

**ALCOHOL LICENSE COMMITTEE AGENDA**

January 27, 2025

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.** November 25, 2024 Minutes

**III. INPUT**

**A.** Audience Comments

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

**B.** Biannual Update On Licensed Establishments With Demerit Points

Presented By: Captain Robb Duveneck

**IV. ACTIONS**

**A.** Class "B" Fermented Malt

Limited Liability Co: Annie's Fountain City Catering LLC

Agent Name: Ann Culver

Agent Address: 171 N Butler Street., Fond du Lac

d/b/a: Annie's Fountain City Catering

Location of Premises: 400 University Drive., Fond du Lac

Introduction: City Clerk

**B.** Temporary Class "B" Licenses/Picnic Licenses

- Winnebago Flyway Chapter Ducks Unlimited (DU Dinner 1/30/2025)
- FDL Community Theater (Brewfest 2/1/2025)
- FDL Evening Optimist (Bag Fest 2/1/2025)
- Envision Greater FDL Agri-Business (2025 Agriculture Showcase 3/22/2025)
- Winnebago Flyway Chapter Ducks Unlimited (Gun Bash 5/17/2025)

**V. ADJOURN**

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

Title: November 25, 2024 Minutes

Subject:

Initiator:

Location:

Recommendation:

**ATTACHMENTS:**

	File Name	Description
📄	Minutes_2024_11_25_Meeting(1182).pdf	Minutes

**ALCOHOL LICENSE COMMITTEE**  
**MEETING MINUTES**  
**CITY OF FOND DU LAC, WISCONSIN**  
Meeting Room A  
160 S Macy Street

November 25, 2024  
4:00 PM

**ROLL CALL**

Attendance

Present

Scott Gilgenbach  
Brandon Hiller  
Melissa Kolstad  
Thomas Schuessler

Absent

Peter Doll (Excused)  
Mason Gravelle (Excused)

Administrative Staff

Ali Panagopoulos, Deputy City Attorney  
Robb Duveneck, Police Captain

Declaration Quorum Present

Chairperson Melissa Kolstad declared a quorum present.

**CONSENT AGENDA**

October 28, 2024 Minutes

A Motion was made by Brandon Hiller to approve October 28, 2024 Minutes and seconded by Thomas Schuessler, and the motion was **Passed.**

Ayes: Gilgenbach, Hiller, Kolstad, Schuessler

Absent: Doll, Gravelle

**INPUT**

Audience Comments

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

No audience comments were made.

## **ACTIONS**

"Class C" Liquor (Wine Only) and Class "B" Fermented Malt License  
Limited Liability Co: MedCap LLC  
Agent Name: Dora Medina  
Agent Address: 566 W Division Street  
d/b/a: Capone's Cafe  
Business Address: 160 W Scott Street

A Motion was made by Brandon Hiller to recommend to the City Council approval of "Class C" Liquor (Wine Only) and Class "B" Fermented Malt License at 160 W Scott Street for Capone's Cafe and seconded by Scott Gilgenbach, and the motion was **Passed**.

Ayes: Gilgenbach, Hiller, Kolstad, Schuessler

Absent: Doll, Gravelle

## **ADJOURN**

A Motion was made by Thomas Schuessler to adjourn at 4:05 p.m. and seconded by Scott Gilgenbach, and the motion was **Passed**.

Ayes: Gilgenbach, Hiller, Kolstad, Schuessler

Absent: Doll, Gravelle

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

Title: Biannual Update On Licensed Establishments With  
Demerit Points

Subject: Presented By: Captain Robb Duveneck

Initiator:

Location:

Recommendation:

**ATTACHMENTS:**

	File Name	Description
📎	Report_ALC_2024_Demerit_Points_Report_(002).pdf	Memo

# ***CITY OF FOND DU LAC - Memorandum***

**City Attorney**

**Date:** January 23, 2025

**To:** Alcohol Licensing Commission

**From:** City Attorney's Office

**Re:** Biannual Update on Licensed Establishments with Demerit Points

Under Section 400-7(D) of the Code of the City of Fond du Lac, City staff must periodically report issued demerit points to the Alcohol Licensing Committee.

