional sheets if		ation. Include an	Individual	i Questionnaire		
Corporations must also include Ale	cohol Beverage Appointment of Agen	t (Form AB-101).					
Last Name	First Name	Title		Phone			
Carlson	Doug	President					
Shober	Sarah I	Bar Directo	2				
Market Ma					***		

Part C: Event Information					
Name of Event (if applicable)					
Fond du Lac Hockey: Bears,	State Tou	rnament, or Invit	ation E	vents	
2. Dates of Operation			3. Hours of C	peration	
12/27- 12/29	2024		5pm-1	0m	
4. Premises Address			- U	Υ'	
550 Fond du Lac					
5. City			6. State	7. Zip Code	
Fond du Lac			WI	54935	
8. County 9.	Governing Munic	ipality 🔽 City 🗌 Town	Village	10. Aldermanic District	
FOND DU LAC	of: FOND DU			N/A	
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Num	ber for Organ	zer of Event	
Fond du Lac Blue Line		Rinkmgr@fdlblue	eline.co	m	
13. Organizer Website		14. Event Website			
www.fdlblueline.com		www.fdlblueline	e.com		
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. Our rink has a bar lcoated in the back of Rink A where we will be selling Beer from. We also on occassion sell beer from the concession stand.					
Part D: Attestation					
Who must sign this application?					
 one officer or director of the nonprofit org 	anization				
READ CAREFULLY BEFORE SIGNING: Up truthfully. I agree that I am acting solely on be seeking the license. Further, I agree that the to another individual or entity. I agree to ope from Wisconsin-permitted wholesalers. I under be deemed a refusal to allow inspection. Such that any license issued contrary to Wis. Stat. be prosecuted for submitting false statements provides materially false information on this a	pehalf of the apprights and responderate according erstand that lack the refusal is a refusal is a refusal is a refusal affidavits is and affidavits is	plicant organization and no onsibilities conferred by the to the law, including but no k of access to any portion of misdemeanor and grounds thall be void under penalty cin connection with this appli	t on behalf of license(s), it t limited to, f a licensed pour for revocation f state law.	of any other individual or of granted, will not be assing alcohol beveronemises during inspection of this license. I understand that I hat any person who know	entity gned rages in will stand may
Last Name		First Name		M.I.	
Blick]	Ryan			
Title	Email			Phone	
Rink Manager	Rinkm	gr@fdlblueline.com		(734) 516-138	31
Signature			Date	10/10/20	
Part E: For Clerk Use Only					
Date Application Was Filed With Clerk	1 0 2024	License Number	0196		
Date License Granted		Date License Issued			
Signature of Clerk/Deputy Clerk					

Shober

Sarah

AB-220

Temporary Alcohol Beverage License

Municipality	7			
CITY	\mathbf{OF}	FOND	DŲ	LAC

License(s) Requested		•		Fees	
	ktorian mit del de merce ele altri 1944 de del trade de la		License Fees	\$	10.00
☐ Temporary "Class B" Win	e 🔽 Temporary Class '	'B" Beer	Background Chec	ck \$	0.00
			Total Fees	\$	10.00
		If not file	d 15 days prior	to ALC Mee	ting, a \$25
		rush fee wi	ll be charged, fo	or a total	of \$35 due
Part A: Organization Informatio	n .				
Organization Name					
Fond du Lac Blue Line	Hockey Inc.				
2. Organization Permanent Address					
550 Fond du Lac Ave					
3. City			4. State	5. Zip Code	
Fond du Lac			WI		
6. Mailing Address (if different from perma	nent address)				
54935			T	. n	
7. FEIN	8. Date of Organization/Incor	poration	9. State of Organization	-	ration
23-7182059	01/01/19	·	Wisconsin		
10. Phone (734) 516-1381	11. Email Rinkmgr@fdlblue	olina aam			
	RITIKINGI ETAIDIU	errue.com			
12. Organization type (check one)					
☑ Bona Fide Club ☐ Ch		-	-	an's Organiz	
☐ Lodge/Society ☐ Ch	namber of Commerce or similar (Divic or Trade Or	ganization under ch	n. 181, Wis.	Stats.
			,		v Elv
13. Is this organization required to hold	a vvisconsin Seller's permit?			····· 🗀	Yes 🗹 No
14. Wisconsin Seller's Permit Number (if a	oplicable)				
			·		
Part B: Individual Information					1
List the name, title, and phone number	ar for all officers directors and s	gent of the orga	nization Include ar	Individual	Ouestionnair
(Form AB-100) for each person listed			maadon, moldae at	HIMITIMA	Guestioi II idii
Corporations must also include Alcoh		•).		
	rst Name	Title	•	Phone	
arlson Doug President					

