

ALCOHOL LICENSE COMMITTEE AGENDA

October 28, 2024

4:00 PM

Meeting Room A

City-County Government Center

160 S Macy Street

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**

Title: 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**

Title: Audience Comments

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

Initiator:

Location:

Recommendation:

**ALCOHOL LICENSE COMMITTEE
CITY OF FOND DU LAC, WISCONSIN**

Title: "Class B" Intoxicating Liquor and Class "B" Fermented Malt License

Subject: 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, WI.
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

10-23-24

PT# 5934

Form AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|-------------------------|
| Municipality | CITY OF FOND DU LAC |
| License Period | 11/14/2024 - 06/30/2025 |

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ 200
- Class "B" Beer \$ ~~100~~⁷⁵
- "Class A" Liquor \$ 500
- "Class B" Liquor \$ ~~500~~³⁷⁵
- "Class A" Liquor (cider only) \$ 0
- Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ 100

| Fees | |
|----------------------|---------------------------|
| License Fees | \$ 450 ⁻ |
| Background Check Fee | \$ 0 |
| Publication Fee | \$ 60 |
| Total Fees | \$ 510⁻ |

Part A: Premises/Business Information

| | | |
|--|---|--|
| 1. Legal Business Name (individual name if sole proprietorship) Ledgeview Bowling LLC | | |
| 2. Business Trade Name or DBA Ledgeview Bowling LLC | | |
| 3. FEIN 99-3183387 | 4. Wisconsin Seller's Permit Number 456-1031814712-04 | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | |
| 6. State of Organization WISCONSIN | 7. Date of Organization 4/12/2024 | 8. Wisconsin DFI Registration Number L081202 |
| 9. Premises Address 170 North Prairie Rd | | |
| 10. City FOND DU LAC | 11. State WI | 12. Zip Code 54935 |
| 13. County Fond du Lac | 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | 15. Aldermanic District N/A |
| 16. Premises Phone 920-923-1233 | 17. Premises Email mhol2301.mh@gmail.com | 18. Website Ledgeview Lanes.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 Bar + Restaurant, Banquet hall, bowling lanes. Alcohol stored in Bar + Restaurant areas / basement Coolers and Storage. Building Approx: 180' x 300' | | |
| 20. Mailing Address (if different from premises address) P.O. Box 337 | | |
| 21. City Elkhart Lake | 22. State WI | 23. Zip Code 53020 |

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No
If yes, list the details of violation below. Attach additional sheets if necessary.

| | | |
|------------------------|--|------------|
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |



2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . Yes No
 beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

| | |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|-----------|------------|-------------|------------|
| Luedtke | Tyler | OWNER/AGENT | 9209188856 |
| | | | |
| | | | |
| | | | |

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

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 business 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 this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized 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 Luedtke | First Name Tyler | M.I. A |
| Title OWNER | Email crystallakegolf@outlook.com | Phone 9209188856 |
| Signature | | Date 9/3/24 |

Part E: For Clerk Use Only

| | | | |
|--|-----------------------------------|---|---------------------|
| Date Application Was Filed With Clerk OCT 02 2024 | License Number C-0158 / C-0159 | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

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

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

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

| | | | | |
|---|--------------------------------------|---|--------------------------------------|---|
| Part A: Business Information | | | | |
| 1. Legal Business Name (Individual name if sole proprietor) <u>Ledgeview BOWLING LLC</u> | | | | |
| 2. Business Trade Name or DBA | | | | |
| 3. Entity Type (check one) | | | | |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Corporation | <input type="checkbox"/> Nonprofit Organization |

| | | | | |
|---|--|--|---|---------------------------------|
| Part B: Individual Information | | | | |
| 1. Last Name <u>Luedtke</u> | | 2. First Name <u>Tyler</u> | | 3. M.I. <u>A</u> |
| 4. Relationship to Business (Title) <u>OWNER</u> | | 5. Email <u>crystallakegolf@outlook.com</u> | | 6. Phone <u>920 918 8856</u> |
| 7. Home Address <u>W6627 Hickory Hill</u> | | | | |
| 8. City <u>Plymouth</u> | | 9. State <u>WI</u> | 10. Zip Code <u>53073</u> | 11. Date of Birth [REDACTED] |
| 12. Drivers License/State ID Number [REDACTED] | | | 13. Drivers License/State ID State of Issuance <u>WI</u> | |

| | | | | | | | | |
|--|------------------|-----------------|-----------|--|-------|--------|-----------|-----------|
| Part C: Address History | | | | | | | | |
| 1. Do you currently reside in Wisconsin? | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Years</td> <td>Months</td> </tr> <tr> <td style="text-align: center;"><u>25</u></td> <td style="text-align: center;"><u>10</u></td> </tr> </table> | Years | Months | <u>25</u> | <u>10</u> |
| Years | Months | | | | | | | |
| <u>25</u> | <u>10</u> | | | | | | | |
| 2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. | | | | | | | | |
| Previous Address 1 | | City | State | Zip Code | | | | |
| <u>W6627 Hickory Hill</u> | | <u>Plymouth</u> | <u>WI</u> | <u>53073</u> | | | | |
| Previous Address 2 | | City | State | Zip Code | | | | |
| Previous Address 3 | | City | State | Zip Code | | | | |
| Previous Address 4 | | City | State | Zip Code | | | | |
| Previous Address 5 | | City | State | Zip Code | | | | |
| 3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary. | | | | | | | | |
| State | County | State | County | State | | | | |
| <u>WI</u> | <u>Sheboygan</u> | | | | | | | |
| State | County | State | County | State | | | | |
| | | | | | | | | |

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

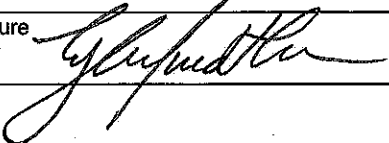
| | | |
|------------------------|----------|--|
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature  Date 9/3/24

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Ledgernew Bowling LLC

2. Business Trade Name or DBA

3. Entity Type (check one)
 Limited Liability Company 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 is checked above.

Part B: Agent Information

1. Last Name
Luedtke

2. First Name
Tyler

3. M.I.
A

4. Email
crystallakegolf@outlook.com

5. Phone
920 918 8856

6. Home Address
W6627 Hickory Hill

7. City
Plymouth

8. State
WI

9. Zip Code
53073

10. Age
[Redacted]

11. Drivers License/State ID Number
[Redacted]

12. Drivers License/State ID State
WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Part 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 <i>Luedtke</i> | First Name <i>Tyler</i> | M.I. <i>A</i> |
| Title <i>Owner</i> | Email <i>crystallakegolf@outlook.com</i> | Phone <i>920 918 8856</i> |
| Signature <i>[Handwritten Signature]</i> | | Date <i>9/3/24</i> |

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby 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 <i>Luedtke</i> | First Name <i>Tyler</i> | M.I. <i>A</i> |
| Signature <i>[Handwritten Signature]</i> | | Date <i>9/3/24</i> |

CITY OF FOND DU LAC

Memorandum

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.

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

Memorandum

Date:

To: City Clerk

From: Chief of Police

Subject: Appointment of Agent Application

I hereby recommend that the application be:

 Granted a license CPT R.D. #120 10-23-24

 Denied a license

Comments _____



Certificate

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 • 11AM-10PM
- 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
 - 3/21/2025-3/23/2025

Initiator:

Location:

Recommendation:

ATTACHMENTS:

| File Name | Description |
|--|-------------|
|  SMSA_Booster.pdf | SMSA |

| | | |
|---|----------------------|---------------|
| 📄 | SSM_Approval.pdf | SSMA Approval |
| 📄 | DFP_Wine_Walk.pdf | DFP |
| 📄 | DFP-25_N_Main_St.pdf | DFP |
| 📄 | BlueLine_2024.pdf | BlueLine |
| 📄 | BlueLine_2025.pdf | BlueLine |

Temporary Alcohol Beverage License

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

1. Organization Name
Athletic Booster Club - St. Mary's Springs Academy

2. Organization Permanent Address
255 County Rd. K

3. City
Fond du Lac

4. State
WI

5. Zip Code
54937

6. Mailing Address (if different from permanent address)

7. FEIN
39-1130623

8. Date of Organization/Incorporation
09/01/09

9. State of Organization/Incorporation
WI

10. Phone
(217) 317-0969

11. Email
cdecker@smsacademy.org

12. Organization type (check one)

Bona Fide Club Church Fair Association/Agricultural Society Veteran's Organization
 Lodge/Society Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

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

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

Part B: Individual Information

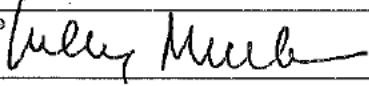
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

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

| Last Name | First Name | Title | Phone |
|-----------|------------|----------------|-------|
| Hyland | Rob | President | |
| McGuire | Tom | Vice President | |
| Huempfer | Tom | Secretary | |
| Mueller | Isaac | Treasurer | |
| Mueller | Kelly | Trustee | |

