ALCOHOL LICENSE COMMITTEE AGENDA

April 28, 2025 4:00 PM

Meeting Room A

160 S Macy Street Fond du Lac, Wisconsin

City-County Government Center

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

<u>Title:</u> 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

<u>Absent</u>

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

<u>Title:</u> 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)
- 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)

Initiator:

Location:

Recommendation:

ATTACHMENTS:

	File Name	Description
D .	DFP_Beer_Walk.pdf	DFP
D	Micro_Wrestling.pdf	Fe, Vida
D .	Fe_Vida_Approval.pdf	Fe Vida Approval
D	fire Redacted.pdf	Fire

D .	knights_of_columbus_Redacted.pdf	Knights of Columbus
D	kiwanis_Redacted.pdf	Kiwanis Club
D O	noon_kiwanis_Redacted.pdf	Noon Kiwanis
D	nfdl_Redacted.pdf	nfdl booster
D O	noon_optimist_Redacted.pdf	Noon Optimist
D	morning_rotary_Redacted.pdf	FDL Morning Rotary
D O	lakeside_kiwanis_Redacted.pdf	Kiwanis Lakeside
D O	fdl_eveningRedacted.pdf	FDL Evening
D O	fdl_softball_Redacted.pdf	FDL Softball
D O	noon_optimist_Redacted_Fair.pdf	Noon Optimist
D	fdl_eveningRedacted_fair.pdf	FDL Evening



Form AB-220

Temporary Alcohol Beverage License

Municipality	1				
CITY	OF	FOND	DU	LAC	

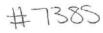
License(s) Requested		F	ees	
		License Fees	\$	10.00
☐ Temporary "Class B" Wine	✓ Temporary Class "B" Beer	Background Check	\$	0.00
		Total Fees	\$	10.00

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

			rush fee will	l be	charged,	for a total of \$35 due.		
Part A: Organization Informa	tion							
1. Organization Name								
Downtown Fond du Lac Partnership								
2. Organization Permanent Address								
131 S. Main Street, Suite 101								
3. City	3. City 4. State 5. Zip Code							
Fond du Lac	Fond du Lac WI 54935							
6. Mailing Address (if different from pe	rmanent a	ddress)						
7. FEIN		8. Date of Organization/Incor	noration	9.5	tate of Organ	nization/Incorporation		
46-1169019		o. Date of organization micon	poration		lisconsi			
10. Phone		11. Email			IBCOIIS	LII		
(920) 322-2007		info@downtownf	dl.com					
12. Organization type (check one)								
- 150A D D	Church	☐ Fair Association	/Agricultural Socie	tv	☐ Vet	eran's Organization		
		er of Commerce or similar (
	Ondinbe	or or commorce or circular to	or made orga	ATTILL C	adon dildoi	on. 101, vvio. otato.		
13. Is this organization required to	hold a Wi	sconsin Seller's permit?			ETHER REPORT REPORT	Yes 🗸 No		
14. Wisconsin Seller's Permit Number ((if applicab	le)						
Part B: Individual Information	n					- F 16		
List the name, title, and phone nui (Form AB-100) for each person lis				zatio	on. Include	an Individual Questionnaire		
Corporations must also include Ale	cohol Bev	verage Appointment of Age	nt (Form AB-101).					
Last Name	First Na		Title			Phone		
Raflik	J.J.		President					
Meyer	Sam		Vice Presid	len	t.			
100								
Gross	Tyler	0	Secretary					
Kittleson	Andy		Treasurer					
Krupp	Amy		Executive I	Dir	ector			

Part C: Event Information							
Name of Event (if applicable)							
Downtown Fond du Lac Beer and Bourbon Crawl							
2. Dates of Operation			3. Hours of Ope	ration			
Saturday, May 3, 2025			1:00 pm	to 5:00 pm			
4. Premises Address	4. Premises Address						
Bird's Eye View Optical, 1	9 S. Main	Street					
5. City			6. State	7. Zip Code			
Fond du Lac			WI	54935			
8. County	9. Governing Munici	pality 🔽 City 🗌 Town	☐ Village 1	0. Aldermanic District			
FOND DU LAC	of: FOND DU			N/A			
11. Organizer of Event (if not the named applicant)	12. Email and/or Phone Num	ber for Organizer	of Event			
Megan Sigrist / Amy Krupp		Megan@downtownfdl.co	m / Amy@downt	ownfdl.com, 920-322-2006			
13. Organizer Website		14. Event Website					
www.downtownfdl.com		downtownfdl.com	m/beer-bou	ırbon-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?			2				
one officer or director of the nonprofit or	ganization						
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.							
Last Name		First Name		M.I.			
Meyer		Sam					
Title Vice-President	Email sam@s	ammeyeragency.com		Phone (920) 924-4425			
Signature Date 04/07/25							
Part E: For Clerk Use Only	The Thirt was the						
Date Application Was Filed With Clerk	07 2025	License Number	-0052				
Date License Granted		Date License Issued					
Signature of Clerk/Deputy Clerk			(8)				

Memorano	łum –
Date:	
То:	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	FFOND DU LAC
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
	•