In 2024, the following licensed establishments received demerit points:

<b>Establishment</b>	<b>Date of Incident</b>	<b>Violation</b>	<b>Demerit Points</b>
<b>Sullys</b> 384 S Main St	05/26/24	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 <b>(80 Demerit Pts)</b>  Allow underage person on licensed premises Ordinance 400-1.125.07(3) <b>(80 Demerit Pts)</b>	=160
<b>Frenchies</b> 765 S Military Rd	06/29/24	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 <b>(80 Demerit Pts)</b>  Allow underage person on licensed premises Ordinance 400-1.125.07(3) <b>(80 Demerit Pts)</b>	=160
<b>Station 23</b> 919 E Johnson st	08/01/24  08/12/24	Alcohol Bar – No Licensed Bartender on premises 400 – 1.125.32(2) <b>(40 Demerit Pts)</b>  Alcohol Bar – No Licensed Bartender on premises 400 – 1.125.32(2) <b>(40 Demerit Pts)</b>	=80
<b>Speedway</b> 550 W Johnson St	08/08/24	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 <b>(80 Demerit Pts)</b>	=80

<b>Metro Quick Mart</b> 281 S Main St	08/08/24	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 <b>(80 Demerit Pts)</b>	=80
<b>Pump N Pantry</b> 329 W Pioneer Rd	08/08/24	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 <b>(80 Demerit Pts)</b>	=80
<b>La Mexicana Mini Mart</b> 174 W Division St	08/15/24	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 <b>(80 Demerit Pts)</b>	=80
<b>The Dog House</b> 228 N Main St	09/18/24	Alcohol Bar – No Licensed Bartender on premises 400 – 1.125.32(2) <b>(40 Demerit Pts)</b>	=40
<b>Ala Romas</b> 171 N Pioneer Rd	10/10/24	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 <b>(80 Demerit Pts)</b>	=80
<b>Riviera Maya</b> 609 W Johnson St	10/10/24	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 <b>(80 Demerit Pts)</b>	=80
<b>Loaded Dice</b> 234 N Main St	10/10/24	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 <b>(80 Demerit Pts)</b>  Allow underage person on licensed premises Ordinance 400-1.125.07(3) <b>(80 Demerit Pts)</b>	=160
<b>Slim and Chubbys</b> 109 S Main St	10/10/24	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 <b>(80 Demerit Pts)</b>  Allow underage person on licensed premises Ordinance 400-1.125.07(3) <b>(80 Demerit Pts)</b>	=160
<b>Throwback Pockets</b> 119 S Main St	10/10/24	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 <b>(80 Demerit Pts)</b>  Allow underage person on licensed premises Ordinance 400-1.125.07(3) <b>(80 Demerit Pts)</b>	=160

<p><b>The New Other Place</b> 208 N Main St</p>	<p>10/10/24</p>	<p>Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 <b>(80 Demerit Pts)</b></p> <p>Allow underage person on licensed premises Ordinance 400-1.125.07(3) <b>(80 Demerit Pts)</b></p>	<p>=160</p>
<p><b>Friar Tucks</b> 570 W Johnson St</p>	<p>10/11/24</p>	<p>Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 <b>(80 Demerit Pts)</b></p>	<p>=80</p>
<p><b>American Legion</b> 500 Fond du Lac Av</p>	<p>10/11/24</p>	<p>Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 <b>(80 Demerit Pts)</b></p>	<p>=80</p>
<p><b>Korneli's on the Ave</b> 605 Fond du Lac Av</p>	<p>10/11/24</p>	<p>Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 <b>(80 Demerit Pts)</b></p>	<p>=80</p>
<p><b>Blue line Tavern (Top Shelf)</b> 88 S Main St</p>	<p>10/11/24</p>	<p>Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 <b>(80 Demerit Pts)</b></p> <p>Allow underage person on licensed premises Ordinance 400-1.125.07(3) <b>(80 Demerit Pts)</b></p>	<p>=160</p>
<p><b>Throwback Pockets</b> 119 S Main St</p>	<p>11/16/24</p>	<p>Refusal to allow police to search premises or refusal to cooperate with lawful investigation by police or Department of Revenue Ordinance 400-7 B. adopting SS 946.41 <b>(150 Demerit Pts)</b></p>	<p>=150</p>

