

ALCOHOL LICENSE COMMITTEE AGENDA

April 28, 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. March 31, 2025 Minutes

III. INPUT

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

IV. ACTIONS

A. Temporary Class "B" Licenses/Picnic Licenses

- Downtown FDL Partnership (Beer & Bourbon Crawl 5/3/2025)
 - 19 S Main Street
 - 28 N Main Street
 - 23 S Main Street
 - 1 N Main Street
 - 27 S Main Street
 - 117 S Main Street
- Fe, Vida y Esperanza (Micro Wrestling 5/23/2025)
- Fond du Lac Firefighters Local 400 (Walleye Weekend 6/6/2025-6/8/2025)
- Knights of Columbus-Council 664 (Walleye Weekend 6/6/2025-6/8/2025)
- Kiwanis Club of Fabulous FDL (Walleye Weekend 6/6/2025-6/8/2025)
- Fond du Lac Noon Kiwanis (Walleye Weekend 6/6/2025-6/8/2025)
- Oriole Nation Booster Club (Walleye Weekend 6/6/2025-6/8/2025)
- Noon Optimist Club of FDL (Walleye Weekend 6/6/2025-6/8/2025)
- Fond du Lac Morning Rotary (Walleye Weekend 6/6/2025-6/8/2025)
- Kiwanis Club of FDL-Lakeside (Walleye Weekend 6/6/2025-6/8/2025)
- Fond du Lac Evening Optimist (Father's Day Car Show 6/15/2025)
- Fond du Lac Softball Inc (FDL Co. Fair 7/15/2025-7/20/2025)
- Noon Optimist Club of FDL (FDL Co. Fair 7/16/2025-7/20/2025)
- Fond du Lac Evening Optimist (FDL Co. Fair 7/15/2025-7/20/2025)

V. ADJOURN

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

Title: March 31, 2025 Minutes

Subject:

Initiator:

Location:

Recommendation:

ATTACHMENTS:

	File Name	Description
📎	Minutes_2025_3_31_Meeting(1209).pdf	Minutes

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

March 31, 2025
4:00 PM

ROLL CALL

Attendance

Present

Scott Gilgenbach
Mason Gravelle
Andrew Hayes
Brandon Hiller
Melissa Kolstad
Thomas Schuessler

Absent

Kathryn Strong Langolf (Excused)

Administrative Staff

Ali Panagopoulos, Deputy City Attorney
Anthony Hahn, Police Captain

Declaration Quorum Present

Chairperson Melissa Kolstad declared a quorum present.

CONSENT AGENDA

February 24, 2025 Minutes

A Motion was made by Brandon Hiller to approve February 24, 2025 Minutes and seconded by Scott Gilgenbach, and the motion was **Passed.**

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

Absent: Strong Langolf

INPUT

Audience Comments

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

No audience comments were made.

ACTIONS

Temporary Class "B" Licenses/Picnic Licenses

- Holy Family Catholic Community (Celebration after the Easter Vigil 4/19/2025)
- Downtown FDL Partnership (Beer & Bourbon Crawl 5/3/2025)
- Downtown FDL Partnership (Summer Wine Walk 6/13/2025)
- Downtown FDL Partnership (Night Market 6/26/2025)
- Downtown FDL Partnership (Night Market 7/10/2025)
- Downtown FDL Partnership (Night Market 7/24/2025)
- Downtown FDL Partnership (Night Market 8/7/2025)
- Downtown FDL Partnership (Night Market 8/21/2025)
- Downtown FDL Partnership (Fondue Fest 9/6/2025)
- Downtown FDL Partnership (Holiday Wine Walk 11/8/2025)

A Motion was made by Thomas Schuessler to approve Temporary Class "B" Licenses/Picnic Licenses and seconded by Mason Gravelle, and the motion was **Passed**.

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

Absent: Strong Langolf

ADJOURN

A Motion was made by Brandon Hiller to adjourn at 4:01 p.m. and seconded by Andrew Hayes, and the motion was **Passed**.

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

Absent: Strong Langolf

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

Title: Temporary Class "B" Licenses/Picnic Licenses

Subject:

- Downtown FDL Partnership (Beer & Bourbon Crawl 5/3/2025)
 - 19 S Main Street
 - 28 N Main Street
 - 23 S Main Street
 - 1 N Main Street
 - 27 S Main Street
 - 117 S Main Street
- Fe, Vida y Esperanza (Micro Wrestling 5/23/2025)
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- Kiwanis Club of Fabulous FDL (Walleye Weekend 6/6/2025-6/8/2025)
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- Oriole Nation Booster Club (Walleye Weekend 6/6/2025-6/8/2025)
- Noon Optimist Club of FDL (Walleye Weekend 6/6/2025-6/8/2025)
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- Noon Optimist Club of FDL (FDL Co. Fair 7/16/2025-7/20/2025)
- Fond du Lac Evening Optimist (FDL Co. Fair 7/15/2025-7/20/2025)