Form AB-220

Temporary Alcohol Beverage License

Municipality								
(200 K 012 NO 200 K 012		FOND	DŲ	LAC				

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

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

Part A: Organization Informa	ation				TOT & COURT OF \$35 due.
Organization Name	555.5.5.5.				
Downtown Fond du La	c Part	nership			
2. Organization Permanent Address					
131 S. Main Street,	Suite	101			
3. City				4. State	5. Zip Code
Fond du Lac				WI	54935
6. Mailing Address (if different from pe	ermanent a	ddress)			
7. FEIN		8. Date of Organizati	on/Incorporation	9. State of Organi	ization/Incorporation
46-1169019		_	and the desired and the second	Wisconsi	
10. Phone		11. Email			100
(920) 322-2007		info@downt	ownfdl.com		
12. Organization type (check one)					
☐ Bona Fide Club ☐	Church	☐ Fair Ass	ociation/Agricultural Soci	etv	eran's Organization
No.			imilar Civic or Trade Org	. —	
13. Is this organization required to14. Wisconsin Seller's Permit Number			mit?		Yes No
Part B: Individual Information	n			E 7 20	
List the name, title, and phone nu (Form AB-100) for each person lis	mber for sted belov	all officers, directors v. Attach additional s	s, and agent of the organ sheets if necessary.	nization. Include a	an Individual Questionnaire
Corporations must also include Al	cohol Bev	verage Appointment	of Agent (Form AB-101)		
Last Name	First Na	ime	Title		Phone
Raflik	J.J.		President		
Meyer	Sam		Vice Presi	dent	
Gross	Tyler		Secretary		
Kittleson	Andy		Treasurer	150 80	
Krupp	Amy		Executive	Director	

Part C: Event Information					12		
1. Name of Event (if applicable)							
Downtown Fond du Lac Beer and Bourbon Crawl							
2. Dates of Operation			3. H	3. Hours of Operation			
Saturday, May 3, 2025			1	mg 00:	ı to	5:00 pm	
4. Premises Address							
Blue Marble Botanicals, 28 N. Main	Str	reet					
5. City				6. State		7. Zip Code	
Fond du Lac				WI		54935	
8. County 9. Governing Mi	unicipal	lity 🔽 City 🗌 Town		/illage		Aldermanic District	
FOND DU LAC of: FOND						/A	
11. Organizer of Event (if not the named applicant)	12	Email and/or Phone Num					
Megan Sigrist / Amy Krupp		Megan@downtownfdl.co	om /	Amy@dowr	ntow	nfdl.com, 920-322-2006	
13. Organizer Website	14	4. Event Website					
www.downtownfdl.com		downtownfdl.com		The second second			
15. Premises Description - Describe the building or buildin stored, or consumed, and related records are kept. De alcohol beverage activities and storage of records may or diagram and additional sheets if necessary. Ground Floor.	escribe	e all rooms within the bui	ilding	g, includir	ng liv	ring quarters. Authorized	
Part D: Attestation							
Who must sign this application?		And the second s					
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	Fire	st Name				M.I.	
Meyer	Sa	am					
Title Ema		mmeyeragency.com				Phone (920) 924-4425	
Signature Cem Men				Date		04/07/25	
The state of the s					-	2 15	
Port E. For Clark Hos Only				y ,			
Part E: For Clerk Use Only Date Application Was Filed With Clerk		License Number					
APR 07 202	5	<u> </u>	-0	053			
Date License Granted		Date License Issued					
Signature of Clerk/Deputy Clerk							

Memorana	hum .
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
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



Form AB-220

Temporary Alcohol Beverage License

Municipality	,				
CITY	OF	FOND	DU	LAC	

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

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

			rush fee will	l be	charged, i	for a total of \$35 due.
Part A: Organization Informa	tion					
Organization Name						
Downtown Fond du Lac	: Part	nership				
2. Organization Permanent Address						
131 S. Main Street,	Suite	101				
3. City					4. State	5. Zip Code
Fond du Lac					WI	54935
Mailing Address (if different from per	rmanent a	ddress)				
7. FEIN 8. Date of Organization/Incorporation			poration	9. S	tate of Organia	zation/Incorporation
46-1169019				W	isconsir	i
10. Phone		11. Email	1			
(920) 322-2007		info@downtownfo	dl.com			
12. Organization type (check one)						
☐ Bona Fide Club ☐	Church	☐ Fair Association	n/Agricultural Socie	ty	☐ Veter	ran's Organization
☐ Lodge/Society ✓	Chambe	er of Commerce or similar C	(7)			
			J			
13. Is this organization required to h	nold a Wis	sconsin Seller's permit?			100 100 100 1	Yes 🗸 No
14. Wisconsin Seller's Permit Number (if applicab	le)				
Part B: Individual Information	n					
List the name, title, and phone nur	mber for	all officers, directors, and a	agent of the organi	izatio	n. Include a	n Individual Questionnaire
(Form AB-100) for each person list	ted below	. Attach additional sheets i	if necessary.			
Corporations must also include Ald	cohol Bev	erage Appointment of Age	nt (Form AB-101).			
Last Name	First Na	me	Title		_	Phone
Raflik	J.J.		President			
Meyer Sam			Vice President		5	
Gross Tyler			Secretary			
Kittleson	Andy		Treasurer			
Krupp	Amy		Executive D	Dire	ector	