Please contact Deputy City Attorney Alexandra Panagopoulos at (920) 322-3428 or [apanagopoulos@fdl.wi.gov](mailto:apanagopoulos@fdl.wi.gov), or Captain Robb Duveneck at (920)322-3749 or [rduveneck@fdl.wi.gov](mailto:rduveneck@fdl.wi.gov) with questions regarding the above-referenced demerit points or incidents.



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

Title: Class "B" Fermented Malt

Subject: Limited Liability Co: Annie's Fountain City Catering  
LLC  
Agent Name: Ann Culver  
Agent Address: 171 N Butler Street., Fond du Lac  
d/b/a: Annie's Fountain City Catering  
Location of Premises: 400 University Drive., Fond du  
Lac  
Introduction: City Clerk

Initiator:

Location:

Recommendation:

ATTACHMENTS:

	File Name	Description
▣	Annie_s_Fountain_City_Catering_Redacted.pdf	Application
▣	01-15-25_Police_memo_Annies_Fountain_City_Catering.Rev__(002).pdf	PD Memo

Form  
AB-200

# Alcohol Beverage License Application

For Municipal Use Only	
Municipality	CITY OF FOND DU LAC
License Period	- 6/30/2025

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

- Class "A" Beer ..... \$ 200     Class "B" Beer ..... \$ 100  
 "Class A" Liquor ..... \$ 500     "Class B" Liquor ..... \$ 500  
 "Class A" Liquor (cider only) \$ 0     Reserve "Class B" Liquor \$ \_\_\_\_\_  
 "Class C" Liquor (wine only) \$ 100

*2/13/25-*

Fees	
License Fees	\$ <u>48-</u>
Background Check Fee	\$
Publication Fee	\$ <u>60</u>
<b>Total Fees</b>	<b>\$ <u>108-</u></b>

### Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Annie's Fountain City Catering LLC</u>			
2. Business Trade Name or DBA <u>Annie's Fountain City Catering</u>			
3. FEIN <u>47-4954115</u>		4. Wisconsin Seller's Permit Number <u>456-102 8800999-02</u>	
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 <u>WI</u>		7. Date of Organization <del>2014</del> <u>November 2015</u>	8. Wisconsin DFI Registration Number
9. Premises Address <u>400 University Drive</u>			
10. City <u>FOND DU LAC</u>		11. State <u>WI</u>	12. Zip Code <u>54935</u>
13. County <u>Fond du Lac</u>		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>FOND DU LAC</u>	15. Aldermanic District
16. Premises Phone <u>920-933-5337</u>		17. Premises Email <u>anniescatering23@gmail.com</u>	18. Website
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. <u>Stored in UC-154 - Campus Store Storage Room - Locked door w/ video surveillance in Room - Served in Commons area Library and outdoor patio next to Commons.</u>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

### 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		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
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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
Sabel	Ann	Proprietor/manager	[REDACTED]

**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 Sabel	First Name Ann	M.I. M
Title Sole Proprietor	Email anniescatering23@gmail.com	Phone 920-948-9393
Signature Ann Sabel		Date 11-26-24

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk DEC 26 2024	License Number C-0218	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