Initiator:

Location:

Recommendation:

ATTACHMENTS:

	File Name	Description
📎	DFP_Beer_Walk.pdf	DFP
📎	Micro_Wrestling.pdf	Fe, Vida
📎	Fe_Vida_Approval.pdf	Fe Vida Approval
📎	fire_Redacted.pdf	Fire

📄	knights_of_columbus_Redacted.pdf	Knights of Columbus
📄	kiwanis_Redacted.pdf	Kiwanis Club
📄	noon_kiwanis_Redacted.pdf	Noon Kiwanis
📄	nfdl_Redacted.pdf	nfdl booster
📄	noon_optimist_Redacted.pdf	Noon Optimist
📄	morning_rotary_Redacted.pdf	FDL Morning Rotary
📄	lakeside_kiwanis_Redacted.pdf	Kiwanis Lakeside
📄	fdl_evening__Redacted.pdf	FDL Evening
📄	fdl_softball_Redacted.pdf	FDL Softball
📄	noon_optimist_Redacted_Fair.pdf	Noon Optimist
📄	fdl_evening__Redacted_fair.pdf	FDL Evening

#7384

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
	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 Wisconsin
10. Phone (920) 322-2007	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

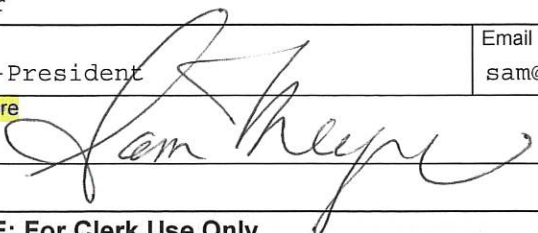
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

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

Last Name	First Name	Title	Phone
Raflik	J.J.	President	
Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Downtown Fond du Lac Beer and Bourbon Crawl			
2. Dates of Operation Saturday, May 3, 2025		3. Hours of Operation 1:00 pm to 5:00 pm	
4. Premises Address Bird's Eye View Optical, 19 S. Main Street			
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) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006	
13. Organizer Website www.downtownfdl.com		14. Event Website downtownfdl.com/beer-bourbon-crawl	
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 Meyer		First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com		Phone (920) 924-4425
Signature 		Date 04/07/25	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk APR 07 2025	License Number C-0052
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 RD 121 04-16-25.

 Denied a license

Comments _____

#7385

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
	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 Wisconsin
10. Phone (920) 322-2007	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	J.J.	President	
Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Continued →

Part C: Event Information

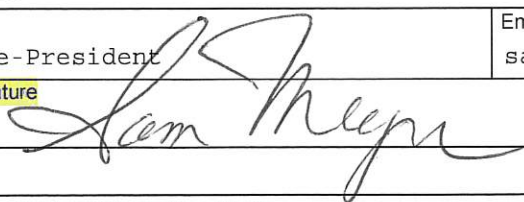
1. Name of Event (if applicable) Downtown Fond du Lac Beer and Bourbon Crawl			
2. Dates of Operation Saturday, May 3, 2025		3. Hours of Operation 1:00 pm to 5:00 pm	
4. Premises Address Blue Marble Botanicals, 28 N. Main Street			
5. City Fond du Lac		6. State WI	7. Zip Code 54935
8. County FOND DU 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) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006	
13. Organizer Website www.downtownfdl.com		14. Event Website downtownfdl.com/beer-bourbon-crawl	
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

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Last Name Meyer		First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com	Phone (920) 924-4425	
Signature 		Date 04/07/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk APR 07 2025	License Number C-0053
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 RD 121 04-16-25.

 Denied a license

Comments _____

#7386

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
	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 Wisconsin	
10. Phone (920) 322-2007	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).			
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Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Continued →

Part C: Event Information

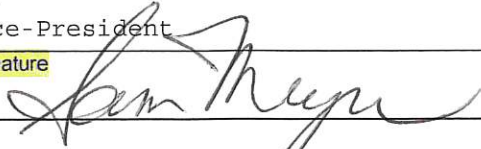
1. Name of Event (if applicable) Downtown Fond du Lac Beer and Bourbon Crawl			
2. Dates of Operation Saturday, May 3, 2025		3. Hours of Operation 1:00 pm to 5:00 pm	
4. Premises Address Envision Greater Fond du Lac, 23 S. Main, Suite 101			
5. City Fond du Lac		6. State WI	7. Zip Code 54935
8. County 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) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006	
13. Organizer Website www.downtownfdl.com		14. Event Website downtownfdl.com/beer-bourbon-crawl	
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

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Last Name Meyer		First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com	Phone (920) 924-4425	
Signature 		Date 04/07/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk APR 07 2025	License Number C-0054
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 RD 121 04-16-25.