Continued →

| Part C: Event Information | | | |
|---|---|--|--------------------------------|
| 1. Name of Event (if applicable) Coach Bob Hyland Retirement Party | | | |
| 2. Dates of Operation 11/09/2024 | | 3. Hours of Operation 5:00pm - 10:00pm | |
| 4. Premises Address 400 University Drive | | | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54937 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) Christopher Decker | | 12. Email and/or Phone Number for Organizer of Event cdecker@smsacademy.org | |
| 13. Organizer Website www.smsa.org | | 14. Event Website N/A | |
| 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 event will be held in the ballroom/foyer of the old UW-Fond du Lac campus, now run by the County of Fond du Lac. The event will be entirely indoors. The area for the event will be the large gathering space outside of the Prairie Theater. All beer and wine will be stored in the locked storage rooms nearest the open space. | | | |

| Part D: Attestation | | |
|---|----------------------------------|-------------------------|
| Who must sign this application? • one officer or director of the nonprofit organization | | |
| <p>READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p> | | |
| Last Name Mueller | First Name Kelly | M.I. |
| Title Athletic Administrator | Email kmueller@smsacademy.org | Phone (920) 322-8095 |
| Signature  | | Date 10/24/24 |

| Part E: For Clerk Use Only | |
|---|---------------------|
| Date Application Was Filed With Clerk 10-24-24 | License Number |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

CITY OF FOND DU LAC

Memorandum

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 FOND DU LAC

Memorandum

Date:

To: City Clerk

From: Chief of Police

Subject: Temporary Class B License

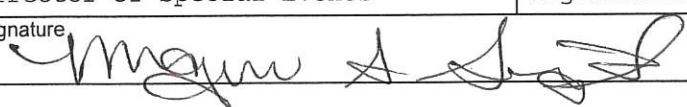
I hereby recommend that the application be:

 X Granted a license *At R.D. #121 10-25-24*

 Denied a license

Comments _____

| Part C: Event Information | | | |
|---|--|---|--------------------------------|
| 1. Name of Event (if applicable) 2024 Downtown Fond du Lac Holiday Wine Walk | | | |
| 2. Dates of Operation 11/16/2024 | | 3. Hours of Operation 4:00pm 8:00pm 12:00pm - 5:00pm | |
| 4. Premises Address Argentum Et Aurum 111 S. Main | | | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) | | 12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com | |
| 13. Organizer Website downtownfdl.com | | 14. Event Website 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 organization | | |
| <p>READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p> | | |
| Last Name Sigrist | First Name Megan | M.I. A |
| Title Director of Special Events | Email Megan@downtownfdl.com | Phone (920) 322-2006 |
| Signature  | | Date 10/3/24 |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 03 2024 | License Number C-0162 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

| License(s) Requested | Fees | |
|--|-------------------|-----------------|
| <input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer | License Fees | \$ 10.00 |
| | 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 Information

1. Organization Name
Downtown Fond du Lac Partnership

2. Organization Permanent Address
131 S. Main Street, Suite 101

3. City
Fond du Lac

4. State
WI

5. Zip Code
54935

6. Mailing Address (if different from permanent address)

7. FEIN
46-1169019

8. Date of Organization/Incorporation

9. State of Organization/Incorporation

10. Phone
(920) 322-2006

11. Email
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 Wisconsin Seller's permit? Yes No

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

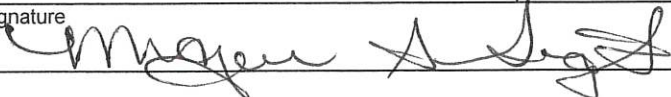
Part B: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|------------------------|------------|
| Raflik | JJ | Board President | [REDACTED] |
| Meyer | Sam | Board Vice President | |
| Gross | Tyler | Board Secretary | |
| Kittleson | Andrew | Board Treasurer | |
| Krupp | Amy | Executive Director | |
| Sigrist | Megan | Dir. of Special Events | |

| Part C: Event Information | | | |
|---|--|---|--------------------------------|
| 1. Name of Event (if applicable) 2024 Downtown Fond du Lac Holiday Wine Walk | | | |
| 2. Dates of Operation 11/16/2024 | | 3. Hours of Operation 4:00pm - 8:00pm 12:00pm - 5:00pm | |
| 4. Premises Address Beauty Republic & Co. 131 S. Main STE. 100 | | | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) | | 12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com | |
| 13. Organizer Website downtownfdl.com | | 14. Event Website 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 organization | | |
| <p>READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p> | | |
| Last Name Sigrist | First Name Megan | M.I. A |
| Title Director of Special Events | Email Megan@downtownfdl.com | Phone (920) 322-2006 |
| Signature  | | Date 10/3/24 |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 03 2024 | License Number C-0163 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

| License(s) Requested | Fees | |
|--|-------------------|-----------------|
| <input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer | License Fees | \$ 10.00 |
| | 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 Information

1. Organization Name
Downtown Fond du Lac Partnership

2. Organization Permanent Address
131 S. Main Street, Suite 101

3. City
Fond du Lac

4. State
WI

5. Zip Code
54935

6. Mailing Address (if different from permanent address)

7. FEIN
46-1169019

8. Date of Organization/Incorporation

9. State of Organization/Incorporation

10. Phone
(920) 322-2006

11. Email
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 Wisconsin Seller's permit? Yes No

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

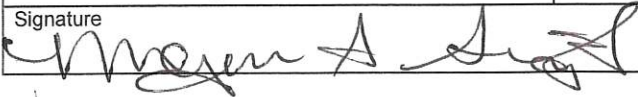
Part B: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|------------------------|------------|
| Raflik | JJ | Board President | [REDACTED] |
| Meyer | Sam | Board Vice President | |
| Gross | Tyler | Board Secretary | |
| Kittleson | Andrew | Board Treasurer | |
| Krupp | Amy | Executive Director | |
| Sigrist | Megan | Dir. of Special Events | |

| Part C: Event Information | | | |
|---|--|---|--------------------------------|
| 1. Name of Event (if applicable) 2024 Downtown Fond du Lac Holiday Wine Walk | | | |
| 2. Dates of Operation 11/16/2024 | | 3. Hours of Operation 4:00pm - 8:00pm 12:00pm - 5:00pm | |
| 4. Premises Address Bespoke 20 N. Main | | | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) | | 12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com | |
| 13. Organizer Website downtownfdl.com | | 14. Event Website 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 organization | | | |
| <p>READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p> | | | |
| Last Name Sigrist | | First Name Megan | M.I. A |
| Title Director of Special Events | | Email Megan@downtownfdl.com | Phone (920) 322-2006 |
| Signature  | | Date 10/3/24 | |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 03 2024 | License Number C-0164 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

| License(s) Requested | Fees | |
|--|-------------------|-----------------|
| <input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer | License Fees | \$ 10.00 |
| | 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 Information

1. Organization Name
Downtown Fond du Lac Partnership

2. Organization Permanent Address
131 S. Main Street, Suite 101

3. City
Fond du Lac

4. State
WI

5. Zip Code
54935

6. Mailing Address (if different from permanent address)

7. FEIN
46-1169019

8. Date of Organization/Incorporation

9. State of Organization/Incorporation

10. Phone
(920) 322-2006

11. Email
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 Wisconsin Seller's permit? Yes No

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

Part B: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|-----------------------|-------|
| Raflik | JJ | Board President | |
| Meyer | Sam | Board Vice President | |
| Gross | Tyler | Board Secretary | |
| Kittleson | Andrew | Board Treasurer | |
| Krupp | Amy | Executive Director | |
| Sigrist | Megan | Dir. of Special Event | |

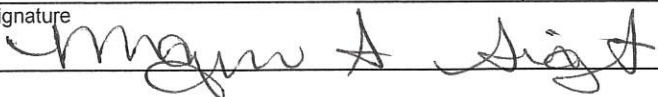
Part C: Event Information

| | | |
|---|--|---|
| 1. Name of Event (if applicable) 2024 Downtown Fond du Lac Holiday Wine Walk | | |
| 2. Dates of Operation 11/16/2024 | 3. Hours of Operation 4:00pm 8:00pm 12:00pm - 5:00pm | |
| 4. Premises Address Bird's Eye View Optical 19 S. Main | | |
| 5. City Fond du Lac | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) | | 12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com |
| 13. Organizer Website downtownfdl.com | | 14. Event Website 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 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 Sigrist | First Name Megan | M.I. A |
| Title Director of Special Events | Email Megan@downtownfdl.com | Phone (920) 322-2006 |
| Signature  | | Date 10/3/24 |

Part E: For Clerk Use Only

| | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 03 2024 | License Number C-0165 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

| License(s) Requested | Fees | |
|--|-------------------|-----------------|
| <input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer | License Fees | \$ 10.00 |
| | 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 Information

1. Organization Name
Downtown Fond du Lac Partnership

2. Organization Permanent Address
131 S. Main Street, Suite 101

3. City
Fond du Lac

4. State
WI

5. Zip Code
54935

6. Mailing Address (if different from permanent address)

7. FEIN
46-1169019

8. Date of Organization/Incorporation

9. State of Organization/Incorporation

10. Phone
(920) 322-2006

11. Email
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 Wisconsin Seller's permit? Yes No

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


Part B: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|------------------------|------------|
| Raflik | JJ | Board President | [REDACTED] |
| Meyer | Sam | Board Vice President | |
| Gross | Tyler | Board Secretary | |
| Kittleson | Andrew | Board Treasurer | |
| Krupp | Amy | Executive Director | |
| Sigrist | Megan | Dir. of Special Events | |

| Part C: Event Information | | | |
|---|--|---|--------------------------------|
| 1. Name of Event (if applicable) 2024 Downtown Fond du Lac Holiday Wine Walk | | | |
| 2. Dates of Operation 11/16/2024 | | 3. Hours of Operation 4:00pm - 8:00pm 12:00pm - 5:00pm | |
| 4. Premises Address Blue Marble Botanicals 28 N. Main | | | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) | | 12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com | |
| 13. Organizer Website downtownfdl.com | | 14. Event Website 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 organization | | |
| <p>READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p> | | |
| Last Name Sigrist | First Name Megan | M.I. A |
| Title Director of Special Events | Email Megan@downtownfdl.com | Phone (920) 322-2006 |
| Signature  | | Date 10/3/2024 |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 03 2024 | License Number C-0166 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

| License(s) Requested | Fees | |
|--|-------------------|-----------------|
| <input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer | License Fees | \$ 10.00 |
| | 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 Information