# Alcohol Beverage Individual Questionnaire

Date
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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)	Annie's Fountain City Catering LLC
2. Business Trade Name or DBA	Annie's Fountain City Catering
3. Entity Type (check one)	
<input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name	2. First Name	3. M.I.	
Sabel	Ann	M	
4. Relationship to Business (Title)	5. Email	6. Phone	
Sole Proprietor	anniescatering23@gmail.com	920-948-9393	
7. Home Address			
171 N Butler St			
8. City	9. State	10. Zip Code	11. Date of Birth
Fond du lac	WI	54935	[REDACTED]
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance	
[REDACTED]		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? ....							Years 54	Months
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					
357 8 <sup>th</sup> St	Fond du lac	WI	54935					
Previous Address 2	City	State	Zip Code					
171 N Butler St	Fond du lac	WI	54935					
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	County	State	County	
WI	Fond du lac	WI	USA					
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 *[Handwritten Signature]* *E. Sabel* Date *11-26-24*

# Alcohol Beverage Appointment of Agent

Date

### 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)	
Annie's Fountain City Catering LLC	
2. Business Trade Name or DBA	
Annie's Fountain City Catering	
3. Entity Type (check one)	
<input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one)	5. If successor agent, provide State Permit or Municipal Retail License Number
<input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	
6. Describe the reason for appointing a successor agent, if successor is checked above.	

### Part B: Agent Information

1. Last Name	Sabel	2. First Name	Ann	3. M.I.	M
4. Email	anniescatering23@gmail.com			5. Phone	920-948-9393
6. Home Address					
171 N Butler St					
7. City	8. State	9. Zip Code	10. Age		
Fond du lac	WI	54935	[REDACTED]		
11. Drivers License/State ID Number			12. Drivers License/State ID State of		
[REDACTED]			[REDACTED]		

### Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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>Sabel</i>		First Name <i>Ann</i>		M.I. <i>M</i>
Title <i>Sole Proprietor</i>		Email <i>anniescatering23@gmail.com</i>		Phone <i>920-948-9393</i>
Signature <i>Ann Sabel</i>			Date <i>11-26-24</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>Sabel</i>		First Name <i>Ann</i>		M.I. <i>M</i>
Signature <i>Ann Sabel</i>			Date <i>11-26-24</i>	