 Denied a license

Comments _____

#7387

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
	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 Wisconsin
10. Phone (920) 322-2007	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

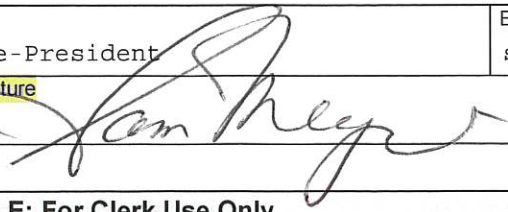
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Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Raflik	J.J.	President	
Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Downtown Fond du Lac Beer and Bourbon Crawl			
2. Dates of Operation Saturday, May 3, 2025		3. Hours of Operation 1:00 pm to 5:00 pm	
4. Premises Address La Belle FDL 1 N. Main Street (inside Hotel Retlaw)			
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) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006	
13. Organizer Website www.downtownfdl.com		14. Event Website downtownfdl.com/beer-bourbon-crawl	
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, Boutique Suite			

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 Meyer		First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com	Phone (920) 924-4425	
Signature 		Date 04/07/25	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk APR 07 2025	License Number C-0055
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 RD 121 04-16-25.

 Denied a license

Comments _____

7389

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
	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 Wisconsin
10. Phone (920) 322-2007	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	J.J.	President	
Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Continued →

Part C: Event Information

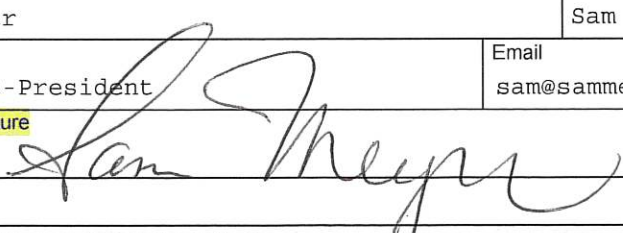
1. Name of Event (if applicable) Downtown Fond du Lac Beer and Bourbon Crawl			
2. Dates of Operation Saturday, May 3, 2025		3. Hours of Operation 1:00 pm to 5:00 pm	
4. Premises Address Lillians of Fond du Lac, 27 S. Main Street			
5. City Fond du Lac		6. State WI	7. Zip Code 54935
8. County FOND DU 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) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006	
13. Organizer Website www.downtownfdl.com		14. Event Website downtownfdl.com/beer-bourbon-crawl	
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 Meyer		First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com	Phone (920) 924-4425	
Signature 		Date 04/07/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk APR 07 2025	License Number C-0056
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

 Denied a license

Comments _____

RD 121 04-16-25.


7389

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
	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 Wisconsin
10. Phone (920) 322-2007	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)		

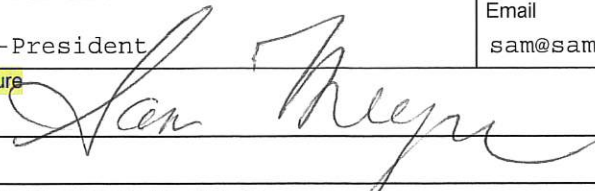
Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment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

Continued →

Part C: Event Information

1. Name of Event (if applicable) Downtown Fond du Lac Beer and Bourbon Crawl			
2. Dates of Operation Saturday, May 3, 2025		3. Hours of Operation 1:00 pm to 5:00 pm	
4. Premises Address Main Street Fashion, 117 S. Main Street			
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) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006	
13. Organizer Website www.downtownfdl.com		14. Event Website downtownfdl.com/beer-bourbon-crawl	
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 Meyer	First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com	Phone (920) 924-4425
Signature 		Date 04/07/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk APR 07 2025	License Number C-0057
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 RD 126 04-16-25.

 Denied a license

Comments _____

Form
AB-220

Temporary Alcohol Beverage License

rpt # 7396
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 Fe, Vida y Esperanza Inc.		
2. Organization Permanent Address 1310 South 30th Street		
3. City Milwaukee	4. State WI	5. Zip Code 53215
6. Mailing Address (If different from permanent address)		
7. FEIN 883585879	8. Date of Organization/Incorporation 08/12/22	9. State of Organization/Incorporation Wisconsin
10. Phone (414) 388-9002	11. Email fvecancer@gmail.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 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
Sanchez	Griselda	Founder & CEO	
Salas	Minerva	Secretary	

Continued →

Part C: Event Information			
1. Name of Event (If applicable) MICRO WRESTLING 2025			
2. Dates of Operation 05/23/2025		3. Hours of Operation 4 PM - 10 PM	
4. Premises Address 520 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) MICHEL HERNANDEZ		12. Email and/or Phone Number for Organizer of Event hcentertainment.mmr@gmail.com	
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. FOND DU LAC COUNTY FAIRGROUNDS, EXPO CENTER BUILDING.			