Part C: Event Information					
1. Name of Event (if applicable)					
Downtown Fond du Lac Beer and	Bourbo	n Crawl			
2. Dates of Operation			3. Ho	ours of Ope	eration
Saturday, May 3, 2025			1:	:00 pm	to 5:00 pm
4. Premises Address					
Envision Greater Fond du Lac,	23 S. I	Main, Suite 101			
5. City				6. State	7. Zip Code
Fond du Lac				WI	54935
8. County 9. Gov	erning Munici	ipality 🔽 City 🗌 Town		illage	10. Aldermanic District
FOND DU LAC of:	FOND DU				N/A
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Num	nber fo	or Organize	er of Event
Megan Sigrist / Amy Krupp		Megan@downtownfdl.co	om /	Amy@down	ntownfdl.com, 920-322-2006
13. Organizer Website		14. Event Website			
www.downtownfdl.com		downtownfdl.co	m/b	eer-bo	ourbon-crawl
15. Premises Description - Describe the building o stored, or consumed, and related records are alcohol beverage activities and storage of recordiagram and additional sheets if necessary. Ground Floor	kept. Descr ords may o	ibe all rooms within the bu	ıilding	, includin	ig living quarters. Authorized
Part D: Attestation					
Who must sign this application?					
one officer or director of the nonprofit organization.	zation				
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.					
Last Name		First Name			M.I.
Meyer		Sam			
Title	Email				Phone
Vice-President	sam@s	ammeyeragency.com			(920) 924-4425
Signature Men	/		-	Date	04/07/25
Part E: For Clerk Use Only					
Date Application Was Filed With Clerk	<u> </u>	License Number			,
APR 07	2025	C	-0	2054	<i>f</i>
Date License Granted		Date License Issued			6
Signature of Clerk/Deputy Clerk		·			

Memorand	um .
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.
	FOND DU LAC
Memorano	
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 12(04-16-25.
	Denied a license
	Comments



Form

AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

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

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

			rush fee wil	1 be ch	arged,	for a total of \$35 due.
Part A: Organization Informa	tion					
Organization Name						
Downtown Fond du Lac	c Part	nership				
2. Organization Permanent Address						
131 S. Main Street,	Suite	101				
3. City				4. 9	State	5. Zip Code
Fond du Lac					MI	54935
6. Mailing Address (if different from pe	rmanent a	ddress)				
7. FEIN		8. Date of Organization/Incor	poration	1011		zation/Incorporation
46-1169019				Wis	consi	n
10. Phone		11. Email	7.7			
(920) 322-2007		info@downtownf	dl.com			
12. Organization type (check one)						
☐ Bona Fide Club ☐	Church	☐ Fair Association	n/Agricultural Socie	ety	☐ Vete	ran's Organization
☐ Lodge/Society ✓	Chambe	er of Commerce or similar (Civic or Trade Org	anization	n under c	h. 181, Wis. Stats.
300						
13. Is this organization required to I	hold a Wi	sconsin Seller's permit?				☐ Yes ☑ No
14. Wisconsin Seller's Permit Number	(if applicab	ole)				
Part B: Individual Information	n	8.1	, B			
List the name, title, and phone nu (Form AB-100) for each person lis				ization.	Include a	n Individual Questionnaire
Corporations must also include Ale	cohol Bev	verage Appointment of Age	ent (Form AB-101)			
Last Name	First Na	ime	Title			Phone
Raflik	J.J.		President			
Meyer	Sam		Vice Presid	dent		
1.0701	Dam		VICE IICDI			
Gross Tyler		Secretary				
9	_					
Kittleson	Andy		Treasurer			
Krupp	Amy		Executive 1	Direct	tor	

Part C: Event Information					
1. Name of Event (if applicable)					
Downtown Fond du Lac Beer a	and Bourbo	n Crawl			
2. Dates of Operation			3. Hours of Ope	eration	
Saturday, May 3, 2025			1:00 pm	to 5:00 pm	
4. Premises Address					
La Belle FDL. 1 N. Main Str	eet (insid	de Hotel Retlaw)			
5. City			6. State	7. Zip Code	
Fond du Lac			WI	54935	
8. County 9		pality 🔽 City 🗌 Town	☐ Village	10. Aldermanic District	
FOND DU LAC	of: FOND DU			N/A	
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Num	ber for Organize	er of Event	
Megan Sigrist / Amy Krupp			om / Amy@down	townfdl.com, 920-322-2006	
13. Organizer Website		14. Event Website		2	
www.downtownfdl.com		downtownfdl.co			
15. Premises Description - Describe the buildi stored, or consumed, and related records alcohol beverage activities and storage of or diagram and additional sheets if necess Ground Floor, Boutique Suite	are kept. Descr records may or	ibe all rooms within the bu	ilding, includin	g living quarters. Authorized	
Part D: Attestation			ILAS REFO		
Who must sign this application?					
one officer or director of the nonprofit org	ganization				
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.					
Last Name		First Name		M.I.	
Meyer		Sam			
Title Vice-President	Email sam@s	ammeyeragency.com		Phone (920) 924-4425	
Signature Cam Mey	1		Date	04/07/25	
Part E: For Clerk Use Only	-11.0 (F-14.0 E		3.45		
Date Application Was Filed With Clerk	07 2025	License Number	-0055)	
Date License Granted		Date License Issued			
Signature of Clerk/Deputy Clerk		l			

Memorano	dum .
Date:	
To:	Chief of Police Attn: Records Division
From:	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.
CITY OF	FOND DU LAC
Date:	•••••
To:	City Clerk
	Chief of Police
From:	
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