# *Certificate*

## RESPONSIBLE BEVERAGE SERVER

*awarded to*

Ann Sabel

*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*

12/03/2024

*Training Date*

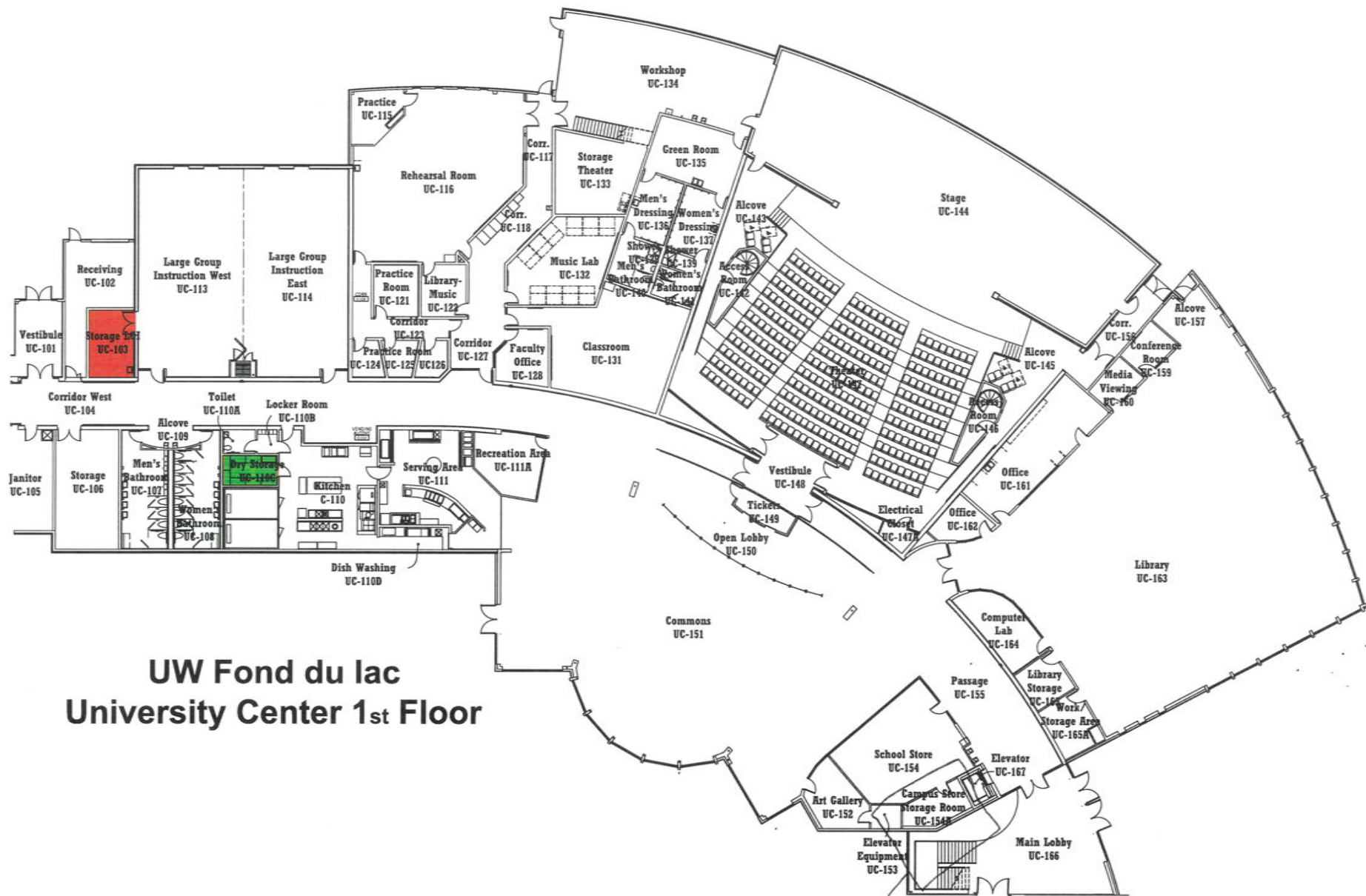


Annie's Fountain City Cafe has signed a MOU with Fond du Lac County to provide catering and beverage service at The Prairie Theater and Event Center located at 400 University Drive. This space formerly UW Campus is now going to provide a space to hold events. Events will include weddings, non profit galas, business meetings and much more. The event space can serve up to 400 guests. We are bringing together a team of skilled individuals that will specialize in specific areas of operations. The team will all focus on providing the best experience for couples getting married to a local non-profit having their dinner meeting. We will develop a package that will offer couples a complete package from the planning, wedding shower, dinner, music and gift opening

Annie's Fountain City Catering opened in 2016 as a cafe and catering business. We specialize in creating menus with our guests. We have built relationships with local businesses, community members and organizations in the Fond du Lac community. Providing delicious food, beautiful presentations and great customer service, will help our business grow in this space. Along with the event staff, we can create a venue that will be successful.

Annie's Fountain City cafe applied and used a beer and wine license for the cafe. We followed all the laws and provided a safe space for customers to enjoy. We are applying for the alcohol license for the new event space to provide a service necessary to booking events. To run the catering and beverage service, I have assembled a team of professionals to work with me. I have a professional chef and kitchen manager, professional baker and bar operation manager. Erika Daleiden is a successful event/bar owner and will bring a level a expertise to our team. She will be bringing with her trained bartending staff that she is currently working with. They are knowledgeable on all laws and enforcement. I believe with her operating the bar we will be providing a safe environment to serve alcoholic beverages.

As a team, we are dedicated to opening an establishment that provides excellent service and good food. We believe in supporting community and giving back. Through the services we provide local community organizations will have once again have a central location to hold meetings and group activities.