Bar Director

Part C: Event Information			***************************************	
1. Name of Event (if applicable)				
Fond du Lac Hockey: Bears, Stat	e Tou	rnament, or Invit	ation Eve	nts
2. Dates of Operation			3. Hours of Oper	ation
1/10-1/12 20)25		5pm-1	llom
4. Premises Address				
550 Fond du Lac				
5. City			6. State	7. Zip Code
Fond du Lac			WI	54935
reconstructed according to the control of the contr	ning Munici	pality 🗹 City 🗌 Town	☐ Village 10	D. Aldermanic District
	OND DU			N/A
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Num		of Event
Fond du Lac Blue Line		Rinkmgr@fdlblue	eline.com	
13. Organizer Website		14. Event Website		
www.fdlblueline.com		www.fdlblueline	e.com	
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. Our rink has a bar lcoated in the back of Rink A where we will be selling Beer from. We also on occassion sell beer from the concession stand.				
Part D: Attestation				=
Who must sign this application?				
 one officer or director of the nonprofit organizati 				
READ CAREFULLY BEFORE SIGNING: Under putruthfully. I agree that I am acting solely on behalf of seeking the license. Further, I agree that the rights at to another individual or entity. I agree to operate action of the wisconsin-permitted wholesalers. I understand be deemed a refusal to allow inspection. Such refuthat any license issued contrary to Wis. Stat. Chapt be prosecuted for submitting false statements and a provides materially false information on this application.	of the app and respond a coording that lack sal is a mader 125 sh affidavits i	olicant organization and no onsibilities conferred by the to the law, including but no c of access to any portion o nisdemeanor and grounds nall be void under penalty on connection with this appli	t on behalf of an elicense(s), if gr of limited to, pur- f a licensed prer for revocation o of state law. I fur cation, and that	ny other individual or entity ranted, will not be assigned chasing alcohol beverages mises during inspection will of this license. I understand of the understand that I may any person who knowingly
Last Name	I	First Name		M.I.
Blick	F	Ryan		
Title	Email		THE STATE OF THE S	Phone
Rink Manager	Rinkm	gr@fdlblueline.com		(734) 516-1381
Signature The Wall			Date	10/10/20
Part E: For Clerk Use Only				
Date Application Was Filed With Clerk OCT 1	0 2024	License Number	-019-	7
Date License Granted		Date License Issued		
Signature of Clerk/Deputy Clerk				

AB-220

Temporary Alcohol Beverage License

Municipality	/				_
CITY	OF	FOND	DU	LAC	

License(s) Requested				Fees	
		· · · · · · · · · · · · · · · · · · ·	License Fees	\$	10.00
☐ Temporary "Class B" \	Wine 🗹 Temp	orary Class "B" Beer	Background Che	eck \$	0.00
			Total Fees	\$	10.00
		If not fi	led 15 days prior		
		rush fee	will be charged,	for a tota	1 <i>of \$35 d</i> ue.
Part A: Organization Informa	rtion				
Organization Name					
Fond du Lac Blue Lir	ne Hockey Inc.	Without and the control of the contr			
2. Organization Permanent Address					
550 Fond du Lac Ave					
3. City Fond du Lac			4. State WI	5. Zip Cod	е
6. Mailing Address (if different from pe	rmanent address)		AA T.	<u> </u>	
54935	smanont address)				
7. FEIN	8. Date of Orga	nization/Incorporation	9. State of Organi	zation/Incorp	oration
23-7182059	01/01/1	•	Wisconsin	-	
10. Phone	11. Email		·		
(734) 516-1381	Rinkmgr	@fdlblueline.com			
12. Organization type (check one)		·	- 45 - 15 - 15 - 15 - 15 - 15 - 15 - 15	·	
☑ Bona Fide Club	Church	ir Association/Agricultural S	ociety	ran's Orgar	nization
Lodge/Society	Chamber of Commerce	e or similar Civic or Trade (Organization under c	h. 181, Wis	s. 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	n	The second secon			
		cotors and agent of the ar	annimation Indicate a	m landbildi in	I O
List the name, title, and phone nu (Form AB-100) for each person lis			ganizadon, include a	n individua	ii Questionnaire
Corporations must also include Ale	cohol Beverage Appoint	iment of Agent (Form AB-1)	01).		
Last Name	1			Dhana	
Last Name	First Name	Title		Phone	
Carlson	Doug	President	t		
Shober	Sarah	Bar Dire	ctor		
7 - VIII ALA - II ALA					
		· · · · · · · · · · · · · · · · · · ·			

Part C: Event Information							
1. Name of Event (if applicable)							
Fond du Lac Hockey: Bears, State Tournament, or Invitation Events							
2. Dates of Operation	9 -		3. Hours of Operation				
1/17/25 - 1/19/25 20	25		Spr	TOP	Mo Sam	- 1)pm	
4. Premises Address 550 Fond du Lac						ı	
5. City			6. State	1.	7. Zip Code		
Fond du Lac			o. State		54935		
	erning Munic	sipality City Town	Village		Idermanic Dis	trict	
SAMPLE STATE	FOND DU		village	N/		iriot	
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Num	ber for Organ	500			
Fond du Lac Blue Line		Rinkmgr@fdlblue	1970				
13. Organizer Website		14. Event Website					
www.fdlblueline.com		www.fdlblueline	e.com				
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. Our rink has a bar lcoated in the back of Rink A where we will be selling Beer from. We also on occassion sell beer from the concession stand.							
Part D: Attestation		3101 3000 14 3 5 (05 1 3 1 4 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Who must sign this application?			automorphism entremosaum				
 one officer or director of the nonprofit organize 	zation						
READ CAREFULLY BEFORE SIGNING: Under truthfully. I agree that I am acting solely on beha seeking the license. Further, I agree that the right to another individual or entity. I agree to operate from Wisconsin-permitted wholesalers. I understate deemed a refusal to allow inspection. Such rethat any license issued contrary to Wis. Stat. Chabe prosecuted for submitting false statements and provides materially false information on this application.	alf of the ap ts and resp according and that lac efusal is a r apter 125 s d affidavits	plicant organization and no onsibilities conferred by the to the law, including but no k of access to any portion or misdemeanor and grounds hall be void under penalty of in connection with this appli	t on behalf of license(s), it it limited to, f a licensed properties for revocation of state law. cation, and to	of any of grant purchas oremis on of the land that an	other individ ted, will not l asing alcoho es during ind nis license. I er understan y person wh	ual or entity be assigned I beverages spection will understand d that I may	
Last Name		First Name				M.I.	
Blick		Ryan	Salling Street			The second secon	
Title	Email				Phone		
Rink Manager	Rinkm	gr@fdlblueline.com			(734) 51	6-1381	
Signature // // // // // // // // // // // // //			Date		10/10/20		
Part E: For Clerk Use Only		I I : N					