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 Sanchez	First Name Griselda	M.I.
Title Founder & CEO	Email gigi.sanchez1105@gmail.com	Phone (414) 388-9002
Signature <i>Griselda Sanchez</i>		Date 4/7/2025

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk APR 11 2025	License Number C-0058
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 *Cpt. L.D. #121*

 Denied a license *APR 25 2025*

Comments _____

Temporary Alcohol Beverage License

Municipality

Fond du Lac

rpt # 7246

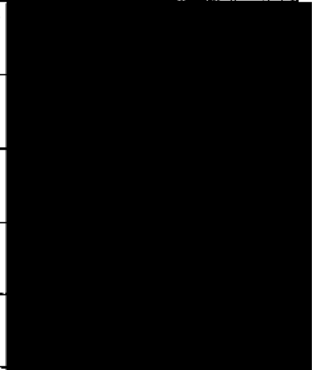
License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine	License Fees	\$ 10.00
<input checked="" type="checkbox"/> Temporary Class "B" Beer	Background Check	\$ —
	Total Fees	\$ 10.00

Part A: Organization Information

1. Organization Name Fond du Lac Firefighters L400 Charitable Fund		
2. Organization Permanent Address 815 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 39-2000710	8. Date of Organization/Incorporation January 2000	9. State of Organization/Incorporation Wisconsin
10. Phone 920-960-7507	11. Email FdlFirefighters@gmail.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 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. I

Last Name	First Name	Title	Phone
Schill	Tristan	Director/Agent	
Forster	Gavin	Secretary/Treasurer	
Golla	Andy	President	
Rolfe	John	Vice President	
Lorenz	Noah	Board Member	

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Wallace Weekend 2025			
2. Dates of Operation June 6, 7, 8		3. Hours of Operation 6 th (3:00-10:00) 7 th (8:00-10:00) 8 th (4:00-5:00)	
4. Premises Address Lakeside Park			
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
11. Agent/Organizer of Event (if not the named applicant) Tristan Schill		12. Email and/or Phone Number for Agent/Organizer of Event	
13. Agent/Organizer Address [REDACTED]		14. Agent/Organizer Date of Birth [REDACTED]	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. refer to map for tent layout			

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 Schill		First Name Tristan	
M.I. J			
Title Director of Charitable Fund	Email FatFireFighters@gmail.com	Phone 920-960-7507	
Signature Tristan Schill		Date 3/11/25	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk APR 01 2025	License Number C-0042
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 CPT RD, #124 040425

 Denied a license

Comments _____

rect# 7235


Form
AB-220

Temporary Alcohol Beverage License

Municipality
City of Fond du Lac

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine	License Fees	\$ 10-
<input checked="" type="checkbox"/> Temporary Class "B" Beer	Background Check	\$
	Total Fees	\$ 10-

Part A: Organization Information			
1. Organization Name Knights of Columbus - Council 664			
2. Organization Permanent Address 795 Fond du Lac Ave.			
3. City Fond du Lac	4. State WI	5. Zip Code 54935	
6. Mailing Address (if different from permanent address)			
7. FEIN	8. Date of Organization/Incorporation 1902	9. State of Organization/Incorporation WI	
10. Phone 920-921-1290	11. Email contact@usappraisalsllc.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 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. I			
Last Name	First Name	Title	Phone
Carter	Brian	Grand Knight	
Hammis	Jeremy	Deputy Grand Knight	
Shere	Jacob	Financial Secretary	
Sawyer	Bill	Treasurer	

Continued →

Part C: Event Information			
1. Name of Event (if applicable) <i>Walleye Weekend</i>			
2. Dates of Operation <i>June 6th - 8th 2025</i>		3. Hours of Operation <i>3p-10pm / 8am-10pm / 10am-5pm</i>	
4. Premises Address <i>Lakeside Park</i>			
5. City <i>Fond du Lac</i>		6. State <i>WI</i>	7. Zip Code <i>54935</i>
8. County <i>Fond du Lac</i>	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <i>Fond du Lac</i>		10. Aldermanic District <i>7</i>
11. Agent/Organizer of Event (if not the named applicant) <i>Peter Wilke (Executive Director Fond du Lac Festivals)</i>		12. Email and/or Phone Number for Agent/Organizer of Event <i>director@fdlfest.com</i>	
13. Agent/Organizer Address <i>650 N. Main St. Fond du Lac, WI</i>		14. Agent/Organizer Date of Birth	
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>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 <i>Endres</i>	First Name <i>Matthew</i>	M.I. <i>D</i>
Title <i>Agent</i>	Email <i>mendres@gmail.com</i>	Phone <i>920-838-1190</i>
Signature <i>Matthew D. Endres</i>		Date <i>03/28/25</i>

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk <i>MAR 31 2025</i>	License Number <i>C-0041</i>
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

 Denied a license

Comments

CPT RD, #12 04-21-25

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
Kiwanis club of Fabulous Fond du Lac, Wisconsin, Inc.