**UW Fond du lac  
University Center 1st Floor**

*Storage*

# Fond du Lac Police Department MEMO



**To:** City Manager Joe Moore  
**From:** Captain R Duveneck  
**RE:** Class B Fermented Malt Beverage license, Annie's Fountain City Catering, Fond du Lac, WI.  
400 University Dr.  
**Date:** 01-16-25

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On January 15<sup>th</sup> 2025, Deputy City Attorney Ali Panagopoulos, City Clerk Maggie Hefter, and Fond du Lac Police Department Captain Robb Duveneck, met with applicant/owner Ann Sabel regarding her proposal for a Class B Fermented Malt Beverage license at her new business Annie's Fountain City Catering, 400 University Dr, Fond du Lac, WI.

The legal business name is Annie's Fountain City Catering LLC, DBA Annie's Fountain City Catering. Mrs. Sabel advised this is primarily a catering business for events that will be held at the former University of Oshkosh-Fond du Lac campus building located at 400 University Dr. She has signed an MOU to provide catering and beverage service at the Prairie Theater and Event Center. This will include but not limited to weddings, nonprofit galas, and business meetings. She will also have a manager, Erica Daleiden, who brings many years of food and alcohol service experience (from The Hive at W4786 Hwy 23). Both Mrs. Sabel and Mrs. Daleiden have valid certificates for Responsible Beverage Server.

Mrs. Sabel has been in the food service business for over a decade and has previously held a Class B Fermented Beverage license at her previous establishment "Annie's Fountain City Café" located at 72 S Main St.

Not present at the meeting was Fire Department Assistant Chief Jason Roberts. Captain Duveneck received an email from Assistant Chief Roberts that he has been in contact with Mrs. Sabel and he has no concerns.

Also not present was Director of Community Development Dyann Benson, she did review the application and had no concerns via an email to Captain Duveneck.

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

01-16-25

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

Title: Temporary Class "B" Licenses/Picnic Licenses

Subject:

- Winnebago Flyway Chapter Ducks Unlimited (DU Dinner 1/30/2025)
- FDL Community Theater (Brewfest 2/1/2025)
- FDL Evening Optimist (Bag Fest 2/1/2025)
- Envision Greater FDL Agri-Business (2025 Agriculture Showcase 3/22/2025)
- Winnebago Flyway Chapter Ducks Unlimited (Gun Bash 5/17/2025)

Initiator:

Location:

Recommendation:

ATTACHMENTS:

File Name	Description
📄 Special_Class_B_January_ALC.pdf	Applications and approvals

opt #6691

Municipality  
CITY OF FOND DU LAC

Form  
AB-220

### 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
	<b>Total Fees</b>	<b>\$ 10.00</b>

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  
*WINNEBAGO PLYWAY CHAPTER ROCKS UNLIMITED*

2. Organization Permanent Address  
*PO. BOX 1573*

3. City  
*FOND DU LAC, WI.*

4. State  
*WI.*

5. Zip Code  
*549361573*

6. Mailing Address (if different from permanent address)

7. FEIN

8. Date of Organization/Incorporation

9. State of Organization/Incorporation

10. Phone  
*920-948-1209*

11. Email  
*dpkuenc@chapter.net*

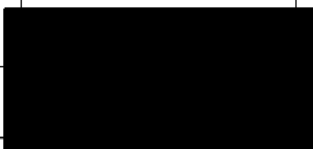

12. Organization type (check one)  
 Bona Fide Club     Church     Fair Association/Agricultural Society     Veteran's Organization  
 Lodge/Society     Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

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
<i>KUEN</i>	<i>DAVID</i>	<i>PRES.</i>	
<i>JIM</i>	<i>PARSONS</i>	<i>SEC</i>	