Form

Krupp

AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

License(s) Requested			00	Fees	
		Lice	ense Fees	\$	10.00
☐ Temporary "Class B" Win	ne	B" Beer Bac	ckground Chec	k \$	0.00
		Tot	al Fees	\$	10.00
		If not filed 15 rush fee will be			ing, a \$25
Part A: Organization Informatio	n				
Organization Name					
Downtown Fond du Lac I	Partnership				
Organization Permanent Address					
131 S. Main Street, Su	uite 101				
3. City			4. State	5. Zip Code	
Fond du Lac			MI	54935	
Mailing Address (if different from perma	anent address)				
7. FEIN	8. Date of Organization/Incorp	poration 9. S	State of Organiza	ation/Incorpora	tion
46-1169019		2	Visconsin		
10. Phone	11. Email				
(920) 322-2007	info@downtownfo	dl.com			
12. Organization type (check one)					
☐ Bona Fide Club ☐ Ch	nurch	/Agricultural Society	☐ Vetera	an's Organiza	tion
			1,000		
Lodge/Society V	namber of Commerce or similar C	Trade Organiza	ation under ch	. 101, VVIS. 31	.als.
13. Is this organization required to hold	d a Wisconsin Seller's permit?			Y	es √ No
14. Wisconsin Seller's Permit Number (if ap	pplicable)				7. 31 100 100 100
Part B: Individual Information					
List the name, title, and phone number			on. Include an	Individual Qu	uestionnaire
(Form AB-100) for each person listed	below. Attach additional sheets i	f necessary.			
Corporations must also include Alcoh	ol Beverage Appointment of Age	nt (Form AB-101).			
Last Name Fi	irst Name	Title		Phone	
Raflik J.	.J.	President			
Meyer Sa	am	Vice Presiden	t		
Gross T3	yler	Secretary			
Kittleson Ar	ndy	Treasurer			

Continued \rightarrow

Executive Director

Amy

Part C: Event Information		1		7.0		1.
1. Name of Event (if applicable)						
Downtown Fond du Lac Beer an	d Bourbor	n Crawl				
2. Dates of Operation			3. Hours	s of Operation	on	
Saturday, May 3, 2025			1:00	0 pm to	5:00 pr	n
4. Premises Address						
Lillians of Fond du Lac, 27	S. Main S	Street				
5. City			6. 8	State	7. Zip Code	
Fond du Lac				WI	54935	
1 5		, , 🖭, 🗀	☐ Villa	90	Aldermanic Dist	rict
ANY 30 MARCH 100 CO	of: FOND DU		f O		/A	
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Num				
Megan Sigrist / Amy Krupp		Megan@downtownfdl.co	om / Amy	/@downtow	nidl.com, 92	20-322-2006
13. Organizer Website		14. Event Website	/b	a bound	an anar	,
www.downtownfdl.com 15. Premises Description - Describe the building		downtownfdl.com	•			
stored, or consumed, and related records ar alcohol beverage activities and storage of re or diagram and additional sheets if necessar Ground Floor.	ecords may oc	ccur only on the premises o	ilding, in	d in this a	ng quarters. pplication. At	tach a map
Part D: Attestation						
Who must sign this application?						
one officer or director of the nonprofit organ	nization					
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.						
Last Name		First Name				M.I.
Meyer	8	Sam				
Title Vice-President	Email sam@s	ammeyeragency.com			Phone (920) 92	4-4425
Signature San May	n)	Date		04/07/25	
Part E: For Clerk Use Only						
Date Application Was Filed With Clerk		License Number	7_0	057		
Date License Granted	7 2025	Date License Issued	0	036		
0000 0000 0000 0000 0000						
Signature of Clerk/Deputy Clerk						

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
Programment of the State of St	to this office.
EITY OF Memorana Date:	FOND DU LAC
Memorana	FOND DU LAC
Memorano	FOND DU LAC
Memorana Date: To:	FOND DU LAC
Memorand Date: To: From:	FOND DU LAC ium City Clerk Chief of Police
Memorand Date: To: From:	FOND DU LAC ium City Clerk Chief of Police Temporary Class B License
Memorand Date: To: From:	FOND DU LAC hom City Clerk Chief of Police Temporary Class B License I hereby recommend that the application be:



Form

AB-220

Temporary Alcohol Beverage License

Municipality CITY OF FOND DU LAC

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

					or a total or \$35 due.	
Part A: Organization Informat	ion					
Organization Name		2 2 22 2 2 2				
Downtown Fond du Lac	Part	nership				
2. Organization Permanent Address	C ' '	7.07				
131 S. Main Street,	Suite	101				
3. City Fond du Lac 4. State 5. Zip Code WI 54935						
6. Mailing Address (if different from peri	manant a	ddrann		WI	54935	
o. Mailing Address (if different from peri	manem a	udiess)				
7. FEIN		8. Date of Organization/Incor	poration	9. State of Organiz	zation/Incorporation	
46-1169019				Wisconsin	i	
10. Phone		11. Email				
(920) 322-2007		info@downtownfo	dl.com			
12. Organization type (check one)						
☐ Bona Fide Club ☐	Church	☐ Fair Association	/Agricultural Socie	etv	an's Organization	
☐ Lodge/Society ☑	Chambe	er of Commerce or similar C		5 10-	•	
					iii io ii iiii o iiiio.	
13. Is this organization required to he 14. Wisconsin Seller's Permit Number (if				# # E# # EX.4 E#A EXA	☐ Yes ☑ No	
Part B: Individual Information	7					
3 777 - 7 177 -			<u> </u>			
List the name, title, and phone num (Form AB-100) for each person liste	nber for ed belov	all officers, directors, and a v. Attach additional sheets i	gent of the organi f necessary.	ization. Include a	n Individual Questionnaire	
Corporations must also include Alco	ohol Bev	verage Appointment of Age	nt (Form AB-101).			
Last Name	First Na	me	Title		Phone	
Raflik	J.J.		President			
Meyer	Sam		Vice Presid	lent		
Gross	Tyler		Secretary			
Kittleson .	Andy		Treasurer			
Krupp .	Amy		Executive I	Director		