2. Organization Permanent Address
1238 Winchester Ave.

3. City
Fond du Lac

4. State
WI

5. Zip Code
54935

6. Mailing Address (if different from permanent address)

7. FEIN
23-7351031

8. Date of Organization/Incorporation
05/29/74

9. State of Organization/Incorporation
WI

10. Phone
(920) 238-7503

11. Email
ibetold1980@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
Millin	Steve	President	[REDACTED]
Goeglien	Mitch	President-Elect	
Baerwald	Bonnie	Vice President	
Freund	Donna	Treasurer / Agent	
Pettie	Charlene	Secretary	

Continued →

Part C: Event Information

1. Name of Event (if applicable) Walley Weekend			
2. Dates of Operation June 6, 7 & 8th 2025		3. Hours of Operation Fri 3-10, Sat 8-10 Sun 9-5pm	
4. Premises Address Lakeside Park - Lakefront			
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 Festivals, Inc.		12. Email and/or Phone Number for Organizer of Event director@fdlfest.com	
13. Organizer Website Fond du Lac Festivals, Inc.		14. Event Website Walleye Weekend 2025	
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. Inside on Promen Drive. Lakeside Park Fond du Lac - Lakefront North of the Bridge. Large Tent			

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 Freund	First Name Donna	M.I.
Title Treasurer	Email dkfreund@charter.net	Phone (920) 602-6105
Signature 		Date 3/10/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk MAR 26 2025	License Number C-0039
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

 Denied a license

Comments

CPT RD # 121 03-28-25

rpt# 7207

Form
AB-220

Temporary Alcohol Beverage License

Municipality
City of FOL


License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10
	Background Check	\$
	Total Fees	\$ 10.00

Part A: Organization Information			
1. Organization Name Fond du Lac Noon Kiwanis			
2. Organization Permanent Address PO Box 101			
3. City Fond du Lac		4. State WI	5. Zip Code 54936
6. Mailing Address (if different from permanent address)			
7. FEIN 39-6046344	8. Date of Organization/Incorporation 1917	9. State of Organization/Incorporation Wisconsin	
10. Phone 920-579-0889	11. Email j.kimball@arcfdl.org		
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)			

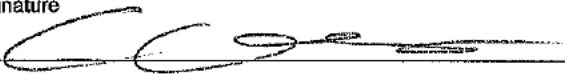
Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. I			
Last Name	First Name	Title	Phone
Gens	Connie	President	[REDACTED]
Schnorr	Susan	Treasurer	
Brad	Leonard	President Elect	
Kathy	Strong Langlof	Secretary	

Continued →

Part C: Event Information

1. Name of Event (if applicable) Walleye Weekend			
2. Dates of Operation June 6-8, 2025		3. Hours of Operation 8am-11pm	
4. Premises Address Lakeside Park			
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
11. Agent/Organizer of Event (if not the named applicant) Fond du Lac Festivals		12. Email and/or Phone Number for Agent/Organizer of Event 920-238-1282	
13. Agent/Organizer Address 650 N. Main St. Fond du Lac		14. Agent/Organizer Date of Birth	
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. Agent - Jessica Kimball 			

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 Gens		First Name Connie	M.I. B
Title Club President	Email Connie.gens@arcfd1.org	Phone 920-251-4062	
Signature 		Date 3/7/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk MAR 26 2025	License Number C-0040
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 CPT RD 121 03-28-05

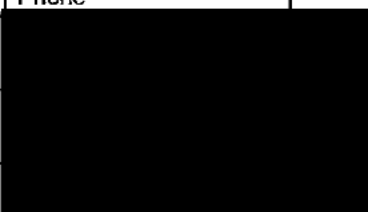
 Denied a license

Comments _____

Rpt # 7119

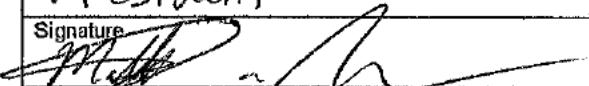
License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine	License Fees	\$ 10
<input checked="" type="checkbox"/> Temporary Class "B" Beer	Background Check	\$ -
	Total Fees	\$ 10.00