Continued →

Part C: Event Information			
1. Name of Event (if applicable) DINNER - D.U.			
2. Dates of Operation 1-30-2025		3. Hours of Operation 5 PM to 10 PM	
4. Premises Address 500 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)		12. Email and/or Phone Number for Organizer of Event	
13. Organizer Website		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<p><b>READ CAREFULLY BEFORE SIGNING:</b> 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 KUEHN		First Name DAVID	M.I. P
Title PRES	Email dpkuehn@cheater.net		Phone 920-848-1205
Signature David Kuehn		Date 1/03/25	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk JAN 03 2025	License Number C-0001
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:

       Granted a license

*Cpt. R.D. #121*

       Denied a license

JAN 08 2025

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

rpt #6654

Form  
AB-220

# Temporary Alcohol Beverage License

Municipality  
CITY OF FOND DU LAC

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

*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  
FDL CT INC (FOND DU LAC COMMUNITY THEATER)

2. Organization Permanent Address  
250 W 9th Street

3. City  
Fond du Lac

4. State  
WI

5. Zip Code  
54935

6. Mailing Address (if different from permanent address)  
PO Box 855 Fond du Lac, WI 54936

7. FEIN  
39-1501678

8. Date of Organization/Incorporation  
04/30/85

9. State of Organization/Incorporation  
WI

10. Phone  
(920) 923-2206

11. Email  
fdlctboard@gmail.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)  
008-1028152721-02

**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
Qualmann	Tracy	President	
Irrizarry-Beachy	Nancy	Vice President	
Retzleff	Megan	Secretary	
Thome	Kimberly	Treasurer	

Continued →



**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

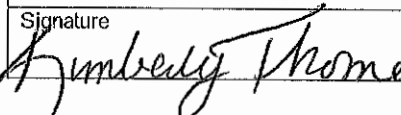
       Denied a license

*Cpt. R.D. #121*

JAN 08 2025

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Part C: Event Information			
1. Name of Event (if applicable) Fond du Lac Brewfest			
2. Dates of Operation 02/01/2025		3. Hours of Operation 3:00-7:30 PM	
4. Premises Address 534 Fond du Lac Avenue			
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) Radio Plus (Terry P Holzmann)		12. Email and/or Phone Number for Organizer of Event td@radioplusinfo.com	
13. Organizer Website https://www.radioplusinfo.com/		14. Event Website https://www.fondybrewfest.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. Fond du lac Expo Building at Fond du Lac County Fairgrounds			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<p><b>READ CAREFULLY BEFORE SIGNING:</b> 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 Thome		First Name Kimberly	M.I. K
Title Treasurer	Email kthome@vesta.cpa		Phone (920) 579-2529
Signature 		Date 12/27/24	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk DEC 30 2024	License Number C-0219
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

rpt # 6713

Form  
AB-220

### 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
		<b>Total Fees \$ 10.00</b>

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 Evening Optimist - Fond du Lac, Inc. *Optimist Club of Fond du Lac, Inc. > DFI name*

2. Organization Permanent Address: 585 S. Main St

3. City: Fond du Lac

4. State: WI

5. Zip Code: 54935

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

7. FEIN: 39-6075881

8. Date of Organization/Incorporation: 1947

9. State of Organization/Incorporation: Wisconsin

10. Phone: 920-948-3090 (Lynn Nickel)

11. Email: Fdloptimist@gmail.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
Wetzel	Todd	President	[REDACTED]
Nickel	Lynn	Treasurer	
Bonlander	Tricia	Secretary	
	see additional page for directors		

Continued →

**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

*Cpt. R.D. #121*

       Denied a license

JAN 08 2025

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10/1/2024 - 9/30/2025 Directors

1) Froh, Timothy (director) [REDACTED]

2) Tryon, Sandy (past president) [REDACTED]

3) Lamb, Bonnie (director) [REDACTED]

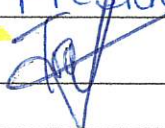
4) Faber, Barb (director) [REDACTED]

5) Kranig, Dean (director) [REDACTED]

6) Bonlander, April (director) [REDACTED]

7) Scannell, Thomas (director) [REDACTED]