OCT 1 0 2024

Date License Issued

Date License Granted

AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

License(s) Requested	Fees			
		License Fees	\$	10.00
☐ Temporary "Class B" Wine	Temporary Class "B" Beer	Background Check	\$	0.00
		Total Fees	\$	10.00

If not filed 15 days prior to ALC Meeting, a \$25 rush fee will be charged, for a total of \$35 due

			rush fee wil	l be	charged,	for a total of \$35 due.
Part A: Organization Informa	tion					
1. Organization Name						
Fond du Lac Blue Lir	ne Hoc	key Inc.				
2. Organization Permanent Address						
550 Fond du Lac Ave						
3. City		,			4. State	5. Zip Code
Fond du Lac					WI	
6. Mailing Address (if different from pe	rmanent a	ddress)				
54935						
7. FEIN		8. Date of Organization/Incor	poration			ization/Incorporation
23-7182059		01/01/19		W	isconsi	n
10. Phone		11. Email				
(734) 516-1381		Rinkmgr@fdlblue	eline.com			
12. Organization type (check one)						
✓ Bona Fide Club	Church	Fair Association	n/Agricultural Socie	ty	☐ Vete	eran's Organization
☐ Lodge/Society ☐	Chambe	er of Commerce or similar (Civic or Trade Orga	aniza	ation under	ch. 181, Wis. Stats.
13. Is this organization required to I	hold a Wi	sconsin Seller's permit?				
14. Wisconsin Seller's Permit Number ((if applicab	le)			4.00.1.00	
						•
Part B: Individual Information	n					
List the name, title, and phone nu (Form AB-100) for each person lis				izatio	on. Include	an Individual Questionnaire
Corporations must also include Ale	cohol Bev	verage Appointment of Age	nt (Form AB-101).			
Last Name	First Na	ıme	Title			Phone
Carlson	Doug		President			
d1 - 1	G 1					_
Shober	Sarah		Bar Directo	or		
		h to \$1'	ļ			
	1					

Part C: Event Information		The state of the s			
1. Name of Event (if applicable)					
Fond du Lac Hockey: Bears, Sta	te Tou	rnament, or Invit	ation E	vent	s
2. Dates of Operation			3. Hours of C	peratio	on
1/24/25-1/26/25 2025 5pm-(1pm					
4. Premises Address			,	P	
550 Fond du Lac					
5. City			6. State		7. Zip Code
Fond du Lac			WI		54935
8. County 9. Gove	erning Munici	pality 🔽 City 🗌 Town	☐ Village	10. A	Idermanic District
_	FOND DU			N/	1887
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Num	- 1. 3 51		Event
Fond du Lac Blue Line		Rinkmgr@fdlblue	eline.co	m	
13. Organizer Website		14. Event Website			
www.fdlblueline.com		www.fdlblueline	e.com		
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. Our rink has a bar lcoated in the back of Rink A where we will be selling Beer from. We also on occassion sell beer from the concession stand.					
Part D: Attestation			200 1 000 000		
Who must sign this application?					
 one officer or director of the nonprofit organization 	ation				
READ CAREFULLY BEFORE SIGNING: Under truthfully. I agree that I am acting solely on behal seeking the license. Further, I agree that the rights to another individual or entity. I agree to operate from Wisconsin-permitted wholesalers. I understabe deemed a refusal to allow inspection. Such rethat any license issued contrary to Wis. Stat. Chabe prosecuted for submitting false statements and provides materially false information on this applied	of the apply and responsible according according and that lack fusal is a nation pter 125 shall affidavits it	plicant organization and no onsibilities conferred by the to the law, including but no k of access to any portion o nisdemeanor and grounds nall be void under penalty of in connection with this appli	t on behalf of a license(s), if a licensed properties of state law.	of any of grant purchas premise on of the that an	other individual or entity ted, will not be assigned asing alcohol beverages es during inspection will his license. I understand or understand that I may y person who knowingly
Last Name		First Name			M.I.
Blick]	Ryan			
Title	Email				Phone
Rink Manager	Rinkm	gr@fdlblueline.com			(734) 516-1381
Signature /			Date		10/10/20
Part E: For Clerk Use Only					
Date Application Was Filed With Clerk OCT 1	0 2024	License Number C -	0199		
Date License Granted		Date License Issued	organización de la constitución de		*
Signature of Clerk/Deputy Clerk					

AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

License(s) Requested						Fees	3		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Lice	ense Fees	\$	<u></u>	***************************************	10.00
Temporary "Class B" V	Vine	✓ Temporary Class ¹	'B" Beer	Background Che		k \$			0.00
			[·				· · · · · ·	าก	.00
			If not filed rush fee will					ng,	a \$25
Part A: Organization Information	tion	·	 	:					
1. Organization Name	- ** 1-								
Fond du Lac Blue Lin	е носк	ey inc.	•						
Organization Permanent Address 550 Fond du Lac Ave									
3. City					4. State	5. Zip	Code		
Fond du Lac					WI	0. Zip	Ooue		
6. Mailing Address (if different from per 54935	rmanent ad	dress)			, I				
7. FEIN		8. Date of Organization/Incor	poration	9. S	tate of Organiza	ation/In	corpora	tion	-
23-7182059		01/01/19		W	isconsin				
10. Phone		11. Email							
(734) 516-1381		Rinkmgr@fdlblue	eline.com						
12. Organization type (check one)			***************************************						
☑ Bona Fide Club	Church	☐ Fair Association	/Agricultural Socie	ty	☐ Vetera	an's O	rganiza	tion	
Lodge/Society	Chamber	of Commerce or similar C	Civic or Trade Orga	niza	ation under ch	. 181,	Wis. S	tats.	
13. Is this organization required to h	nold a Wis	consin Seller's permit?			• • • • • • • • • • • • • • • • • • • •		. 🗌 Y	es	∠ No
14. Wisconsin Seller's Permit Number (if applicable	9)							
· · · · · · · · · · · · · · · · · · ·	•								
Part B: Individual Information	n					• • •			
List the name, title, and phone nur (Form AB-100) for each person list	mber for a	Il officers, directors, and a Attach additional sheets	ngent of the organi If necessary.	izatio	on. Include an	Indiv	idual Q	uestic	onnaire
Corporations must also include Ald			•						
Last Name	First Nar	ne	Title			Phon	е		
Carlson	Doug		President						
Shober	Sarah		Bar Directo	r					