Part C: Event Information						
1. Name of Event (if applicable)						
Downtown Fond du Lac Beer and I	Bourbo	on Crawl				
2. Dates of Operation			3. Hours of Operation			
Saturday, May 3, 2025			1:	00 pm	to 5:00 p	om
4. Premises Address						
Main Street Fashion, 117 S. Ma:	in Str	reet				
5. City			(6. State	7. Zip Code	
Fond du Lac				WI	54935	
8. County 9. Gover	ning Munic	cipality 🔽 City 🗌 Town	☐ Vi	llage 10	0. Aldermanic Di	strict
Not the second of the second o	OND DU				N/A	
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Num	nber for	r Organizer	of Event	
Megan Sigrist / Amy Krupp		Megan@downtownfdl.co	om / P	Amy@downt	ownfdl.com,	920-322-2006
13. Organizer Website		14. Event Website	12			
www.downtownfdl.com		downtownfdl.co				
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Ground Floor.						
Part D: Attestation						
Who must sign this application?						
one officer or director of the nonprofit organiza	tion					
READ CAREFULLY BEFORE SIGNING: Under a truthfully. I agree that I am acting solely on behalf seeking the license. Further, I agree that the rights to another individual or entity. I agree to operate a from Wisconsin-permitted wholesalers. I understant be deemed a refusal to allow inspection. Such refutat any license issued contrary to Wis. Stat. Chap be prosecuted for submitting false statements and provides materially false information on this applic	of the ap and resp according of that lac usal is a oter 125 s affidavits	oplicant organization and no consibilities conferred by the g to the law, including but no ck of access to any portion of misdemeanor and grounds shall be void under penalty in connection with this appl	ot on be licen of limit of a lice for re of state	behalf of a use(s), if gu ted to, pur ensed prea vocation of te law. I fur n, and that	ny other indiviranted, will not chasing alcohomises during in this license. If ther understattany person w	dual or entity be assigned of beverages aspection will I understand and that I may
Last Name		First Name				M.I.
Meyer		Sam				
Title Vice-President	Email sam@s	sammeyeragency.com			Phone (920) 9	24-4425
Signature Date 04/07/25						
Part E: For Clerk Use Only				. 5/10		
Date Application Was Filed With Clerk		License Number			•	4
API	R 072	020	-C	0057	/	
Date License Granted		Date License Issued				
Signature of Clerk/Deputy Clerk		•				

Memorand	ium .
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
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

NP+ 1396

Form

AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

License(s) Requested			. :		Fees	
			Lice	ense Fees	\$	10.00
☐ Temporary "Class B" W	ine 🔲 Temporary Class "	B" Beer	Bac	kground Che	ck \$	0.00
			Tota	al Fees	\$	10.00
		If not filed	1 15	davs prior	to ALC Mee	
		rush fee wil	1 be	charged, f	or a total	l of \$35 due.
Part A: Organization Informati	ion		arme.			
1. Organization Name	· · · · · · · · · · · · · · · · · · ·					
Fe, Vida y Esperanza	Inc.					
2. Organization Permanent Address						
1310 South 30th Stree	et					
3. City				4. State	5. Zip Code	1
Milwaukee				MI	53215	j
6. Mailing Address (If different from pern	manent address)					
7. FEIN	8. Date of Organization/Incorp	poration	9. S	tate of Organia	zation/Incorp	oration
883585879	08/12/22		W	isconsir	1	
10. Phone	11. Email		•			
(414) 388-9002	fvecancer@gmail	L.com				
12. Organization type (check one)	-					
☐ Bona Fide Club ☐ 0	Church	/Agricultural Soci	ety	☐ Veter	ran's Organ	ization
_	Chamber of Commerce or similar C	-	-	ation under c	h. 181. Wis.	. Stats.
			,			
13. Is this organization required to he	old a Wisconsin Seller's permit?			. .	[Yes ✓ No
14, Wisconsin Seller's Permit Number (if	fapplicable)					

						B. S.
Part B: Individual Information						
List the name, title, and phone num	ber for all officers, directors, and a	gent of the organ	nizatio	on. Include a	n Individual	Questionnaire
(Form AB-100) for each person lists						
Corporations must also include Alco	ohol Beverage Appointment of Age	nt (Form AB-101)).			
Last Name	First Name	Title			Phone	
	_		•			
Sanchez	Griselda	Founder &	CEO			
, , , , , , , , , , , , , , , , , , ,						
	Minerva	Secretary				
	Minerva	Secretary			ļ	
	Minerva	Secretary				
	Minerva	Secretary				