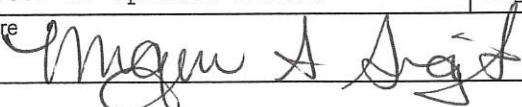
| | | |
|--|---------------------------------------|--|
| 1. Organization Name Downtown Fond du Lac Partnership | | |
| 2. Organization Permanent Address 131 S. Main Street, Suite 101 | | |
| 3. City Fond du Lac | 4. State WI | 5. Zip Code 54935 |
| 6. Mailing Address (if different from permanent address) | | |
| 7. FEIN 46-1169019 | 8. Date of Organization/Incorporation | 9. State of Organization/Incorporation |
| 10. Phone (920) 322-2006 | 11. Email info@downtownfdl.com | |
| 12. Organization type (check one) | | |
| <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats. | | |
| 13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 14. Wisconsin Seller's Permit Number (if applicable) | | |

Part B: Individual Information

List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.
Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

| Last Name | First Name | Title | Phone |
|-----------|------------|-----------------------|---|
| Raflik | JJ | Board President |  |
| Meyer | Sam | Board Vice President | |
| Gross | Tyler | Board Secretary | |
| Kittleson | Andrew | Board Treasurer | |
| Krupp | Amy | Executive Director | |
| Sigrist | Megan | Dir. of Special Event | |

| Part C: Event Information | | | |
|---|--|---|--------------------------------|
| 1. Name of Event (if applicable) 2024 Downtown Fond du Lac Holiday Wine Walk | | | |
| 2. Dates of Operation 11/16/2024 | | 3. Hours of Operation 4:00pm - 8:00pm 12:00pm - 5:00pm | |
| 4. Premises Address CC'S Chocolates 57 N. Macy | | | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) | | 12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com | |
| 13. Organizer Website downtownfdl.com | | 14. Event Website 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 organization | | |
| <p>READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p> | | |
| Last Name Sigrist | First Name Megan | M.I. A |
| Title Director of Special Events | Email Megan@downtownfdl.com | Phone (920) 322-2006 |
| Signature  | | Date 10/3/2024 |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 03 2024 | License Number C-0167 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

| License(s) Requested | Fees | |
|--|-------------------|-----------------|
| <input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer | License Fees | \$ 10.00 |
| | 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 Information

1. Organization Name
Downtown Fond du Lac Partnership

2. Organization Permanent Address
131 S. Main Street, Suite 101

3. City
Fond du Lac

4. State
WI

5. Zip Code
54935

6. Mailing Address (if different from permanent address)

7. FEIN
46-1169019

8. Date of Organization/Incorporation

9. State of Organization/Incorporation

10. Phone
(920) 322-2006

11. Email
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 Wisconsin Seller's permit? Yes No

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

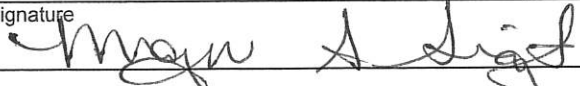
Part B: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|-----------------------|---|
| Raflik | JJ | Board President |  |
| Meyer | Sam | Board Vice President | |
| Gross | Tyler | Board Secretary | |
| Kittleson | Andrew | Board Treasurer | |
| Krupp | Amy | Executive Director | |
| Sigrist | Megan | Dir. of Special Event | |

| Part C: Event Information | | | |
|---|--|---|--------------------------------|
| 1. Name of Event (if applicable) 2024 Downtown Fond du Lac Holiday Wine Walk | | | |
| 2. Dates of Operation 11/16/2024 | | 3. Hours of Operation 4:00pm - 8:00pm 12:00pm - 5:00pm | |
| 4. Premises Address Fond du lac Cyclery 209 S. Main | | | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) | | 12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com | |
| 13. Organizer Website downtownfdl.com | | 14. Event Website 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 organization | | |
| <p>READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p> | | |
| Last Name Sigrist | First Name Megan | M.I. A |
| Title Director of Special Events | Email Megan@downtownfdl.com | Phone (920) 322-2006 |
| Signature  | | Date 10/3/2024 |

| Part E: For Clerk Use Only | |
|--|---------------------------|
| Date Application Was Filed With Clerk OCT 03 2024 | License Number C-01168 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

| License(s) Requested | Fees | |
|--|-------------------|-----------------|
| <input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer | License Fees | \$ 10.00 |
| | 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 Information

1. Organization Name
Downtown Fond du Lac Partnership

2. Organization Permanent Address
131 S. Main Street, Suite 101

3. City
Fond du Lac

4. State
WI

5. Zip Code
54935

6. Mailing Address (if different from permanent address)

7. FEIN
46-1169019

8. Date of Organization/Incorporation

9. State of Organization/Incorporation

10. Phone
(920) 322-2006

11. Email
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 Wisconsin Seller's permit? Yes No

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

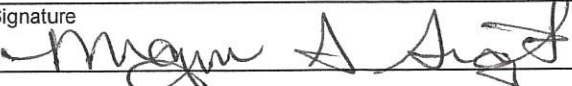
Part B: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|-----------------------|-------|
| Raflik | JJ | Board President | |
| Meyer | Sam | Board Vice President | |
| Gross | Tyler | Board Secretary | |
| Kittleson | Andrew | Board Treasurer | |
| Krupp | Amy | Executive Director | |
| Sigrist | Megan | Dir. of Special Event | |

| Part C: Event Information | | | |
|---|--|---|--------------------------------|
| 1. Name of Event (if applicable) 2024 Downtown Fond du Lac Holiday Wine Walk | | | |
| 2. Dates of Operation 11/16/2024 | | 3. Hours of Operation 4:00pm - 8:00pm | |
| 4. Premises Address Fox Valley Savings Bank 51 E. 1st Street | | 12:00pm - 5:00pm | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) | | 12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com | |
| 13. Organizer Website downtownfdl.com | | 14. Event Website 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 organization | | | |
| <p>READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p> | | | |
| Last Name Sigrist | | First Name Megan | M.I. A |
| Title Director of Special Events | Email Megan@downtownfdl.com | | Phone (920) 322-2006 |
| Signature  | | Date 10/3/24 | |

| Part E: For Clerk Use Only | |
|--|---------------------------|
| Date Application Was Filed With Clerk OCT 03 2024 | License Number C-01169 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

| License(s) Requested | Fees | |
|--|-------------------|-----------------|
| <input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer | License Fees | \$ 10.00 |
| | 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 Information

1. Organization Name
Downtown Fond du Lac Partnership

2. Organization Permanent Address
131 S. Main Street, Suite 101

3. City
Fond du Lac

4. State
WI

5. Zip Code
54935

6. Mailing Address (if different from permanent address)

7. FEIN
46-1169019

8. Date of Organization/Incorporation

9. State of Organization/Incorporation

10. Phone
(920) 322-2006

11. Email
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 Wisconsin Seller's permit? Yes No

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

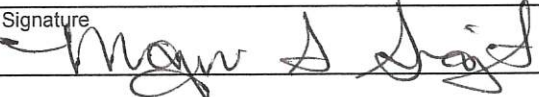
Part B: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|-----------------------|------------|
| Raflrik | JJ | Board President | [REDACTED] |
| Meyer | Sam | Board Vice President | |
| Gross | Tyler | Board Secretary | |
| Kittleson | Andrew | Board Treasurer | |
| Krupp | Amy | Executive Director | |
| Sigrist | Megan | Dir. of Special Event | |

| Part C: Event Information | | | |
|---|--|---|--------------------------------|
| 1. Name of Event (if applicable) 2024 Downtown Fond du Lac Holiday Wine Walk | | | |
| 2. Dates of Operation 11/16/2024 | | 3. Hours of Operation 4:00pm - 8:00pm 12:00pm - 5:00pm | |
| 4. Premises Address Lillians of Fond du Lac 27 S. Main | | | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) | | 12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com | |
| 13. Organizer Website downtownfdl.com | | 14. Event Website 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 organization | | |
| <p>READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p> | | |
| Last Name Sigrist | First Name Megan | M.I. A |
| Title Director of Special Events | Email Megan@downtownfdl.com | Phone (920) 322-2006 |
| Signature  | | Date 10/3/2024 |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 03 2024 | License Number C-0170 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

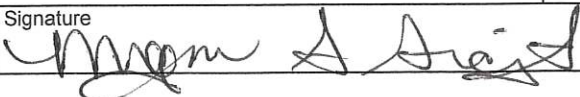
| License(s) Requested | Fees | |
|----------------------|--|-----------------|
| | <input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer | License Fees |
| Background Check | | \$ 0.00 |
| Total Fees | | \$ 10.00 |