Part C: Event Information					
Name of Event (if applicable)		**************************************			
Fond du Lac Hockey: Bears, Stat	e Tou:	rnament, or Invi	tation Event	s	
2. Dates of Operation			3. Hours of Operati	ion	
2/14/25- 2/16/25		2025	5pm-11pm		
4. Premises Address			1		
550 Fond du Lac					
5. City			6. State	7. Zip Code	
Fond du Lac			WI	54935	
8. County 9. Govern	ning Munic	ipality 🗸 City 🗌 Town	☐ Village 10.	Aldermanic Dis	trict
FOND DU LAC of: F	OND DU	LAC	N	/A	
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Nu	mber for Organizer of	Event	
Fond du Lac Blue Line		Rinkmgr@fdlbl	ueline.com		
13. Organizer Website		14. Event Website			
www.fdlblueline.com		www.fdlblueli	ne.com		
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. Our rink has a bar lcoated in the back of Rink A where we will be selling Beer from. We also on occassion sell beer from the concession stand.					
Part D: Attestation					
Who must sign this application?					
 one officer or director of the nonprofit organizat 	ion				
READ CAREFULLY BEFORE SIGNING: Under p truthfully. I agree that I am acting solely on behalf seeking the license. Further, I agree that the rights to another individual or entity. I agree to operate a from Wisconsin-permitted wholesalers. I understand be deemed a refusal to allow inspection. Such refuthat any license issued contrary to Wis. Stat. Chap be prosecuted for submitting false statements and a provides materially false information on this application.	of the appand respondent of the transfer of transfer of the transfer of transfer of the transfer of transf	plicant organization and ronsibilities conferred by to the law, including but k of access to any portion misdemeanor and ground hall be void under penalty in connection with this apt be required to forfeit not	not on behalf of any ne license(s), if grar not limited to, purch of a licensed premi s for revocation of t of state law. I furth plication, and that a	other individ nted, will not be lasing alcoho ses during ins this license. I ler understan- ny person wh	ual or entity be assigned I beverages spection will understand d that I may
Last Name		First Name			M.I.
Blick		Ryan			
Title	Email			Phone	
Rink Manager	Rinkm	gr@fdlblueline.co	m	(734) 51	6-1381
Signature			Date	10/10/20	
	_				
Part E: For Clerk Use Only					
Date Application Was Filed With Clerk	0 2024	License Number	1-0200		HIV.
Date License Granted		Date License Issued	0,200		

AB-220

Temporary Alcohol Beverage License

Municipality	i			
CITY	OF	FOND	DU	LAC

License(s) Requested			Fees	
		License Fees	\$	10.00
Temporary "Class B" Wine	✓ Temporary Class "B" Beer	Background Chec	\$ to ALC Mor a tot 5. Zip Cod an's Organ. 181, Wi	0.00
		Total Fees	\$	10.00
		led 15 days prior t will be charged, fo		
Part A: Organization Information				
Organization Name				
Fond du Lac Blue Line Hoo	key Inc.			
2. Organization Permanent Address				
550 Fond du Lac Ave		la prace 1		1
3. City Fond du Lac		4. State WI	5. Zip Coo	ie
6. Mailing Address (if different from permanent	address)	44 T		
54935	and coo,			
7. FEIN	8. Date of Organization/Incorporation	9. State of Organiza	ation/Incor	poration
23-7182059	01/01/19	Wisconsin		
10. Phone	11. Email			
(734) 516-1381	Rinkmgr@fdlblueline.com			
12. Organization type (check one)				
☑ Bona Fide Club ☐ Church	Fair Association/Agricultural Sc	ociety 🔲 Vetera	an's Orga	nization
☐ Lodge/Society ☐ Chamb	er of Commerce or similar Civic or Trade C	Organization under ch	. 181, Wi	s. Stats.
13. Is this organization required to hold a W	fisconsin Seller's permit?		[_ Yes 🗹 No
14. Wisconsin Seller's Permit Number (if applica	ble)			

	d phone number for all officers, dire h person listed below. Attach additio	ctors, and agent of the organization. In mal sheets if necessary.	clude an Individual Questionnaire
Corporations must also	o include Alcohol Beverage Appointr	ment of Agent (Form AB-101).	
Last Name	First Name	Title	Phone
Carlson	Doug	President	
Shober	Sarah	Bar Director	