Part C: Event Information							
Name of Event (if applicable)							
MICRO WRESTLING 2025							
2. Dates of Operation		1.160	3.1	Hours of O	peration	on	
05/23/2025			4 P	M - 10 P	M		
4. Premises Address					···		_
520 FOND DU LAC AVE							
5. City				6. State		7. Zip Code	
FOND DU LAC				Wĭ		54935	
8. County	9. Governing Munic	ipality 🕢 City 🔲 Town		Village	10. A	Idermanic District	
FOND DU LAC	of: FOND DU	LAC			N,	/A	
11. Organizer of Event (if not the named applicar	nt)	12. Email and/or Phone Nu	mber	for Organi	zer of	Event	
MICHEL HERNANDEZ		hcentertainment.n	mr@	gmail.co	m		
13. Organizer Website		14_Event-Website					
alcohol beverage activities and storage or diagram and additional sheets if neces	essary.	,	deso	cribed in 1	this a	oplication. Attach a ma	яp
Part D: Attestation Who must sign this application?							
one officer or director of the nonprofit of	organization						
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely o seeking the license. Further, I agree that I to another individual or entity. I agree to o from Wisconsin-permitted wholesalers. I u be deemed a refusal to allow inspection. I that any license issued contrary to Wis. Si be prosecuted for submitting false statement provides materially false information on the	n behalf of the ap he rights and resp operate according inderstand that lac Such refusal is a i tat. Chapter 125 s onts and affidavits	plicant organization and ronsibilities conferred by the tothe law, including but it of access to any portion misdemeanor and ground thall be void under penalty in connection with this ap	not or he lice not lir of a l s for of st plicati	n behalf of ense(s), i mited to, p icensed p revocation ate law. I ion, and t	f any f gran purcha remis n of th furtha hat ar	other individual or entited, will not be assigned asing alcohol beverage ses during inspection whis license. I understater understand that I may person who knowing	ity ed es vill nd ay
Last Name	1	First Name				M.J.	
Sanchez		Griselda					
Title	Email					Phone	
Founder & CEO		sanchez1105@gmail	cor	n		(414) 388-9002	
Signature Griselda Sanche	1			Date 4/7/202	15		
-							
Part E: For Clerk Use Only	1						
Date Application Was Filed With Clerk	1 1 2025	License Number	C	~00:	58		
Date License Granted	and the second of	Date License Issued					
Signature of Clerk/Deputy Clerk							
1							

Memorano	lum
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.
EITY OF	FOND DU LAC
Date:	
To:	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
·	I hereby recommend that the application be:
	Granted a license Cpt. L.D. #121
	Denied a license APR 2 5 2025
	Comments

Form	
Α	B-220

License(s) Requested

Temporary Alcohol Beverage License

Municipa	du	Lac	

rot# 1246

Fees

		լւ	icense Fees	, \$, <u>10</u> ,00
☐ Temporary "Class B" Wine	X Temporary Class "E	3" Beer E	Background Chec	sk \$
	·	ī	otal Fees	\$110.00
				. Valent
Part A: Organization Information		<u> </u>		
1. Organization Name	· · · · · · · · · · · · · · · · · · ·			
Fond du Lac Firefighters 2. Organization Permanent Address	L400 Charitable Fun	<u>d</u>	,	
815 S. Main St.				
3. City	'		4. State	5. Zip Code
Fond du Lac			ωι	54935
6. Mailing Address (if different from permanent a	address)			
7. FEIN	8. Date of Organization/Incorpo	oration 0		ation/Incorporation
39-2000710	January 2000	Jiadon	. State of Organiza Wisconsin	attorimicorporation
10. Phone	11. Email		00.500.101	
920-960-7507	FalfireFighters@	gmail-com		
12. Organization type (check one)	· · · · · · · · · · · · · · · · · · ·	•		
☐ Bona Fide Club ☐ Church	☐ Fair Association/	Agricultural Society	/ ☐ Vetera	an's Organization
☐ Lodge/Society ☐ Chamb	er of Commerce or similar Ci	vic or Trade Organ	ization under ch	. 181, Wis. Stats.
13. Is this organization required to hold a W	isconsin Seller's permit?			☐ Yes 🙇 No
14. Wisconsin Seller's Permit Number (if applicat	ole)			
Part B: Individual Information				
List the name, title, and phone number for	all officers, directors, and ag	ent of the organiza	ation. I	
Last Name First Na		Title		Dhono
				Phone
Schill Trie	otan	Director/A		
Forster Ga	vin	Secretary/T	reasurer	
Golla An	dy	President		
Rolfe Jak	າກ	Vice President		
Lorenz No.	ıh	Board Memb	our	

Part C: Event Information	in the control of the	opuse parentes and 1991.	en e		
Name of Event (if applicable)					
Walleye Weekend 2025					
2. Dates of Operation		3. Hours of Operation			
June 4,7,8		(3:00-10:00)	7th (8:00 - 10:00) 8th (9:00 - 5		
4. Premises Address					
Lakeside Park					
5. City		6. State	7. Zip Code		
Fond du Lac		_ WI	54935		
	9 1 7 <u>Cu</u> - 7 Cu	☐ Village 1	Aldermanic District		
	Fond du Lac				
11. Agent/Organizer of Event (if not the named applicant)	12. Email and/or Phone Num	iber for Agent/Org	anizer of Event		
Tristan Schill					
13. Agent/Organizer Address	14 Agent/Organizer Date of	Rirth			
15. Premises Description - Describe the building or b			1		
alcohol beverage activities and storage of record or diagram and additional sheets if necessary. **Ter to map for tent					
Port D. Attactation					
Part D: Attestation		Carried Web 10			
Who must sign this application?	•				
 one officer or director of the nonprofit organizat 					
READ CAREFULLY BEFORE SIGNING: Under p truthfully. I agree that I am acting solely on behalf seeking the license. Further, I agree that the rights to another individual or entity. I agree to operate a from Wisconsin-permitted wholesalers. I understand be deemed a refusal to allow inspection. Such refuthat any license issued contrary to Wis. Stat. Chap be prosecuted for submitting false statements and a provides materially false information on this application.	of the applicant organization and no and responsibilities conferred by the according to the law, including but no d that lack of access to any portion of isal is a misdemeanor and grounds ter 125 shall be void under penalty of affidavits in connection with this appl	ot on behalf of a e license(s), if g ot limited to, pure of a licensed pre for revocation of of state law. I fure ication, and that	any other individual or entity ranted, will not be assigned rchasing alcohol beverages emises during inspection will of this license. I understand or understand that I may any person who knowingly		
Last Name	First Name		M.I.		
Schill	Tristan		٦		
Title Director of Charitable Fund	Email Fairine Fighters @ gmail.c	om	Phone 920 - 940 - 7507		
Director of Charitable Fund Signature Signature Shill	0 0	7/11/2	3.0		
JAMAN DONON		5/11/	25		
Part E: For Clerk Use Only	range in	r. veli	1000 1000 1000 1000 1000 1000 1000 100		
Date Application Was Filed With Clerk APR 0 1 202	License Number	0042			
Date License Granted	Date License Issued		2 1.8		
Signature of Clerk/Deputy Clerk					