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 Information | | |
|--|---------------------------------------|--|
| 1. Organization Name Downtown Fond du Lac Partnership | | |
| 2. Organization Permanent Address 131 S. Main Street, Suite 101 | | |
| 3. City Fond du Lac | 4. State WI | 5. Zip Code 54935 |
| 6. Mailing Address (if different from permanent address) | | |
| 7. FEIN 46-1169019 | 8. Date of Organization/Incorporation | 9. State of Organization/Incorporation |
| 10. Phone (920) 322-2006 | 11. Email info@downtownfdl.com | |
| 12. Organization type (check one) | | |
| <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats. | | |
| 13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 14. Wisconsin Seller's Permit Number (if applicable) | | |

| Part B: Individual Information | | | |
|---|------------|-----------------------|-------|
| List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. | | | |
| Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101). | | | |
| Last Name | First Name | Title | Phone |
| Raflik | JJ | Board President | |
| Meyer | Sam | Board Vice President | |
| Gross | Tyler | Board Secretary | |
| Kittleson | Andrew | Board Treasurer | |
| Krupp | Amy | Executive Director | |
| Sigrist | Megan | Dir. of Special Event | |

| Part C: Event Information | | | |
|---|--|---|--------------------------------|
| 1. Name of Event (if applicable) 2024 Downtown Fond du Lac Holiday Wine Walk | | | |
| 2. Dates of Operation 11/16/2024 | | 3. Hours of Operation 4:00pm - 8:00pm | |
| 4. Premises Address Main Street Fashion 117 S. Main | | 12:00pm - 5:00pm | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) | | 12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com | |
| 13. Organizer Website downtownfdl.com | | 14. Event Website 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 organization | | |
| <p>READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p> | | |
| Last Name Sigrist | First Name Megan | M.I. A |
| Title Director of Special Events | Email Megan@downtownfdl.com | Phone (920) 322-2006 |
| Signature  | | Date 10/3/24 |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 03 2024 | License Number C-0171 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

| License(s) Requested | Fees | |
|----------------------|--|-----------------|
| | <input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer | License Fees |
| 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 Information

1. Organization Name
Downtown Fond du Lac Partnership

2. Organization Permanent Address
131 S. Main Street, Suite 101

3. City
Fond du Lac

4. State
WI

5. Zip Code
54935

6. Mailing Address (if different from permanent address)

7. FEIN
46-1169019

8. Date of Organization/Incorporation

9. State of Organization/Incorporation

10. Phone
(920) 322-2006

11. Email
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 Wisconsin Seller's permit? Yes No

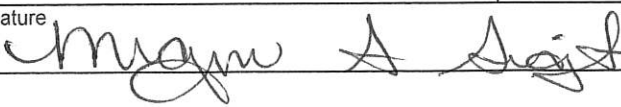
14. Wisconsin Seller's Permit Number (if applicable)

Part B: Individual Information

List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.
Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

| Last Name | First Name | Title | Phone |
|-----------|------------|-----------------------|------------|
| Raflik | JJ | Board President | [REDACTED] |
| Meyer | Sam | Board Vice President | |
| Gross | Tyler | Board Secretary | |
| Kittleson | Andrew | Board Treasurer | |
| Krupp | Amy | Executive Director | |
| Sigrist | Megan | Dir. of Special Event | |

| Part C: Event Information | | | |
|--|--|---|--------------------------------|
| 1. Name of Event (if applicable) 2024 Downtown Fond du Lac Holiday Wine Walk | | | |
| 2. Dates of Operation 11/16/2024 | | 3. Hours of Operation 4:00pm - 8:00pm | |
| 4. Premises Address Noel's Touch Esthetics 1 N. Main | | 12:00pm - 5:00pm | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) | | 12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com | |
| 13. Organizer Website downtownfdl.com | | 14. Event Website downtownfdl.com/wine-walk/ | |
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| Part D: Attestation | | | |
|---|--|-------------------------|--|
| Who must sign this application? • one officer or director of the nonprofit organization | | | |
| <p>READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p> | | | |
| Last Name Sigrist | | First Name Megan | |
| Title Director of Special Events | | M.I. A | |
| Email Megan@downtownfdl.com | | Phone (920) 322-2006 | |
| Signature  | | Date 10/3/2024 | |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 03 2024 | License Number C-0172 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

| License(s) Requested | Fees | |
|--|-------------------|-----------------|
| <input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer | License Fees | \$ 10.00 |
| | 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 Information

1. Organization Name
Downtown Fond du Lac Partnership

2. Organization Permanent Address
131 S. Main Street, Suite 101

3. City
Fond du Lac

4. State
WI

5. Zip Code
54935

6. Mailing Address (if different from permanent address)

7. FEIN
46-1169019

8. Date of Organization/Incorporation

9. State of Organization/Incorporation

10. Phone
(920) 322-2006

11. Email
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 Wisconsin Seller's permit? Yes No

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

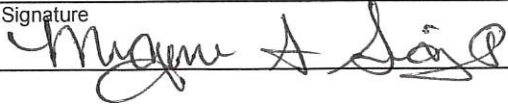
Part B: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|-----------------------|------------|
| Raflik | JJ | Board President | [REDACTED] |
| Meyer | Sam | Board Vice President | |
| Gross | Tyler | Board Secretary | |
| Kittleson | Andrew | Board Treasurer | |
| Krupp | Amy | Executive Director | |
| Sigrist | Megan | Dir. of Special Event | |

| Part C: Event Information | | | |
|--|--|---|--------------------------------|
| 1. Name of Event (if applicable) 2024 Downtown Fond du Lac Holiday Wine Walk | | | |
| 2. Dates of Operation 11/16/2024 | | 3. Hours of Operation 4:00pm - 8:00pm | |
| 4. Premises Address The Gallery 74 S. Main | | 12:00pm - 5:00pm | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) | | 12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com | |
| 13. Organizer Website downtownfdl.com | | 14. Event Website 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. 2nd Floor | | | |

| Part D: Attestation | | | |
|---|--|-------------------------|--|
| Who must sign this application? • one officer or director of the nonprofit organization | | | |
| <p>READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p> | | | |
| Last Name Sigrist | | First Name Megan | |
| Title Director of Special Events | | M.I. A | |
| Email Megan@downtownfdl.com | | Phone (920) 322-2006 | |
| Signature  | | Date 10/3/24 | |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 03 2024 | License Number C-0173 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

| License(s) Requested | Fees | |
|----------------------|--|-----------------|
| | <input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer | License Fees |
| | 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 Information

1. Organization Name
Downtown Fond du Lac Partnership

2. Organization Permanent Address
131 S. Main Street, Suite 101

3. City
Fond du Lac

4. State
WI

5. Zip Code
54935

6. Mailing Address (if different from permanent address)

7. FEIN
46-1169019

8. Date of Organization/Incorporation

9. State of Organization/Incorporation

10. Phone
(920) 322-2006

11. Email
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 Wisconsin Seller's permit? Yes No

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

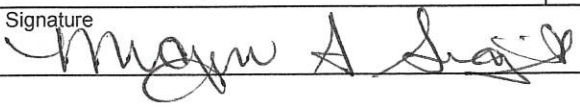
Part B: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|-----------------------|---|
| Raflik | JJ | Board President |  |
| Meyer | Sam | Board Vice President | |
| Gross | Tyler | Board Secretary | |
| Kittleson | Andrew | Board Treasurer | |
| Krupp | Amy | Executive Director | |
| Sigrist | Megan | Dir. of Special Event | |

| Part C: Event Information | | | |
|---|--|---|--------------------------------|
| 1. Name of Event (if applicable) 2024 Downtown Fond du Lac Holiday Wine Walk | | | |
| 2. Dates of Operation 11/16/2024 | | 3. Hours of Operation 4:00pm - 8:00pm | |
| 4. Premises Address The Goldsmith 177 S. Main | | 12:00pm - 5:00pm | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) | | 12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com | |
| 13. Organizer Website downtownfdl.com | | 14. Event Website 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 organization | | | |
| <p>READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p> | | | |
| Last Name Sigrist | | First Name Megan | M.I. A |
| Title Director of Special Events | | Email Megan@downtownfdl.com | Phone (920) 322-2006 |
| Signature  | | Date 10/3/2024 | |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 03 2024 | License Number C-0174 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

| License(s) Requested | Fees | |
|--|-------------------|-----------------|
| <input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer | License Fees | \$ 10.00 |
| | 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 Information

1. Organization Name
Downtown Fond du Lac Partnership

2. Organization Permanent Address
131 S. Main Street, Suite 101

3. City
Fond du Lac

4. State
WI

5. Zip Code
54935

6. Mailing Address (if different from permanent address)

7. FEIN
46-1169019

8. Date of Organization/Incorporation

9. State of Organization/Incorporation

10. Phone
(920) 322-2006

11. Email
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 Wisconsin Seller's permit? Yes No

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

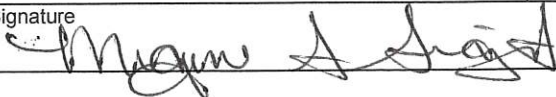
Part B: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|-----------------------|-------|
| Raflik | JJ | Board President | |
| Meyer | Sam | Board Vice President | |
| Gross | Tyler | Board Secretary | |
| Kittleson | Andrew | Board Treasurer | |
| Krupp | Amy | Executive Director | |
| Sigrist | Megan | Dir. of Special Event | |

| Part C: Event Information | | | |
|---|--|---|----------------------|
| 1. Name of Event (if applicable) 2024 Downtown Fond du Lac Holiday Wine Walk | | | |
| 2. Dates of Operation 11/16/2024 | | 3. Hours of Operation 4:00pm - 8:00pm 12:00pm - 5:00pm | |
| 4. Premises Address Victorias Pet Nutrition 14 N. Main | | | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>FOND DU LAC</u> | |
| 11. Organizer of Event (if not the named applicant) | | 12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com | |
| 13. Organizer Website downtownfdl.com | | 14. Event Website 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 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 Sigrist | | First Name Megan | |
| Title Director of Special Events | | M.I. A | |
| Email Megan@downtownfdl.com | | Phone (920) 322-2006 | |
| Signature  | | Date 10/3/2024 | |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 03 2024 | License Number C-0175 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