Part C: Event Information							
Name of Event (if applicable)							
Fond du Lac Hockey: Bears, State Tournament, or Invitation Events							
2. Dates of Operation		2.0-	3. Hours of C	5/1			
2/21/25-2/23/25		2025	5pm-11pm				
4. Premises Address '			. ,				
550 Fond du Lac				1			
5. City			6. State		ip Code		
Fond du Lac			WI		4935	:	
promise description and the second se	verning Munic		∐ Village	N/A	manic Distr	ict	
11. Organizer of Event (if not the named applicant)	f: FOND DU	12. Email and/or Phone Num	har far Organi		at		
Fond du Lac Blue Line			-		IL.		
13. Organizer Website		Rinkmgr@fdlblue	errue.co				
www.fdlblueline.com		www.fdlblueline	n				
15. Premises Description - Describe the building of stored, or consumed, and related records are alcohol beverage activities and storage of red or diagram and additional sheets if necessary	kept. Descr cords may o	ribe all rooms within the bui	lding, includi described in	ng living o	quarters cation. Att	Authorized ach a map	
Our rink has a bar lcoated in th			will be	selling	g Beer	from.	
We also on occassion sell beer to	from the	concession stand.					
		The second of th				***************************************	
Part D: Attestation	ootis asyvaania 3000						
Who must sign this application?							
one officer or director of the nonprofit organi	zation						
READ CAREFULLY BEFORE SIGNING: Under		law I have answered ear	h of the abo	ve questi	ione comi	aletely and	
truthfully. I agree that I am acting solely on beh							
seeking the license. Further, I agree that the righ	nts and resp	onsibilities conferred by the	license(s), i	f granted,	will not b	e assigned	
to another individual or entity. I agree to operat	•	. 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			•		
from Wisconsin-permitted wholesalers. I underst be deemed a refusal to allow inspection. Such r							
that any license issued contrary to Wis. Stat. Ch							
be prosecuted for submitting false statements ar							
provides materially false information on this app	lication may	be required to forfeit not m	nore than \$1,	000 if cor	rvicted.		
Last Name		First Name			Tr	M.I.	
Blick		Ryan				••••	
Title	Email			Pho	ne		
Rink Manager		gr@fdlblueline.com		100	34) 516	5-1381	
Signature /		J	Date				
Mh. Wh				10/	10/20		
700							
B (5 5 0) 111 5 :							
Part E: For Clerk Use Only							

License Number

Date License Issued

OCT 1 0 2024

C-0201

Date Application Was Filed With Clerk

Date License Granted

AB-220

Temporary Alcohol Beverage License

Municipality					
CITY	ÖF	FOND	DU	LAC	

License(s) Requested		F	es	
		License Fees	\$	10.00
☐ Temporary "Class B" Wine	✓ Temporary Class "B" Beer	Background Check	\$	0.00
		Total Fees	\$	10.00

If not filed 15 days prior to ALC Meeting, a \$25 rush fee will be charged, for a total of \$35 due.

			rush fee wil	l be	charged,	for a total of \$35 due.
Part A: Organization Inform	ation					
1. Organization Name						when we're the same of the sam
Fond du Lac Blue Li	ne Hoc	key Inc.				
2. Organization Permanent Address						
550 Fond du Lac Ave						
3. City		The state of the s	and the second s	p=	4. State	5. Zip Code
Fond du Lac					MI	
6. Mailing Address (if different from p	ermanent a	iddress)				
7. FEIN		8. Date of Organization/incor	rnoration	0 0	toto of Organ	Ization/Incorporation
23-7182059		01/01/19	poration		isconsi:	·
10. Phone		11. Email			TOCOTOL	
(734) 516-1381		Rinkmgr@fdlblu	eline.com			
12. Organization type (check one)	*****************					
☑ Bona Fide Club	Church	Fair Association	n/Agricultural Socie	ety	☐ Vete	eran's Organization
Lodge/Society	Chambe	er of Commerce or similar (Civic or Trade Orga	aniza	ation under o	ch. 181, Wis. Stats.
13. Is this organization required to	hold a W	isconsin Seller's permit?		,.,		Yes 🗹 No
14. Wisconsin Seller's Permit Numbe	r (if applicat	ole)				
			,			
	*				· · · · · · · · · · · · · · · · · · ·	
Part B: Individual Information	on		·			
List the name, title, and phone n (Form AB-100) for each person I				izatio	on. Include a	an Individual Questionnaire
Corporations must also include A	Alcohol Be	verage Appointment of Age	ent (Form AB-101).			
Last Name	First Na	ame	Title			Phone
Carlson	Doug		President			
Shober	Sarah	L	Bar Directo	or		
	+ · · ·					
						<u></u>

Part C: Event Information							
1. Name of Event (if applicable)			_				
Fond du Lac Hockey: Bears, Sta	te Tour	nament, or Invit					
2. Dates of Operation			3. Hours of Op				
2/28/25 -3/2/25 2025			8am-11	om			
4. Premises Address			•				
550 Fond du Lac			0.01-1-	T- 7: 0.1			
5. City Fond du Lac			6. State	7. Zip Code 54935			
(11-000-10-400-1994) (1-0-11-00-11-00-11-00-10-00-10-10-10-10-	rning Municir	oolity Cl City C Tours		10. Aldermanic D			
	rning Municip FOND DU	. – . –	☐ Village	N/A	ristrict		
11. Organizer of Event (if not the named applicant)	OND DO	12. Email and/or Phone Num	her for Organiz				
Fond du Lac Blue Line		Rinkmgr@fdlblue					
13. Organizer Website		14. Event Website	errine.com				
www.fdlblueline.com		www.fdlblueline	e com				
15. Premises Description - Describe the building or I stored, or consumed, and related records are ke alcohol beverage activities and storage of recor or diagram and additional sheets if necessary.	ept. Descri ds may oc	be all rooms within the bui cur only on the premises of	lding, includir described in th	ng living quarter his application.	s. Authorized Attach a map		
Our rink has a bar lcoated in the			will be s	elling Bee	r from.		
We also on occassion sell beer fr	om the	concession stand.					
Part D: Attestation							
Who must sign this application?							
 one officer or director of the nonprofit organiza 	tion						
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 Blick		First Name			M.I.		
		Ryan					
Title	Email	061111 1 1		Phone	16 1001		
Rink Manager	Rinkmo	gr@fdlblueline.com	15:	(734) 5	16-1381		
Signature ## ###			Date	10/10/2	0		
Part E: For Clerk Use Only							
Date Application Was Filed With Clerk $0 \text{CT } 1$	0 2024	License Number	-0200	2			
Date License Granted		Date License Issued					