Memorand	um
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.
Memorano Date:	FOND DU LAC
Date:	
To:	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
	I hereby recommend that the application be: Granted a license CPT RA. *134 04-04-35 Denied a license
	Comments

rectal 7235

Form				
Α	В	-2	2	0

Temporary Alcohol Beverage License

Municipality Ci4.	of	Fonddulac
		T OIL CALLED

License(s) Requested			Fees		
		Lic	ense Fees	\$ 10-	
Temporary "Class B"	Wine M Temporary Clas	s "B" Beer Ba	ckground Check	\$	
		То	tal Fees	\$ 10-	
Part A: Organization Inform	ation	·····			
1. Organization Name	-s of Columbus -	Council 664			
2. Organization Permanent Address	795 Fond du Lac	Ave.			
3 City			4. State 5.	Zip Code	
Fond du Lac			WI	54935	
6. Mailing Address (if different from p	ermanent address)			,	
7. FEIN	8. Date of Organization/Inc	corporation 9.	State of Organization	on/Incorporation	
	1902		WI		
10. Phone	11. Email				
920-921-1290	Contact@usi	appraisals 11C.	Com		
12. Organization type (check one) [X] Bona Fide Club	Church Fair Associat	ion/Agricultural Society	☐ Veteran	's Organization	
☐ Lodge/Society	Chamber of Commerce or simila				
13. Is this organization required to	hold a Wisconsin Seller's permit?			Yes No	
14. Wisconsin Seller's Permit Number	r (if applicable)				
				····	
Part B: Individual Information	on				
List the name, title, and phone n	umber for all officers, directors, an	d agent of the organizat	ion. I		
Last Name	First Name	Title		hone	
An.					
Carter	Brian	Grand Kni	ght		
Hammis	Jeromy	Deputy Grand	Knight		
Sheve	Jacob	Financial Se	cretary		
Sawyer	18:11	Treasurer			
1					
			<u>l</u>		

Part C: Event Information			
1. Name of Event (if applicable)	_		
2. Dates of Operation Tune Gth-8th 2025	rd		
2. Dates of Operation	_	3. Hours of Op	
June 61 - 81 2025		3p-lupm	18am-10pm/10am-
4. Premises Address Lakeside Park			,
5. City		6. State	7. Zip Code
Fond du Lac		WI	54935
8. County 9. Governing Municipality of: Fond de		☐ Village	10. Aldermanic District
11. Agent/Organizer of Event (if not the named applicant) 12.	Email and/or Phone Numl	ber for Agent/O	ganizer of Event
Peter Wilke (Expensive Director Front du lac Festily)	director @fd1.	fest, com	
13. Agent/Organizer Address 14.	Agent/Organizer Date of I	3irth	
650 M. Main St. Finddulac, WI		,	
15. Premises Description - Describe the building or buildings and stored, or consumed, and related records are kept. Describe alcohol beverage activities and storage of records may occur or diagram and additional sheets if necessary.	all rooms within the bui	ilding, includin	g living quarters. Authorized
Part D: Attestation	· · · · · · · · · · · · · · · · · · ·		
Who must sign this application?	,		
one officer or director of the nonprofit organization			
READ CAREFULLY BEFORE SIGNING: Under penalty of law truthfully. I agree that I am acting solely on behalf of the applica seeking the license. Further, I agree that the rights and responsi to another individual or entity. I agree to operate according to the from Wisconsin-permitted wholesalers. I understand that lack of be deemed a refusal to allow inspection. Such refusal is a misd that any license issued contrary to Wis. Stat. Chapter 125 shall be prosecuted for submitting false statements and affidavits in corprovides materially false information on this application may be	ant organization and no bilities conferred by the he law, including but no access to any portion o lemeanor and grounds be void under penalty o prinection with this appli	t on behalf of e license(s), if ot limited to, po f a licensed pr for revocation of state law. I the ication, and the	any other individual or entity granted, will not be assigned urchasing alcohol beverages remises during inspection will of this license. I understand further understand that I may at any person who knowingly
Last Name First	Name		M.I.
Endres	utthew		D
Title Email	ves egmail.com	1	Phone 924-838-1190
Signature Mouthly D. End	· · · · · · · · · · · · · · · · · · ·	I Date	28/25
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk MAR 3 1 2025	License Number	-0041	
Date License Granted	Date License Issued		
Signature of Clerk/Deputy Clerk			

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
Date:	
To:	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
·	I hereby recommend that the application be:
	Comments