Part C: Event Information			
1. Name of Event (if applicable) Bag Fest - FDL County Fairgrounds - Rec Center			
2. Dates of Operation 2/1/2025		3. Hours of Operation 10am - 5pm	
4. Premises Address 520 Fonddu Lac Ave			
5. City Fonddu 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) Pete Wilke		12. Email and/or Phone Number for Organizer of Event 920-238-1282	
13. Organizer Website Fonddu Lac Festivals		14. Event Website Fonddu Lac Festivals	
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.  Fonddu Lac Fairgrounds Rec Center			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<p><b>READ CAREFULLY BEFORE SIGNING:</b> 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 Wetzel		First Name Todd	M.I. N.
Title President	Email faloptimist@gmail.com		Phone 920-210-7853
Signature 		Date 01/06/2025	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk JAN 07 2025	License Number C-0003
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

# Application for Temporary Class "B" / "Class B" Retailer's License

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

FEE \$ 10.00

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

Application Date: \_\_\_\_\_

Town  Village  City of FOND DU LAC

County of FOND DU LAC

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

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

at the premises described below during a special event beginning 03/22/2025 and ending 03/22/2025 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. **Organization** (check appropriate box) →  Bona fide Club  Church  Lodge/Society  
 Veteran's Organization  Fair Association or Agricultural Society  
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Envision Greater Fond du Lac Agri-Business Council

(b) Address 23 S. Main Street, Suite 101, Fond du Lac, WI 54935  
(Street)  Town  Village  City

(c) Date organized 01/01/1980

(d) If corporation, give date of incorporation \_\_\_\_\_

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

(f) Names and addresses of all officers:  
President JR Neu, 107 Pleasantview Rd., Plymouth, WI 53073  
Vice President Alex Costello, 381 Police Memorial Dr., Fond du Lac, WI 54936  
Secretary Frank Knaus, N5722 Cty Rd. C, Rosendale, WI 54974  
Treasurer Amy Ries, 23 S. Main St., Suite 101, Fond du Lac, WI 54935

(g) Name and address of manager or person in charge of affair: Amy Ries, 23 S. Main Street, Suite 101, Fond du Lac, WI 54935

## 2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 520 Fond du Lac Ave

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

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

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

## 3. Name of Event

(a) List name of the event 2025 Agriculture Showcase

(b) Dates of event 03/22/2025

## DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer Amy Ries 1.8.25  
(Signature / Date)

Envision Greater Fond du Lac Agri-Business Council  
(Name of Organization)

Date Filed with Clerk 1/08/25

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

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

License No. C-0005

**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   CPT RD #121   1-28-25

       Denied a license

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



RP#6692

Municipality  
CITY OF FOND DU LAC

Form  
AB-220

### Temporary Alcohol Beverage License

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

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  
WINDYBAGO RLYWAY CHAPTER ROCKS UNLIMITED

2. Organization Permanent Address  
PO BOX 1573

3. City  
FOND DU LAC, WI.

4. State  
WI.

5. Zip Code  
549361573

6. Mailing Address (if different from permanent address)

7. FEIN

8. Date of Organization/Incorporation

9. State of Organization/Incorporation

10. Phone  
920-948-1209

11. Email  
dpuenc@cheater.net

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
KUEN	DAVID	PRES.	[REDACTED]
JIM	PARDETH	SEC	

Continued →

**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

*Cpt. R.D. #121*

       Denied a license

JAN 08 2025

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Part C: Event Information			
1. Name of Event (if applicable) CON BASH			
2. Dates of Operation 5-17-2025		3. Hours of Operation 10AM-5-PM	
4. Premises Address 500 Fond du Lac Ave			
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	
13. Organizer Website		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<p><b>READ CAREFULLY BEFORE SIGNING:</b> 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 BUEN		First Name DAVID	
Title PRES.		M.I. P	
Email dpkca@cheater.net		Phone 920848-1205	
Signature <i>David Buen</i>		Date 1-3-2025	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk JAN 03 2025	License Number C-0002
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	