AB-220

Temporary Alcohol Beverage License

Municipality	,				
CITY	OF	FOND	Dΰ	LAC	

License(s) Requested		F	ees	
Temporary "Class B" Wine		License Fees	\$	10.00
	✓ Temporary Class "B" Beer	Background Check	\$	0.00
		Total Fees	\$	10.00

					to ALC Meeting, a \$25 for a total of \$35 due.
Part A: Organization Informa	ition				
1. Organization Name			·,	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Fond du Lac Blue Li	ne Hoc	key Inc.			
2. Organization Permanent Address		• • • • • • • • • • • • • • • • • • • •		•	T TIME TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE T
550 Fond du Lac Ave					
3. City		.,		4. State	5. Zip Code
Fond du Lac				WI	
6. Mailing Address (if different from pe	rmanent a	ddress)			- W. V. W. W. Land
54935					
7. FEIN		8. Date of Organization/Incorp		_	zation/Incorporation
23-7182059		01/01/19		Wisconsi	n
10. Phone		11. Email	a. f		
(734) 516-1381		Rinkmgr@fdlblue	eline.com		
12. Organization type (check one)					
☑ Bona Fide Club ☐	Church	Fair Association	/Agricultural Society	Vete	ran's Organization
Lodge/Society	Chambe	er of Commerce or similar C	ivic or Trade Organiz	ation under o	ch. 181, Wis. Stats.
13. Is this organization required to	hold a Wi	sconsin Seller's permit?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes 🕡 No
14. Wisconsin Seller's Permit Number	(if applicab	ole)		,	
Part B: Individual Informatio	n				W - W - Supplier - Sup
		all afficers discators and a			
List the name, title, and phone nu (Form AB-100) for each person lis	ted belov	aii oincers, directors, and a v. Attach additional sheets ii	gent of the organizat f necessary.	ion. Include a	an Individual Questionnaire
Corporations must also include Al	cohol Bev	verage Appointment of Ager	nt (Form AB-101).		
Last Name	First Na	ime	Title		Phone
Carlson	Doug		President		
Shober	Sarah	,	Bar Director		
VIII 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	, , , , , , , , , , , , , , , , , , ,			
	<u> </u>				

Part C: Event Information							
Name of Event (if applicable)							
Fond du Lac Hockey: Bears, Stat	e Tou	rnament, or Invit	ation Event	CS			
2. Dates of Operation			3. Hours of Operat	ion			
0)1101 111101	025		8am-11pm				
4. Prémises Address			275				
550 Fond du Lac			10.01-1	7 7:- 0-1-			
5. City Fond du Lac			6. State WI	7. Zip Code 54935			
8. County 9. Govern	ina Munic	inality A City Town		Aldermanic Dis	trict		
	ND DU		vago	Aldernanic bis I/A	liici		
11. Organizer of Event (if not the named applicant)	OND DO	12. Email and/or Phone Num					
Fond du Lac Blue Line		Rinkmgr@fdlblue	300 M				
13. Organizer Website		14. Event Website					
www.fdlblueline.com		www.fdlblueline	e.com				
alcohol beverage activities and storage of record or diagram and additional sheets if necessary. Our rink has a bar lcoated in the	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. Our rink has a bar lcoated in the back of Rink A where we will be selling Beer from. We also on occassion sell beer from the concession stand.						
Part D: Attestation	-						
Who must sign this application?							
 one officer or director of the nonprofit organizati 	on						
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 Blick	- 1	First Name Ryan			M.I.		
Title	Email			Phone			
Rink Manager	Rinkm	gr@fdlblueline.com		(734) 51	6-1381		
Signature /			Date	10/10/20			
Part E: For Clerk Use Only			MANUAL CALL WATER TO A STATE OF THE STATE OF				
Date Application Was Filed With Clerk OCT 1 (2024	License Number	-0203				

Date License Issued

Date License Granted

AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

License(s) Requested		 			Fees		
				License Fees	\$	10.00	
Temporary "Class B" V	Vine	✓ Temporary Class *	B" Beer	Beer Background Check \$ Total Fees \$ If not filed 15 days prior to ALC Meeting rush fee will be charged, for a total of	0.00		
			Ì		\$	10.00	
			If not filed	15 days prior t	to ALC Meeti		
			rush fee will	l be charged, fo	or a total o	£ \$35 due.	
Part A: Organization Information	tion					***************************************	
Organization Name							
Fond du Lac Blue Lin	e Hoc	key Inc.					
2. Organization Permanent Address							
550 Fond du Lac Ave							
3. City	,			4. State	5. Zip Code		
Fond du Lac	embararen			WI			
 Malling Address (if different from per 54935 	manent a	ddress)					
7. FEIN		8. Date of Organization/Incorp	oration	9. State of Organiza	nization/incorporation		
23-7182059		01/01/19		Wisconsin			
10. Phone		11. Email					
(734) 516-1381		Rinkmgr@fdlblue	eline.com				
12. Organization type (check one)							
✓ Bona Fide Club	Church	☐ Fair Association	/Agricultural Socie	ty 🔲 Vetera	an's Organiza	tion	
Lodge/Society	Chambe	er of Commerce or similar C	ivic or Trade Orga	anization under ch	. 181, Wis. St	ats.	
13, Is this organization required to h	nold a Wi	sconsin Seller's permit?			🗀 Y	es 🗹 No	
14. Wisconsin Seller's Permit Number (if applicab	Ja)	and the same admitted by the same and the sa				
14. Wisconsin Schen a Pennik Multiper (паррдоак	ne)					
					AND THE PROPERTY OF THE PROPER		
Part B: Individual Information	n						
List the name, title, and phone nur (Form AB-100) for each person list			_	ization. Include an	ı Individual Qı	uestionnaire	
Corporations must also include Ald	cohol Ber	verage Appointment of Age	nt (Form AB-101).				
Last Name	First Na	me	Title		Phone		
Carlson	Doug		President				
Shober	Sarah		Bar Directo	or			
			1	· · · · · · · · · · · · · · · · · · ·			