Part A: Organization Information		
1. Organization Name Ojibwe Nation Booster club		
2. Organization Permanent Address 1115 Thorne Ave, 1115 Thorne Ave		
3. City North Fond du Lac	4. State WI	5. Zip Code 54937
6. Mailing Address (if different from permanent address)		
7. FEIN	8. Date of Organization/Incorporation 4-6-2016	9. State of Organization/Incorporation WI
10. Phone 920 929-3750	11. Email mrashid@nfdlschools.org	
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. I			
Last Name	First Name	Title	Phone
Rashid	Matthew	President	
Willner	Nicki	Vice President	
Secretary			
Schumacher	Amanda	Secretary	
Niemoth	Dawn	Treasurer	

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Walleye Weekend			
2. Dates of Operation June 6 th 8 th 2025		3. Hours of Operation	
4. Premises Address 555 N Park Ave			
5. City Fond du Lac		6. State WI	7. Zip Code 54937
8. County FDL	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FDL		10. Aldermanic District
11. Agent/Organizer of Event (if not the named applicant) Matt Rashid		12. Email and/or Phone Number for Agent/Organizer of Event MRashid1914@gmail.com	
13. [Redacted]			
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Permanent Open Shelter/Pavilion Over Island Lake Side Park			

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 Rashid		First Name Matthew	
Title President		Email MRashid@NFDISchools.org	M.I. E
Signature 		Phone 920 539-5471	
Date 3-13-25			

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk MAR 14 2025	License Number C-0036
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:

3-17-25

To:

City Clerk

From:

Chief of Police

Subject:

Temporary Class B License

I hereby recommend that the application be:

☒ Granted a license

A316 125

☐ Denied a license

Comments

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 15 days prior to event, a \$25

rush fee will be charged, for a total of \$35 due.

Application Date: 01/14/2025

☐ 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 06/06/2025 and ending 06/08/2025 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

☐ Chamber of Commerce or similar Civic or Trade Organization (organized under Ch. 181)

☐ Veteran's Organization

☐ Fair Association

(a) Name NOON OPTIMIST CLUB OF FOND DU LAC

(b) Address P O BOX 1491 FOND DU LAC WI 54936-1491

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 08/01/1968

(d) If corporation, give date of incorporation 08/26/1970

(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 JASON PORTER

Vice President JOSEPH SKELTON

Secretary LORI VANNATTA

Treasurer MARCIA SNYDER

(g) Name and address of manager or person in charge of affair: JOSEPH SKELTON - [REDACTED]

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 LAKESIDE PARK

(b) Lot

Block

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

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

3. Name of Event

(a) List name of the event WALLEYE WEEKEND

(b) Dates of event JUNE 6 THROUGH JUNE 8, 2025

DECLARATION

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

NOON OPTIMIST CLUB OF FOND DU LAC
(Name of Organization)

Officer

Marcia Snyder 1-14-25
(Signature/date)

Officer

(Signature/date)

Officer

(Signature/date)

Officer

(Signature/date)

Date Filed with Clerk

JAN 17 2025

Date Reported to Council or Board

Date Granted by Council

License No.

C-0007

rcpt# 6776

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 RA, #121 01-22-25

 Denied a license

Comments _____

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10
	Background Check	\$
	Total Fees	\$ 10

Part A: Organization Information

1. Organization Name Fond du Lac Morning Rotary		
2. Organization Permanent Address P.O. Box 1356		
3. City Fond du Lac	4. State WI	5. Zip Code 54936-1356
6. Mailing Address (if different from permanent address)		
7. FEIN	8. Date of Organization/Incorporation 1990	9. State of Organization/Incorporation WI
10. Phone 920-579-0808	11. Email tdmiller@charter.net	
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 Lodge/Society/Chamber of <input type="checkbox"/> 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 a agent of the organization. I

Last Name	First Name	Title	Phone
Schick	Christine	Club president	[REDACTED]
Miller	Ted	Walleye Weekend chair	

Continued →

Part C: Event Information

1. Name of Event (if applicable) Walleye Weekend 2025			
2. Dates of Operation June 6-8, 2025		3. Hours of Operation Fri. 3-10 pm, Sat. 8-10, Sun. 9-5 pm	
4. Premises Address Lakeside Park			
5. City Fond du Lac		6. State WI	7. Zip Code
8. County Fond du Lac	9. Governing Municipality of: Fond du Lac	<input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village	10. Aldermanic District
10. Agent/Organizer of Event (if not the named applicant) Fond du Lac Festivals. INC.		11. Email and/or Phone Number for Agent/Organizer of Event director@fdlfest.com	
12. Agent/Organizer Address 650 N. Main St. Fond du Lac, WI 54935		14. Agent/Organizer Date of Birth	
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. Walleye Weekend at Lakeside Park, same basic layout and location as in previous years.			