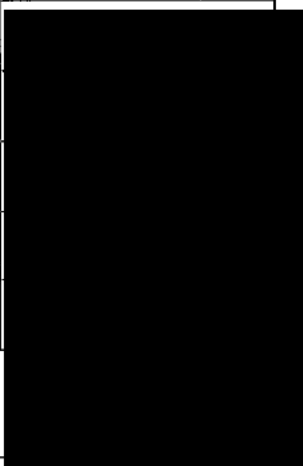
Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

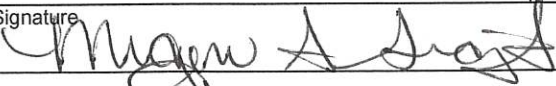
| License(s) Requested | Fees | |
|--|-------------------|-----------------|
| <input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer | License Fees | \$ 10.00 |
| | Background Check | \$ 0.00 |
| | Total Fees | \$ 10.00 |

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 Information | | |
|--|---------------------------------------|--|
| 1. Organization Name Downtown Fond du Lac Partnership | | |
| 2. Organization Permanent Address 131 S. Main Street, Suite 101 | | |
| 3. City Fond du Lac | 4. State WI | 5. Zip Code 54935 |
| 6. Mailing Address (if different from permanent address) | | |
| 7. FEIN 46-1169019 | 8. Date of Organization/Incorporation | 9. State of Organization/Incorporation |
| 10. Phone (920) 322-2006 | 11. Email info@downtownfdl.com | |
| 12. Organization type (check one) | | |
| <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats. | | |
| 13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 14. Wisconsin Seller's Permit Number (if applicable) | | |

| Part B: Individual Information | | | |
|---|------------|-----------------------|---|
| List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. | | | |
| Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101). | | | |
| Last Name | First Name | Title | Phone |
| Raflik | JJ | Board President |  |
| Meyer | Sam | Board Vice President | |
| Gross | Tyler | Board Secretary | |
| Kittleson | Andrew | Board Treasurer | |
| Krupp | Amy | Executive Director | |
| Sigrist | Megan | Dir. of Special Event | |

| Part C: Event Information | | | |
|---|--|---|--------------------------------|
| 1. Name of Event (if applicable) 2024 Downtown Fond du Lac Holiday Wine Walk | | | |
| 2. Dates of Operation 11/16/2024 | | 3. Hours of Operation 4:00pm - 8:00pm | |
| 4. Premises Address Wonder 15 N. Main | | 12:00pm - 5:00pm | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) | | 12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com | |
| 13. Organizer Website downtownfdl.com | | 14. Event Website 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 organization | | | |
| <p>READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p> | | | |
| Last Name Sigrist | | First Name Megan | |
| M.I. A | | | |
| Title Director of Special Events | | Email Megan@downtownfdl.com | |
| Phone (920) 322-2006 | | | |
| Signature  | | Date 10/3/2024 | |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 03 2024 | License Number C-0176 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

| License(s) Requested | Fees | |
|--|-------------------|-----------------|
| <input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer | License Fees | \$ 10.00 |
| | 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 Information

1. Organization Name
Downtown Fond du Lac Partnership

2. Organization Permanent Address
131 S. Main Street, Suite 101

3. City
Fond du Lac

4. State
WI

5. Zip Code
54935

6. Mailing Address (if different from permanent address)

7. FEIN
46-1169019

8. Date of Organization/Incorporation

9. State of Organization/Incorporation

10. Phone
(920) 322-2006

11. Email
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 Wisconsin Seller's permit? Yes No

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

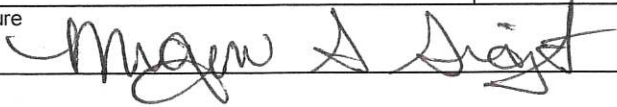
Part B: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|-----------------------|-------|
| Raflik | JJ | Board President | |
| Meyer | Sam | Board Vice President | |
| Gross | Tyler | Board Secretary | |
| Kittleson | Andrew | Board Treasurer | |
| Krupp | Amy | Executive Director | |
| Sigrist | Megan | Dir. of Special Event | |

| Part C: Event Information | | | |
|---|--|---|--------------------------------|
| 1. Name of Event (if applicable) 2024 Downtown Fond du Lac Holiday Wine Walk | | | |
| 2. Dates of Operation 11/16/2024 | | 3. Hours of Operation 4:00pm - 8:00pm | |
| 4. Premises Address Woods Floral 36 N. Main | | 12:00pm - 5:00pm | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) | | 12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com | |
| 13. Organizer Website downtownfdl.com | | 14. Event Website 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 organization | | | |
| <p>READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p> | | | |
| Last Name Sigrist | | First Name Megan | |
| Title Director of Special Events | | M.I. A | |
| Email Megan@downtownfdl.com | | Phone (920) 322-2006 | |
| Signature  | | Date 10/3/2024 | |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 03 2024 | License Number C-0177 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Alcohol Beverage Individual Questionnaire

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.

| Part A: Business Information | |
|--|--|
| 1. Legal Business Name (Individual name if sole proprietor) Downtown Fond du Lac Partnership | |
| 2. Business Trade Name or DBA Downtown Fond du Lac Partnership | |
| 3. Entity Type (check one) | |
| <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization | |

| Part B: Individual Information | | | |
|---|-----------------------------------|--|---------------------------------|
| 1. Last Name Sigrist | 2. First Name Megan | 3. M.I. A | |
| 4. Relationship to Business (Title) Dir. of Special Events | 5. Email Megan@downtownfdl.com | 6. Phone (920) 322-2006 | |
| 7. Home Address 268 Roosevelt St. | | | |
| 8. City Fond du Lac | 9. State WI | 10. Zip Code 54935 | 11. Date of Birth [REDACTED] |
| 12. Drivers License/State ID Number [REDACTED] | | 13. Drivers License/State ID State of Issuance WI | |

| Part C: Address History | | | | | | | |
|--|-----------------------|-------------|--|-------|--------|------------|------------|
| 1. Do you currently reside in Wisconsin? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center;">Years</th> <th style="width: 50%; text-align: center;">Months</th> </tr> <tr> <td style="text-align: center;">[REDACTED]</td> <td style="text-align: center;">[REDACTED]</td> </tr> </table> | Years | Months | [REDACTED] | [REDACTED] |
| Years | Months | | | | | | |
| [REDACTED] | [REDACTED] | | | | | | |
| 2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. | | | | | | | |
| Previous Address 1 146 S Hickory Street | City Fond du Lac | State WI | Zip Code 54935 | | | | |
| Previous Address 2 3322 S Taylor Ave. | City Milwaukee | State WI | Zip Code 53207 | | | | |
| Previous Address 3 | City | State | Zip Code | | | | |
| Previous Address 4 | City | State | Zip Code | | | | |
| Previous Address 5 | City | State | Zip Code | | | | |
| 3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary. | | | | | | | |
| State WI | County Fond du Lac | State WI | County Milwaukee | State | County | State | County |
| State | County | State | County | State | County | State | County |

Continued →

Part D: Criminal History

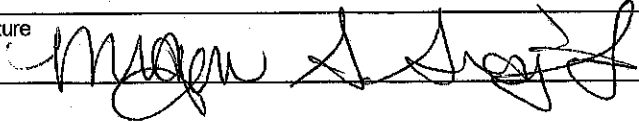
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

| | | |
|------------------------|----------|--|
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

| | |
|---|--------------------|
| Signature  | Date 10/03/2024 |
|---|--------------------|

CITY OF FOND DU LAC

Memorandum

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 FOND DU LAC

Memorandum

Date:

To: City Clerk

From: Chief of Police

Subject: Temporary Class B License

I hereby recommend that the application be:

Granted a license CPT R.D. #121 10-16-24

Denied a license

Comments _____

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

| License(s) Requested | Fees | |
|----------------------|--|-----------------|
| | <input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer | License Fees |
| 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 Information

1. Organization Name
Downtown Fond du Lac Partnership

2. Organization Permanent Address
131 S. Main Street, Suite 101

3. City
Fond du Lac

4. State
WI

5. Zip Code
54935

6. Mailing Address (if different from permanent address)

7. FEIN
46-1169019

8. Date of Organization/Incorporation

9. State of Organization/Incorporation

10. Phone
(920) 322-2006

11. Email
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 Wisconsin Seller's permit? Yes No

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

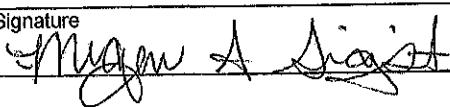
Part B: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|------------------------|------------|
| Raflik | JJ | Board President | [REDACTED] |
| Meyer | Sam | Board Vice President | |
| Gross | Tyler | Board Secretary | |
| Kittleson | Andrew | Board Treasurer | |
| Krupp | Amy | Executive Director | |
| Sigrist | Megan | Dir. of Special Events | |

| Part C: Event Information | | | |
|---|--|---|--------------------------------|
| 1. Name of Event (if applicable) 2024 Downtown Fond du Lac Holiday Wine Walk | | | |
| 2. Dates of Operation 11/16/2024 | | 3. Hours of Operation 4:00pm - 8:00pm | |
| 4. Premises Address ...This Is Permanent, 25 N Main St | | | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) | | 12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com | |
| 13. Organizer Website downtownfdl.com | | 14. Event Website 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 organization | | | |
| <p>READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p> | | | |
| Last Name Sigrist | | First Name Megan | M.I. A |
| Title Director of Special Events | Email Megan@downtownfdl.com | | Phone (920) 322-2006 |
| Signature  | | Date 10/23/2024 | |

| Part E: For Clerk Use Only | |
|---------------------------------------|---------------------|
| Date Application Was Filed With Clerk | License Number |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

| License(s) Requested | Fees | |
|----------------------|--|-----------------|
| | <input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer | License Fees |
| | 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 Information