Name of Event (if applicable)					
Fond du Lac Hockey: Bea	rs, State Tou	ırnament, or Invit	ation Eve	ents	
2. Dates of Operation	Samuel - Care -		3. Hours of Ope	eration	
3/18/25 - 3/20/25	2025		8am-11pm	12	
4. Premises Address	2025		Stiff He	***************************************	
550 Fond du Lac					
5. City			6. State	7. Zip Code)
Fond du Lac			WI	54935	
8. County	9. Governing Munic	cipality 🔽 City 🗌 Town	☐ Village 1	10. Aldermanic D	District
FOND DU LAC	of: FOND DU			N/A	
11. Organizer of Event (if not the named app	icant)	12. Email and/or Phone Num	ber for Organize	r of Event	
Fond du Lac Blue Line		Rinkmgr@fdlblu	eline.com		
13. Organizer Website		14. Event Website			
www.fdlblueline.com		www.fdlbluelin	e.com		
alcohol beverage activities and stora or diagram and additional sheets if n Our rink has a bar lcoated We also on occassion sell	ecessary. d in the back	of Rink A where we	will be se	elling Bee	
or diagram and additional sheets if n Our rink has a bar lcoated	ecessary. d in the back	of Rink A where we	will be se	elling Bee	
or diagram and additional sheets if n Our rink has a bar lcoated We also on occassion sell Part D: Attestation	ecessary. d in the back	of Rink A where we	will be se	elling Bee	
or diagram and additional sheets if n Our rink has a bar lcoated We also on occassion sell Part D: Attestation Who must sign this application? • one officer or director of the nonpro-	ecessary. d in the back beer from the	of Rink A where we concession stand.			r fro
or diagram and additional sheets if n Our rink has a bar lcoated We also on occassion sell Part D: Attestation Who must sign this application?	ecessary. If in the back beer from the beer from the beer from the lift organization IG: Under penalty or yon behalf of the areat the rights and respect operate according I understand that lacen. Such refusal is a stat. Chapter 125 sements and affidavits	of Rink A where we concession stand. of law, I have answered each opplicant organization and no consibilities conferred by the grounds to the law, including but no concess to any portion of misdemeanor and grounds shall be void under penalty of in connection with this application.	ch of the above to on behalf of a e license(s), if g ot limited to, pu f a licensed pre for revocation of state law. I fu ication, and tha	e questions co any other indiv granted, will no irchasing alcol emises during of this license urther understa at any person v	omplete vidual o ot be as hol bev inspect . I unde and tha who kno
or diagram and additional sheets if n Our rink has a bar lcoated We also on occassion sell Part D: Attestation Who must sign this application? • one officer or director of the nonprocent of the nonprocent of the nonprocent of the nonprocent of the license. Further, I agree that to another individual or entity. I agree from Wisconsin-permitted wholesalers. be deemed a refusal to allow inspection that any license issued contrary to Wisbe prosecuted for submitting false states.	ecessary. If in the back beer from the beer from the beer from the lift organization IG: Under penalty or yon behalf of the areat the rights and respect operate according I understand that lacen. Such refusal is a stat. Chapter 125 sements and affidavits	of Rink A where we concession stand. of law, I have answered each opplicant organization and no consibilities conferred by the grounds to the law, including but no cock of access to any portion of misdemeanor and grounds shall be void under penalty of in connection with this apply be required to forfeit not not access to any portion of the connection with this apply to the required to forfeit not not access to any portion of the connection with this apply the required to forfeit not not access to any portion of the connection with this apply the required to forfeit not not access to any portion of the connection with this apply the required to forfeit not not access to any portion of the connection with this apply the required to forfeit not not access to any portion of the connection with this apply the connection with this apply the connection with th	ch of the above to on behalf of a e license(s), if g ot limited to, pu f a licensed pre for revocation of state law. I fu ication, and tha	e questions co any other indiv granted, will no irchasing alcol emises during of this license urther understa at any person v	omplete vidual o ot be as hol bev inspect . I unde and tha who kno
or diagram and additional sheets if n Our rink has a bar lcoated We also on occassion sell Part D: Attestation Who must sign this application? • one officer or director of the nonprocent of	ecessary. If in the back beer from the beer from the beer from the lift organization IG: Under penalty or yon behalf of the areat the rights and respect operate according I understand that lacen. Such refusal is a stat. Chapter 125 sements and affidavits	of Rink A where we concession stand. of law, I have answered each opplicant organization and no consibilities conferred by the grounds to the law, including but no concess to any portion of misdemeanor and grounds shall be void under penalty of in connection with this application.	ch of the above to on behalf of a e license(s), if g ot limited to, pu f a licensed pre for revocation of state law. I fu ication, and tha	e questions co any other indiv granted, will no irchasing alcol emises during of this license urther understa at any person v	omplete vidual o ot be as hol bev inspect . I unde and tha who kno
or diagram and additional sheets if n Our rink has a bar lcoated We also on occassion sell Part D: Attestation Who must sign this application? • one officer or director of the nonprocent of	ecessary. If in the back beer from the beer from the beer from the beer from the lack beer from the lack beer from the lack been from the lack be	of Rink A where we concession stand. of law, I have answered each oplicant organization and no consibilities conferred by the grounds to the law, including but not obtain a consider and grounds shall be void under penalty of in connection with this apply be required to forfeit not not first Name Ryan	ch of the above to on behalf of a e license(s), if g ot limited to, pu f a licensed pre for revocation of state law. I fu ication, and tha nore than \$1,00	e questions co any other indiv granted, will no procession alcol emises during of this license urther understa at any person v 00 if convicted	omplete vidual oot be as hol bevinspect. I unde and that who know.
or diagram and additional sheets if n Our rink has a bar lcoated We also on occassion sell Part D: Attestation Who must sign this application? • one officer or director of the nonproce READ CAREFULLY BEFORE SIGNIN truthfully. I agree that I am acting sole seeking the license. Further, I agree that to another individual or entity. I agree from Wisconsin-permitted wholesalers, be deemed a refusal to allow inspection that any license issued contrary to Wis be prosecuted for submitting false state provides materially false information or Last Name Blick	ecessary. If in the back beer from the beer from the beer from the beer from the lack beer from the lack beer from the lack been from the lack be	of Rink A where we concession stand. of law, I have answered each oplicant organization and not consibilities conferred by the grounds to the law, including but not of access to any portion of misdemeanor and grounds shall be void under penalty of in connection with this apply be required to forfeit not not first Name	ch of the above to on behalf of a e license(s), if g ot limited to, pu f a licensed pre for revocation of state law. I fu ication, and tha nore than \$1,00	e questions co any other indiv granted, will no irchasing alcol emises during of this license urther understa at any person v	omplete vidual oot be as hol bevinspect. I unde and that who know.