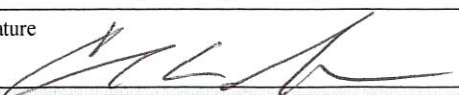
Part D: Attestation

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 Schiek		First Name Christine	M.I.
Title Morning Rotary club president	Email Christine.fdlmrotary@gmail.com	Phone 920-948-6533	
Signature 		Date March 11, 2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk MAR 11 2025	License Number C-0033
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 CPT RD, #121 3-12-25

 Denied a license

Comments _____

Temporary Alcohol Beverage License

Municipality

FOND DU LAC

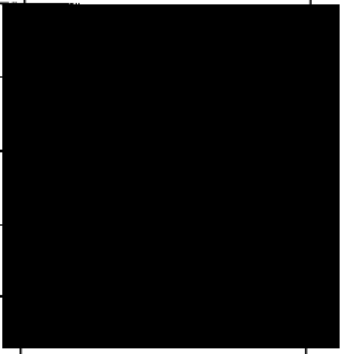
License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine	License Fees	\$ 10
<input checked="" type="checkbox"/> Temporary Class "B" Beer	Background Check	\$ -
	Total Fees	\$ 10

Part A: Organization Information

1. Organization Name KIWANIS CLUB OF FOND DU LAC - LAKESIDE				
2. Organization Permanent Address P.O. Box 2021				
3. City FOND DU LAC	4. State WI	5. Zip Code 54936-2021		
6. Mailing Address (if different from permanent address) N 8397 BEACHVIEW DR, FOND DU LAC, WI 54937				
7. FEIN 39-1098391	8. Date of Organization/Incorporation 6-1-1960	9. State of Organization/Incorporation WISCONSIN		
10. Phone 920-375-0920	11. Email CHUCKWEBER300@GMAIL.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. I

Last Name	First Name	Title	Phone
POCH	ROBERT	PRESIDENT	
RADEMAN	RON	V.P.	
OLSON	BRIAN	TREASURER	
WENNINGER	DAN	SECRETARY	

Continued →

Part C: Event Information			
1. Name of Event (If applicable) <i>WALLEYE WEEKEND</i>			
2. Dates of Operation <i>JUNE 6, 7, 8, 2025</i>		3. Hours of Operation <i>F-3-10, SA 9-10, SU 10-5</i>	
4. Premises Address <i>KIWANIS SHELTER - LAKESIDE PARK</i>			
5. City <i>FOND DU LAC</i>		6. State <i>WI</i>	7. Zip Code <i>54935</i>
8. County <i>FOND DU LAC</i>	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <i>FOND DU LAC</i>		10. Aldermanic District
11. Agent/Organizer of Event (if not the named applicant) <i>PETER WILKE</i>		12. Email and/or Phone Number for Agent/Organizer of Event <i>DIRECTOR@FOLFEST.COM</i>	
13. Agent/Organizer Address <i>650 N. MAIN ST FDL</i>		14. Agent/Organizer Date of Birth	
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. <i>MAIN TENT WEST OF SHELTER AND DINING TENT EAST OF SHELTER</i>			

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 <i>WEBER</i>		First Name <i>CHARLES</i>	
Title <i>DIRECTOR</i>		Email <i>CHUCKWEBER300@GMAIL.COM</i>	M.I. <i>G.</i>
Signature <i>Charles G. Weber</i>		Phone <i>920-375-0920</i>	
		Date <i>3-7-25</i>	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk <i>MAR 10 2025</i>	License Number <i>C-0032</i>
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 CPT RD, #121 4-16-25

 Denied a license

Comments _____

Form
AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

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
	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 Evening Optimist - Optimist Club of Fond du Lac, Inc > OFI 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 920-210-7853 (Todd)		11. Email FdLOptimist@gmail.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
Wetzel	Todd	President
Nickel	Lynn	Treasurer
Bonlander	Tricia	Secretary
	See additional page for directors	

Continued →

Part C: Event Information			
1. Name of Event (if applicable) FDL Evening Optimist Father's Day Car and Truck Show			
2. Dates of Operation 6/15/2025		3. Hours of Operation	
4. Premises Address Evening Optimist Stand / Martin Ave FDL Fair Grounds			
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) FDL Evening Optimist		12. Email and/or Phone Number for Organizer of Event FdlOptimist@gmail.com	
13. Organizer Website n/a		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. Fdl Evening Optimist Stand at the Fairgrounds			

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 Wetzel		First Name Todd	DOB: 4/14/1970
Title President		Email FdlOptimist@gmail.com	Phone 920-210-7853
Signature 		Date	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk JAN 17 2025	License Number C-0009 Lot # 6778
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