1. Organization Name
Fond du Lac Blue Line Hockey Inc.

2. Organization Permanent Address
550 Fond du Lac Ave

3. City
Fond du Lac

4. State
WI

5. Zip Code

6. Mailing Address (if different from permanent address)
54935

7. FEIN
23-7182059

8. Date of Organization/Incorporation
01/01/19

9. State of Organization/Incorporation
Wisconsin

10. Phone
(734) 516-1381

11. Email
Rinkmgr@fdlblueonline.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 Wisconsin Seller's permit? Yes No

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

Part B: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|--------------|------------|
| Carlson | Doug | President | [REDACTED] |
| Shober | Sarah | Bar Director | |
| | | | |
| | | | |
| | | | |

| Part C: Event Information | | | |
|--|--|--|--------------------------------|
| 1. Name of Event (if applicable) Fond du Lac Hockey: Bears, State Tournament, or Invitation Events | | | |
| 2. Dates of Operation 11/15 - 11/17 2024 | | 3. Hours of Operation 5pm-11pm | |
| 4. Premises Address 550 Fond du Lac | | | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) Fond du Lac Blue Line | | 12. Email and/or Phone Number for Organizer of Event Rinkmgr@fdlblueine.com | |
| 13. Organizer Website www.fdlblueine.com | | 14. Event Website www.fdlblueine.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 located in the back of Rink A where we will be selling Beer from. We also on occasion sell beer from the concession stand. | | | |

| Part D: Attestation | | | |
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| 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 Blick | | First Name Ryan | M.I. |
| Title Rink Manager | Email Rinkmgr@fdlblueine.com | Phone (734) 516-1381 | |
| Signature | | Date 10/10/20 | |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 10 2024 | License Number C-0192 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

| License(s) Requested | Fees | | |
|----------------------|---|--|--------------------------|
| | <input type="checkbox"/> Temporary "Class B" Wine | <input checked="" type="checkbox"/> Temporary Class "B" Beer | License Fees \$ 10.00 |
| | | | Background Check \$ 0.00 |
| | | Total Fees \$ 10.00 | |

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Part A: Organization Information

1. Organization Name
Fond du Lac Blue Line Hockey Inc.

2. Organization Permanent Address
550 Fond du Lac Ave

3. City
Fond du Lac

4. State
WI

5. Zip Code

6. Mailing Address (if different from permanent address)
54935

7. FEIN
23-7182059

8. Date of Organization/Incorporation
01/01/19

9. State of Organization/Incorporation
Wisconsin

10. Phone
(734) 516-1381

11. Email
Rinkmgr@fdlblueonline.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 Wisconsin Seller's permit? Yes No

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


Part B: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|--------------|------------|
| Carlson | Doug | President | [REDACTED] |
| Shober | Sarah | Bar Director | |
| | | | |
| | | | |

| Part C: Event Information | | | |
|--|--|--|--------------------------------|
| 1. Name of Event (if applicable) Fond du Lac Hockey: Bears, State Tournament, or Invitation Events | | | |
| 2. Dates of Operation 11/29-11/30 2024 | | 3. Hours of Operation 5pm-11pm | |
| 4. Premises Address 550 Fond du Lac | | | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) Fond du Lac Blue Line | | 12. Email and/or Phone Number for Organizer of Event Rinkmgr@fdlblueine.com | |
| 13. Organizer Website www.fdlblueine.com | | 14. Event Website www.fdlblueine.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 located in the back of Rink A where we will be selling Beer from. We also on occasion sell beer from the concession stand. | | | |

| Part D: Attestation | | | |
|--|---------------------------------|--------------------|-------------------------|
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| Last Name Blick | | First Name Ryan | M.I. |
| Title Rink Manager | Email Rinkmgr@fdlblueine.com | | Phone (734) 516-1381 |
| Signature  | | Date 10/10/20 | |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 10 2024 | License Number C-0193 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

| License(s) Requested | Fees | |
|----------------------|--|-----------------|
| | <input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer | License Fees |
| 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 Information

1. Organization Name
Fond du Lac Blue Line Hockey Inc.

2. Organization Permanent Address
550 Fond du Lac Ave

3. City
Fond du Lac

4. State
WI

5. Zip Code

6. Mailing Address (if different from permanent address)
54935

7. FEIN
23-7182059

8. Date of Organization/Incorporation
01/01/19

9. State of Organization/Incorporation
Wisconsin

10. Phone
(734) 516-1381

11. Email
Rinkmgr@fdlblueonline.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 Wisconsin Seller's permit? Yes No

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


Part B: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|--------------|---|
| Carlson | Doug | President |  |
| Shober | Sarah | Bar Director | |
| | | | |
| | | | |
| | | | |

| Part C: Event Information | | | |
|---|--|--|--------------------------------|
| 1. Name of Event (if applicable) Fond du Lac Hockey: Bears, State Tournament, or Invitation Events | | | |
| 2. Dates of Operation 12/6-12/8 2024 | | 3. Hours of Operation 5pm-11pm | |
| 4. Premises Address 550 Fond du Lac | | | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) Fond du Lac Blue Line | | 12. Email and/or Phone Number for Organizer of Event Rinkmgr@fdlblueine.com | |
| 13. Organizer Website www.fdlblueine.com | | 14. Event Website www.fdlblueine.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 located 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 | | | |
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| Last Name Blick | | First Name Ryan | M.I. |
| Title Rink Manager | Email Rinkmgr@fdlblueine.com | | Phone (734) 516-1381 |
| Signature  | | Date 10/10/20 | |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 10 2024 | License Number C-0194 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

| License(s) Requested | Fees | | |
|----------------------|---|--|--------------------------|
| | <input type="checkbox"/> Temporary "Class B" Wine | <input checked="" type="checkbox"/> Temporary Class "B" Beer | License Fees \$ 10.00 |
| | | | 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 Information

1. Organization Name
Fond du Lac Blue Line Hockey Inc.

2. Organization Permanent Address
550 Fond du Lac Ave

3. City
Fond du Lac

4. State
WI

5. Zip Code

6. Mailing Address (if different from permanent address)
54935

7. FEIN
23-7182059

8. Date of Organization/Incorporation
01/01/19

9. State of Organization/Incorporation
Wisconsin

10. Phone
(734) 516-1381

11. Email
Rinkmgr@fdlblueline.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.

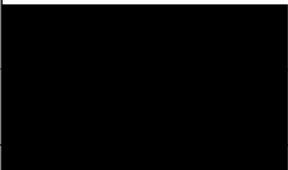
13. Is this organization required to hold a Wisconsin Seller's permit? Yes No

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Part B: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|--------------|---|
| Carlson | Doug | President |  |
| Shober | Sarah | Bar Director | |
| | | | |
| | | | |

| Part C: Event Information | | | |
|--|--|--|--------------------------------|
| 1. Name of Event (if applicable) Fond du Lac Hockey: Bears, State Tournament, or Invitation Events | | | |
| 2. Dates of Operation 12/20 - 12/22 2024 | | 3. Hours of Operation 5pm-11pm | |
| 4. Premises Address 550 Fond du Lac | | | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) Fond du Lac Blue Line | | 12. Email and/or Phone Number for Organizer of Event Rinkmgr@fdlblueine.com | |
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| Last Name Blick | | First Name Ryan | M.I. |
| Title Rink Manager | Email Rinkmgr@fdlblueine.com | | Phone (734) 516-1381 |
| Signature  | | Date 10/10/20 | |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 10 2024 | License Number C-0195 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

| License(s) Requested | Fees | | | | | | | | | | |
|----------------------|---|--|---|--------------|----|-------|------------------|----|------|-------------------|-----------|
| | <input type="checkbox"/> Temporary "Class B" Wine | <input checked="" type="checkbox"/> Temporary Class "B" Beer | | | | | | | | | |
| | | | <table border="1"> <tr> <td>License Fees</td> <td>\$</td> <td>10.00</td> </tr> <tr> <td>Background Check</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>Total Fees</td> <td>\$</td> <td>10.00</td> </tr> </table> | License Fees | \$ | 10.00 | Background Check | \$ | 0.00 | Total Fees | \$ |
| License Fees | \$ | 10.00 | | | | | | | | | |
| 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 Information

1. Organization Name
Fond du Lac Blue Line Hockey Inc.

2. Organization Permanent Address
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3. City
Fond du Lac

4. State
WI

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6. Mailing Address (if different from permanent address)
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7. FEIN
23-7182059

8. Date of Organization/Incorporation
01/01/19

9. State of Organization/Incorporation
Wisconsin

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Rinkmgr@fdlblueline.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 Wisconsin Seller's permit? Yes No

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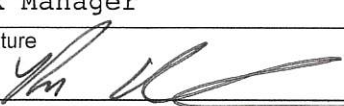
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List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