Date Application Was Filed With Clerk 0CT 1 0 2024	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

License(s) Requested					Fee	s
		and the state of t		License Fees		10.00
☐ Temporary "Class B" V	Wine		" Beer	Background Che	ck S	0.00
The second of th			<u></u>	Total Fees		· · · · · · · · · · · · · · · · · · ·
<u> </u>						C Meeting, a \$25
			rush fee will	be charged, f	or a	total of \$35 due.
Part A: Organization Informat	tion		 			
1. Organization Name						
Fond du Lac Blue Lin	e Hoc	key Inc.				
2. Organization Permanent Address						
550 Fond du Lac Ave						
3. City		· · · · · · · · · · · · · · · · · · ·		4. State	5. Zip	Code
Fond du Lac				MI	L	
6. Mailing Address (if different from per 54935	manent a	ddress)				
7. FEIN		8. Date of Organization/Incorpo	ration	3. State of Organiz	zation/l	Incorporation
23-7182059		01/01/19		Wisconsin	1	
10. Phone		11. Email				
(734) 516-1381		Rinkmgr@fdlbluel	ine.com			
12. Organization type (check one)						
☑ Bona Fide Club ☐	Church	☐ Fair Association/A	Agricultural Societ	y ∐ Veter	ran's C	Organization
Lodge/Society	Chambe	r of Commerce or similar Civ	vic or Trade Orga	nization under o	h. 181	, Wis. Stats.
13. ls this organization required to h	nold a Wi	sconsin Seller's permit?				Yes 🗹 No
14. Wisconsin Seller's Permit Number (if applicab	le)				, ,
		water to the second				,
Part B: Individual Information	1					
List the name, title, and phone nur (Form AB-100) for each person list				ation. Include a	n Indi	vidual Questionnaire
Corporations must also include Ak						
Last Name	First Na	me ·	Title	***	Pho	ne
Carlson	Doug		resident			
Shober	Sarah	E	Bar Directo	r		
				•		
					· ····	,
				-		

Part C: Event Information					
Name of Event (if applicable)					
Fond du Lac Hockey: Bears, Sta	ate Tou	rnament, or Invit	ation Ev	ents	
2. Dates of Operation	Dic		3. Hours of Op	eration	
3/21/25- 3/23/25	202	15	5pm//pm		
4. Premises Address			. /		
550 Fond du Lac			THE PART IS		
5. City			6. State	7. Zip Code	
Fond du Lac			WI	54935	
20 YORKSHAMARA GARAGOO WAX MARA AAR		unicipality 🗹 City 🗌 Town 🔲 Village 10. Aldermanic District			
FOND DU LAC of: FOND DU LAC N/A Organizer of Event (if not the named applicant) 12. Email and/or Phone Number for Organizer of Event					
11. Organizer of Event (if not the named applicant)			W	1	
Fond du Lac Blue Line Rinkmgr@fdlblueline.com 6. Organizer Website 14. Event Website			:		
www.fdlblueline.com	10 No. 10				
15. Premises Description - Describe the building or					
alcohol beverage activities and storage of reco or diagram and additional sheets if necessary. Our rink has a bar lcoated in the We also on occassion sell beer for	e back c	of Rink A where we			
Part D: Attestation					
Who must sign this application?one officer or director of the nonprofit organiz					
READ CAREFULLY BEFORE SIGNING: Under truthfully. I agree that I am acting solely on beha seeking the license. Further, I agree that the right to another individual or entity. I agree to operate from Wisconsin-permitted wholesalers. I understate be deemed a refusal to allow inspection. Such rethat any license issued contrary to Wis. Stat. Chabe prosecuted for submitting false statements and provides materially false information on this applies.	penalty of olf of the apples and response according and that lact efusal is a napter 125 sl d affidavits is	plicant organization and no onsibilities conferred by the to the law, including but no k of access to any portion o misdemeanor and grounds hall be void under penalty of connection with this appliance.	t on behalf of elicense(s), if of limited to, po f a licensed pr for revocation of state law. I f cation, and th	any other individual or entity granted, will not be assigned urchasing alcohol beverages emises during inspection will of this license. I understand further understand that I may at any person who knowingly	
Last Name		First Name		M.I.	
Blick]	Ryan			
Title	Email	188 6		Phone	
Rink Manager	Rinkm	gr@fdlblueline.com		(734) 516-1381	
Signature # 1			Date	10/10/20	
Part E: For Clerk Use Only					
Date Application Was Filed With Clerk OCT 1	0 2024	License Number	2-020	5	
Date License Granted		Date License Issued			
Signature of Clerk/Deputy Clerk					

CITY OF FOND DU LAC

Date: To:	
To:	
	Chief of Police Attn: Records Division
From:	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.
ETTY OF Memoran Date:	dum
To:	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
·	I hereby recommend that the application be:
	And the state of t