 Denied a license

Comments _____

CPT R.D. #121 01-22-25

Temporary Alcohol Beverage License

Municipality
City of Fond du Lac

Rpt # 7058


License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine	License Fees	\$ 10 ⁻
<input checked="" type="checkbox"/> Temporary Class "B" Beer	Background Check	\$
	Total Fees	\$ 10 ⁻

Part A: Organization Information

1. Organization Name Fond du Lac Softball Inc.		
2. Organization Permanent Address 1650 W. Main St. Lakeside Park		
3. City Fond du Lac	4. State WI	5. Zip Code 54935
6. Mailing Address (if different from permanent address) PO Box 11655 PDL WI 54936		
7. FEIN 39-1501701	8. Date of Organization/Incorporation 5/16/1965	9. State of Organization/Incorporation WI
10. Phone 920 251 7144	11. Email Schumacher1062@gmail.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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable) 456-0000349938-02		

Part B: Individual Information

List the name, title, and phone number for all officers, directors, and agent of the organization. I

Last Name	First Name	Title	Phone
Schumacher	Marie	President	
Kottke	Ben	Vice President	
Schumacher	Brian	Treasure	
Murphy-Steinke	Meg	Secretary	

Continued →

Part C: Event Information

1. Name of Event (if applicable) Fond du Lac County Fair			
2. Dates of Operation July 15th-20th		3. Hours of Operation 12p-12a	
4. Premises Address 550 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: _____		10. Aldermanic District
11. Agent/Organizer of Event (if not the named applicant) Marie Schumacher		12. Email and/or Phone Number for Agent/Organizer of Event 920-251-7644	
13. [Redacted]			
14. [Redacted]			
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Beer tent at Fairgrounds			

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 Schumacher		First Name Marie		M.I. A.
Title President	Email Schumacher1002@gmail.com	Phone 920 251-7644		
Signature Marie Schumacher		Date 3/1/25		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk MAR 07 2025	License Number C-0031
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 CPT RD 121 04-16-05

 Denied a license

Comments _____

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 15 days prior to event, a \$25

rush fee will be charged, for a total of \$35 due.

Application Date: 01/14/2025

☐ 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. 125.28(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 07/16/2025 and ending 07/20/2025 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

☐ Chamber of Commerce or similar Civic or Trade Organization (organized under Ch. 181)

☐ Veteran's Organization

☐ Fair Association

(a) Name NOON OPTIMIST CLUB OF FOND DU LAC

(b) Address P O BOX 1491 FOND DU LAC WI 54936-1491

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 08/01/1968

(d) If corporation, give date of incorporation 08/26/1970

(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 JASON PORTER

Vice President JOSEPH SKELTON

Secretary LORI VANNATTA

Treasurer MARCIA SNYDER

(g) Name and address of manager or person in charge of affair: JOSEPH SKELTON - [REDACTED]

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 FOND DU LAC COUNTY FAIR GROUNDS

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event FOND DU LAC COUNTY FAIR

(b) Dates of event JULY 16 THROUGH JULY 20, 2025

DECLARATION

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

NOON OPTIMIST CLUB OF FOND DU LAC

(Name of Organization)

Officer Marcia Snyder 1-14-25
(Signature/date)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk JAN 17 2025

Date Reported to Council or Board _____

Date Granted by Council _____

License No. C-0008

rcpt # 6777

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 RA, #121 01-22-25

 Denied a license

Comments _____

Form
AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

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
	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 Evening Optimist - Optimist Club of Fond du Lac, Inc } OFI 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 920-210-7853 (Todd) 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/Agent	
Nickel	Lynn	Treasurer	
Bonlander	Tricia	Secretary	
	See additional page for directors		

Continued →

Part C: Event Information

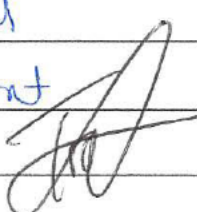
1. Name of Event (if applicable) FOL County Fair			
2. Dates of Operation 7/15/2025 - 7/20/2025		3. Hours of Operation varies by fair schedule	
4. Premises Address FOL Evening Optimist Stand / FOL Fair Grounds / Martin Ave			
5. City Fond du Lac		6. State WI	7. Zip Code 54935
8. County FOND DU LAC	9. 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) FOL Agriculture Society		12. Email and/or Phone Number for Organizer of Event info@fonddulac.countyfair.com	
13. Organizer Website fonddulac.countyfair.com		14. Event Website ← Same	
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. FOL Evening Optimist Stand at the FOL fair grounds			

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 Wetzel	First Name Todd	DOB: 4/14/1970	M.I. N.
Title President	Email FolOptimist@gmail.com	Phone 920-210-7853	
Signature 		Date 04/01/2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk APR 01 2025	License Number C-0043 FEED
Date License Granted	Date License Issued rect 7/25/25
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

 Denied a license

Comments _____

CPT R.D. #121 04-24-25