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

| Last Name | First Name | Title | Phone |
|-----------|------------|--------------|------------|
| Carlson | Doug | President | [REDACTED] |
| Shober | Sarah | Bar Director | |
| | | | |
| | | | |
| | | | |

| Part C: Event Information | | | |
|--|--|--|--------------------------------|
| 1. Name of Event (if applicable) Fond du Lac Hockey: Bears, State Tournament, or Invitation Events | | | |
| 2. Dates of Operation 12/27- 12/29 | | 3. Hours of Operation 5pm-11pm | |
| 4. Premises Address 550 Fond du Lac | | | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) Fond du Lac Blue Line | | 12. Email and/or Phone Number for Organizer of Event Rinkmgr@fdlblueine.com | |
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|--|---------------------------------|--------------------|-------------------------|
| 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 Blick | | First Name Ryan | M.I. |
| Title Rink Manager | Email Rinkmgr@fdlblueine.com | | Phone (734) 516-1381 |
| Signature  | | Date 10/10/20 | |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 10 2024 | License Number C-0196 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

| License(s) Requested | Fees | | |
|----------------------|---|--|--------------------------|
| | <input type="checkbox"/> Temporary "Class B" Wine | <input checked="" type="checkbox"/> Temporary Class "B" Beer | License Fees \$ 10.00 |
| | | | 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 Information

1. Organization Name
Fond du Lac Blue Line Hockey Inc.

2. Organization Permanent Address
550 Fond du Lac Ave

3. City
Fond du Lac

4. State
WI

5. Zip Code

6. Mailing Address (if different from permanent address)
54935

7. FEIN
23-7182059

8. Date of Organization/Incorporation
01/01/19

9. State of Organization/Incorporation
Wisconsin

10. Phone
(734) 516-1381

11. Email
Rinkmgr@fdlblueine.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 Wisconsin Seller's permit? Yes No

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


Part B: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|--------------|---|
| Carlson | Doug | President |  |
| Shober | Sarah | Bar Director | |
| | | | |
| | | | |

| Part C: Event Information | | | |
|--|--|--|--------------------------------|
| 1. Name of Event (if applicable) Fond du Lac Hockey: Bears, State Tournament, or Invitation Events | | | |
| 2. Dates of Operation 1/10 - 1/12 2025 | | 3. Hours of Operation 5pm - 11pm | |
| 4. Premises Address 550 Fond du Lac | | | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) Fond du Lac Blue Line | | 12. Email and/or Phone Number for Organizer of Event Rinkmgr@fdlblueine.com | |
| 13. Organizer Website www.fdlblueine.com | | 14. Event Website www.fdlblueine.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 located in the back of Rink A where we will be selling Beer from. We also on occasion 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 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 Ryan | M.I. |
| Title Rink Manager | Email Rinkmgr@fdlblueine.com | | Phone (734) 516-1381 |
| Signature  | | Date 10/10/20 | |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 10 2024 | License Number C-0197 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

| License(s) Requested | Fees | |
|----------------------|--|-----------------|
| | <input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer | License Fees |
| 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 Information

1. Organization Name
Fond du Lac Blue Line Hockey Inc.

2. Organization Permanent Address
550 Fond du Lac Ave

3. City
Fond du Lac

4. State
WI

5. Zip Code

6. Mailing Address (if different from permanent address)
54935

7. FEIN
23-7182059

8. Date of Organization/Incorporation
01/01/19

9. State of Organization/Incorporation
Wisconsin

10. Phone
(734) 516-1381

11. Email
Rinkmgr@fdlblueline.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 Wisconsin Seller's permit? Yes No

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


Part B: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|--------------|------------|
| Carlson | Doug | President | [REDACTED] |
| Shober | Sarah | Bar Director | |
| | | | |
| | | | |
| | | | |

| Part C: Event Information | | | |
|--|--|--|--------------------------------|
| 1. Name of Event (if applicable) Fond du Lac Hockey: Bears, State Tournament, or Invitation Events | | | |
| 2. Dates of Operation 1/17/25 - 1/19/25 2025 | | 3. Hours of Operation 8am-11pm | |
| 4. Premises Address 550 Fond du Lac | | | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) Fond du Lac Blue Line | | 12. Email and/or Phone Number for Organizer of Event Rinkmgr@fdlblueine.com | |
| 13. Organizer Website www.fdlblueine.com | | 14. Event Website www.fdlblueine.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 located in the back of Rink A where we will be selling Beer from. We also on occasion 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 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 Ryan | M.I. |
| Title Rink Manager | Email Rinkmgr@fdlblueine.com | | Phone (734) 516-1381 |
| Signature  | | Date 10/10/20 | |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 10 2024 | License Number C-0198 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License


| License(s) Requested | Fees | |
|--|-------------------|-----------------|
| <input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer | License Fees | \$ 10.00 |
| | 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 Information | | | | |
|--|--|---|----------------|---|
| 1. Organization Name Fond du Lac Blue Line Hockey Inc. | | | | |
| 2. Organization Permanent Address 550 Fond du Lac Ave | | | | |
| 3. City Fond du Lac | | | 4. State WI | 5. Zip Code |
| 6. Mailing Address (if different from permanent address) 54935 | | | | |
| 7. FEIN 23-7182059 | | 8. Date of Organization/Incorporation 01/01/19 | | 9. State of Organization/Incorporation Wisconsin |
| 10. Phone (734) 516-1381 | | 11. Email Rinkmgr@fdlblue.com | | |
| 12. Organization type (check one) | | | | |
| <input checked="" type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats. | | | | |
| 13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 14. Wisconsin Seller's Permit Number (if applicable) | | | | |

| Part B: Individual Information | | | |
|---|------------|--------------|------------|
| List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. | | | |
| Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101). | | | |
| Last Name | First Name | Title | Phone |
| Carlson | Doug | President | [REDACTED] |
| Shober | Sarah | Bar Director | |
| | | | |
| | | | |
| | | | |

| Part C: Event Information | | | |
|--|--|--|--------------------------------|
| 1. Name of Event (if applicable) Fond du Lac Hockey: Bears, State Tournament, or Invitation Events | | | |
| 2. Dates of Operation 1/24/25 - 1/26/25 | | 3. Hours of Operation 5pm - 11pm | |
| 4. Premises Address 550 Fond du Lac | | | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) Fond du Lac Blue Line | | 12. Email and/or Phone Number for Organizer of Event Rinkmgr@fdlblueine.com | |
| 13. Organizer Website www.fdlblueine.com | | 14. Event Website www.fdlblueine.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 located in the back of Rink A where we will be selling Beer from. We also on occasion 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 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 Ryan | |
| Title Rink Manager | | Email Rinkmgr@fdlblueine.com | Phone (734) 516-1381 |
| Signature  | | Date 10/10/20 | |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 10 2024 | License Number C-0199 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

| License(s) Requested | Fees | |
|----------------------|--|-----------------|
| | <input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer | License Fees |
| 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 Information

1. Organization Name
Fond du Lac Blue Line Hockey Inc.

2. Organization Permanent Address
550 Fond du Lac Ave

3. City
Fond du Lac

4. State
WI

5. Zip Code

6. Mailing Address (if different from permanent address)
54935

7. FEIN
23-7182059

8. Date of Organization/Incorporation
01/01/19

9. State of Organization/Incorporation
Wisconsin

10. Phone
(734) 516-1381

11. Email
Rinkmgr@fdlblue.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 Wisconsin Seller's permit? Yes No

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

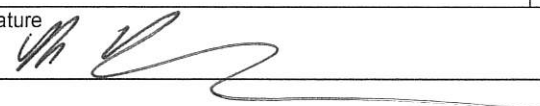
Part B: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|--------------|------------|
| Carlson | Doug | President | [REDACTED] |
| Shober | Sarah | Bar Director | |
| | | | |
| | | | |
| | | | |

| Part C: Event Information | | | |
|--|--|---|--------------------------------|
| 1. Name of Event (if applicable) Fond du Lac Hockey: Bears, State Tournament, or Invitation Events | | | |
| 2. Dates of Operation 2/14/25 - 2/16/25 | | 3. Hours of Operation 5pm-11pm | |
| 4. Premises Address 550 Fond du Lac | | | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) Fond du Lac Blue Line | | 12. Email and/or Phone Number for Organizer of Event Rinkmgr@fdlblue.com | |
| 13. Organizer Website www.fdlblue.com | | 14. Event Website www.fdlblue.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 located in the back of Rink A where we will be selling Beer from. We also on occasion 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 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 Ryan | M.I. |
| Title Rink Manager | Email Rinkmgr@fdlblue.com | | Phone (734) 516-1381 |
| Signature  | | Date 10/10/20 | |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 10 2024 | License Number C-0200 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

| License(s) Requested | Fees | | |
|----------------------|---|--|--------------------------|
| | <input type="checkbox"/> Temporary "Class B" Wine | <input checked="" type="checkbox"/> Temporary Class "B" Beer | License Fees \$ 10.00 |
| | | | 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 Information

1. Organization Name
Fond du Lac Blue Line Hockey Inc.

2. Organization Permanent Address
550 Fond du Lac Ave

3. City
Fond du Lac

4. State
WI

5. Zip Code

6. Mailing Address (if different from permanent address)
54935

7. FEIN
23-7182059

8. Date of Organization/Incorporation
01/01/19

9. State of Organization/Incorporation
Wisconsin

10. Phone
(734) 516-1381

11. Email
Rinkmgr@fdlblueline.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 Wisconsin Seller's permit? Yes No

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


Part B: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|--------------|---|
| Carlson | Doug | President |  |
| Shober | Sarah | Bar Director | |
| | | | |
| | | | |
| | | | |

| Part C: Event Information | | | |
|--|--|---|--------------------------------|
| 1. Name of Event (if applicable) Fond du Lac Hockey: Bears, State Tournament, or Invitation Events | | | |
| 2. Dates of Operation 2/21/25 - 2/23/25 | | 3. Hours of Operation 5pm-11pm | |
| 4. Premises Address 550 Fond du Lac | | | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) Fond du Lac Blue Line | | 12. Email and/or Phone Number for Organizer of Event Rinkmgr@fdlblue.com | |
| 13. Organizer Website www.fdlblue.com | | 14. Event Website www.fdlblue.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 located in the back of Rink A where we will be selling Beer from. We also on occasion 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 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 Ryan | M.I. |
| Title Rink Manager | Email Rinkmgr@fdlblue.com | | Phone (734) 516-1381 |
| Signature  | | Date 10/10/20 | |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 10 2024 | License Number C-0201 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

| License(s) Requested | Fees | | |
|----------------------|---|--|--------------------------|
| | <input type="checkbox"/> Temporary "Class B" Wine | <input checked="" type="checkbox"/> Temporary Class "B" Beer | License Fees \$ 10.00 |
| | | | 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 Information

1. Organization Name
Fond du Lac Blue Line Hockey Inc.

2. Organization Permanent Address
550 Fond du Lac Ave

3. City
Fond du Lac

4. State
WI

5. Zip Code

6. Mailing Address (if different from permanent address)
54935

7. FEIN
23-7182059

8. Date of Organization/Incorporation
01/01/19

9. State of Organization/Incorporation
Wisconsin

10. Phone
(734) 516-1381

11. Email
Rinkmgr@fdlblue.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 Wisconsin Seller's permit? Yes No

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

Part B: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|--------------|-------|
| Carlson | Doug | President | |
| Shober | Sarah | Bar Director | |
| | | | |
| | | | |
| | | | |

| Part C: Event Information | | | |
|---|--|--|--------------------------------|
| 1. Name of Event (if applicable) Fond du Lac Hockey: Bears, State Tournament, or Invitation Events | | | |
| 2. Dates of Operation 2/28/25 - 3/2/25 2025 | | 3. Hours of Operation 8am-11pm | |
| 4. Premises Address 550 Fond du Lac | | | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) Fond du Lac Blue Line | | 12. Email and/or Phone Number for Organizer of Event Rinkmgr@fdlblueine.com | |
| 13. Organizer Website www.fdlblueine.com | | 14. Event Website www.fdlblueine.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 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 Blick | | First Name Ryan | M.I. |
| Title Rink Manager | Email Rinkmgr@fdlblueine.com | | Phone (734) 516-1381 |
| Signature  | | Date 10/10/20 | |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 10 2024 | License Number C-0202 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

| License(s) Requested | Fees | | |
|----------------------|---|--|--------------------------|
| | <input type="checkbox"/> Temporary "Class B" Wine | <input checked="" type="checkbox"/> Temporary Class "B" Beer | License Fees \$ 10.00 |
| | | | 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 Information

1. Organization Name
Fond du Lac Blue Line Hockey Inc.

2. Organization Permanent Address
550 Fond du Lac Ave

3. City
Fond du Lac

4. State
WI

5. Zip Code

6. Mailing Address (if different from permanent address)
54935

7. FEIN
23-7182059

8. Date of Organization/Incorporation
01/01/19

9. State of Organization/Incorporation
Wisconsin

10. Phone
(734) 516-1381

11. Email
Rinkmgr@fdlblueline.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 Wisconsin Seller's permit? Yes No

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

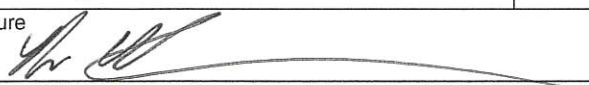
Part B: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|--------------|------------|
| Carlson | Doug | President | [REDACTED] |
| Shober | Sarah | Bar Director | |
| | | | |
| | | | |

| Part C: Event Information | | | |
|--|--|---|--------------------------------|
| 1. Name of Event (if applicable) Fond du Lac Hockey: Bears, State Tournament, or Invitation Events | | | |
| 2. Dates of Operation 3/7/25 - 3/9/25 | | 3. Hours of Operation 8am-11pm | |
| 4. Premises Address 550 Fond du Lac | | | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) Fond du Lac Blue Line | | 12. Email and/or Phone Number for Organizer of Event Rinkmgr@fdlblue.com | |
| 13. Organizer Website www.fdlblue.com | | 14. Event Website www.fdlblue.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 located in the back of Rink A where we will be selling Beer from. We also on occasion 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 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 Ryan | M.I. |
| Title Rink Manager | Email Rinkmgr@fdlblue.com | | Phone (734) 516-1381 |
| Signature  | | Date 10/10/20 | |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 10 2024 | License Number C-0203 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

| License(s) Requested | Fees | |
|----------------------|--|-----------------|
| | <input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer | License Fees |
| 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 Information

1. Organization Name
Fond du Lac Blue Line Hockey Inc.

2. Organization Permanent Address
550 Fond du Lac Ave

3. City
Fond du Lac

4. State
WI

5. Zip Code

6. Mailing Address (if different from permanent address)
54935

7. FEIN
23-7182059

8. Date of Organization/Incorporation
01/01/19

9. State of Organization/Incorporation
Wisconsin

10. Phone
(734) 516-1381

11. Email
Rinkmgr@fdlblueine.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 Wisconsin Seller's permit? Yes No

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


Part B: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|--------------|-------|
| Carlson | Doug | President | |
| Shober | Sarah | Bar Director | |
| | | | |
| | | | |
| | | | |

| Part C: Event Information | | | |
|--|--|--|--------------------------------|
| 1. Name of Event (if applicable) Fond du Lac Hockey: Bears, State Tournament, or Invitation Events | | | |
| 2. Dates of Operation 3/18/25 - 3/20/25 | | 3. Hours of Operation 8am-11pm | |
| 4. Premises Address 550 Fond du Lac | | | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) Fond du Lac Blue Line | | 12. Email and/or Phone Number for Organizer of Event Rinkmgr@fdlblueine.com | |
| 13. Organizer Website www.fdlblueine.com | | 14. Event Website www.fdlblueine.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 located in the back of Rink A where we will be selling Beer from. We also on occasion sell beer from the concession stand. | | | |

| Part D: Attestation | | | |
|--|---------------------------------|--------------------|-------------------------|
| Who must sign this application? • one officer or director of the nonprofit organization | | | |
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| Last Name Blick | | First Name Ryan | M.I. |
| Title Rink Manager | Email Rinkmgr@fdlblueine.com | | Phone (734) 516-1381 |
| Signature  | | Date 10/10/20 | |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 10 2024 | License Number C-0204 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

| License(s) Requested | Fees | | |
|----------------------|---|--|--------------------------|
| | <input type="checkbox"/> Temporary "Class B" Wine | <input checked="" type="checkbox"/> Temporary Class "B" Beer | License Fees \$ 10.00 |
| | | | 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 Information

1. Organization Name
Fond du Lac Blue Line Hockey Inc.

2. Organization Permanent Address
550 Fond du Lac Ave

3. City
Fond du Lac

4. State
WI

5. Zip Code

6. Mailing Address (if different from permanent address)
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7. FEIN
23-7182059

8. Date of Organization/Incorporation
01/01/19

9. State of Organization/Incorporation
Wisconsin

10. Phone
(734) 516-1381

11. Email
Rinkmgr@fdlblueline.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 Wisconsin Seller's permit? Yes No

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


Part B: Individual Information

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

| Last Name | First Name | Title | Phone |
|-----------|------------|--------------|------------|
| Carlson | Doug | President | [REDACTED] |
| Shober | Sarah | Bar Director | |
| | | | |
| | | | |
| | | | |

| Part C: Event Information | | | |
|--|--|---|--------------------------------|
| 1. Name of Event (if applicable) Fond du Lac Hockey: Bears, State Tournament, or Invitation Events | | | |
| 2. Dates of Operation 3/21/25 - 3/23/25 | | 3. Hours of Operation 5pm/1pm | |
| 4. Premises Address 550 Fond du Lac | | | |
| 5. City Fond du Lac | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (if not the named applicant) Fond du Lac Blue Line | | 12. Email and/or Phone Number for Organizer of Event Rinkmgr@fdlblue.com | |
| 13. Organizer Website www.fdlblue.com | | 14. Event Website www.fdlblue.com | |
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| Part D: Attestation | | | |
|--|------------------------------|--------------------|-------------------------|
| Who must sign this application? • one officer or director of the nonprofit organization | | | |
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| Last Name Blick | | First Name Ryan | M.I. |
| Title Rink Manager | Email Rinkmgr@fdlblue.com | | Phone (734) 516-1381 |
| Signature  | | Date 10/10/20 | |

| Part E: For Clerk Use Only | |
|--|--------------------------|
| Date Application Was Filed With Clerk OCT 10 2024 | License Number C-0205 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

CITY OF FOND DU LAC

Memorandum

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 FOND DU LAC

Memorandum

Date:

To: City Clerk

From: Chief of Police

Subject: Temporary Class B License

I hereby recommend that the application be:

 X Granted a license CRT R.D. #121 10-14-24

 Denied a license

Comments _____