120H

Form AB-220

Temporary Alcohol Beverage License

Municipality	,			
CITY	OF	FOND	DU	LAC

1.238 Winchester Ave. 3. City Fond du Lac 6. Mailing Address (if different from permanent address) 7. FEIN 23-7351031 05/29/74 10. Phone (920) 238-7503 11. Email (920) 238-7503 12. Organization type (check one) Bona Fide Ciub Church Fair Association/Agricultural Society Veters Lodge/Society Chamber of Commerce or similar Civic or Trade Organization under che 13. Is this organization required to hold a Wisconsin Seller's permit? 14. Wisconsin Seller's Permit Number (if applicable)	Fees	
Total Fees If not filed 15 days prior trush fee will be charged, for trush feet will	\$	10.00
If not filed 15 days prior of rush fee will be charged, for the fee will be charged, for such fee will be charged, for the fee wil	eck \$	0.00
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 6. Mailing Address (if different from permanent address) 7. FEIN	\$	<i>10.a</i> 2
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 6. Mailing Address (if different from permanent address) 7. FEIN 23-7351031 8. Date of Organization/Incorporation 05/29/74 WI 10. Phone 11. Email (920) 238-7503 12. Organization type (check one) Bona Fide Ciub Chamber of Commerce or similar Civic or Trade Organization under ch 13. Is this organization required to hold a Wisconsin Seller's permit? 14. Wisconsin Seller's Permit Number (if applicable)		ting, a \$25
A Organization Name Kiwanis club of Fabulous Fond du Lac, Wisconsin, Inc. 2. Organization Permanent Address 1238 Winchester Ave. 3. Gity Fond du Lac 6. Mailing Address (if different from permanent address) 7. FEIN 23-7351031 05/29/74 10. Phone (920) 238-7503 11. Email (920) 238-7503 12. Organization type (check one) Bona Fide Ciub Chamber of Commerce or similar Civic or Trade Organization under ch 13. Is this organization required to hold a Wisconsin Seller's permit? 14. Wisconsin Seller's Permit Number (if applicable)	for a total	of \$35 due.
Kiwanis club of Fabulous Fond du Lac, Wisconsin, Inc. 2. Organization Permanent Address 1238 Winchester Ave. 3. City Fond du Lac 6. Mailing Address (if different from permanent address) 7. FEIN 23-7351031 05/29/74 10. Phone (920) 238-7503 11. Email (920) 238-7503 12. Organization type (check one)		
2. Organization Permanent Address 1238 Winchester Ave. 3. City Fond du Lac 6. Mailing Address (if different from permanent address) 7. FEIN 23-7351031 10. Phone (920) 238-7503 11. Email (920) 238-7503 12. Organization type (check one) ☑ Bona Fide Club ☐ Church ☐ Fair Association/Agricultural Society ☐ Veteral		
1.238 Winchester Ave. 3. City Fond du Lac 6. Mailing Address (if different from permanent address) 7. FEIN 23-7351031 05/29/74 10. Phone (920) 238-7503 11. Email (920) 238-7503 12. Organization type (check one) Bona Fide Ciub Church Fair Association/Agricultural Society Veters Lodge/Society Chamber of Commerce or similar Civic or Trade Organization under che 13. Is this organization required to hold a Wisconsin Seller's permit? 14. Wisconsin Seller's Permit Number (if applicable)		
3. City Fond du Lac 6. Mailing Address (if different from permanent address) 7. FEIN		
Fond du Lac 6. Mailing Address (if different from permanent address) 7. FEIN 23-7351031 10. Phone (920) 238-7503 11. Email (920) 238-7503 12. Organization type (check one) Bona Fide Club Church Fair Association/Agricultural Society Veteral Lodge/Society Chamber of Commerce or similar Civic or Trade Organization under ch 13. Is this organization required to hold a Wisconsin Seller's permit? 14. Wisconsin Seller's Permit Number (if applicable)		
6. Mailing Address (if different from permanent address) 7. FEIN 23-7351031 05/29/74 10. Phone (920) 238-7503 12. Organization type (check one) Bona Fide Club Church Chamber of Commerce or similar Civic or Trade Organization under ch 13. Is this organization required to hold a Wisconsin Seller's permit? 14. Wisconsin Seller's Permit Number (if applicable)	5. Zip Code	
7. FEIN 23-7351031 05/29/74 WI 10. Phone (920) 238-7503 11. Email ibetold1980@gmail.com 12. Organization type (check one) Bona Fide Club Church Fair Association/Agricultural Society Vetera Chamber of Commerce or similar Civic or Trade Organization under ch 13. Is this organization required to hold a Wisconsin Seller's permit? 14. Wisconsin Seller's Permit Number (if applicable)	54935	
23-7351031 05/29/74 WI 10. Phone 11. Email ibeto1d1980@gmail.com 12. Organization type (check one)		
10. Phone (920) 238-7503 1betold1980@gmail.com 12. Organization type (check one) ☑ Bona Fide Club ☐ Church ☐ Fair Association/Agricultural Society ☐ Vetera ☐ Lodge/Society ☐ Chamber of Commerce or similar Civic or Trade Organization under ch 13. Is this organization required to hold a Wisconsin Seller's permit?	ization/Incorpo	ration
ibetold1980@gmail.com 12. Organization type (check one) ☑ Bona Fide Club ☐ Church ☐ Fair Association/Agricultural Society ☐ Vefera ☐ Lodge/Society ☐ Chamber of Commerce or similar Civic or Trade Organization under ch 13. Is this organization required to hold a Wisconsin Seller's permit?		
12. Organization type (check one) Bona Fide Club		
☑ Bona Fide Club ☐ Church ☐ Fair Association/Agricultural Society ☐ Vetera ☐ Lodge/Society ☐ Chamber of Commerce or similar Civic or Trade Organization under ch 13. Is this organization required to hold a Wisconsin Seller's permit?		
Lodge/Society Chamber of Commerce or similar Civic or Trade Organization under ch 13. Is this organization required to hold a Wisconsin Seller's permit?		
13. Is this organization required to hold a Wisconsin Seller's permit?	ran's Organiz	⊻ation
14. Wisconsin Seller's Permit Number (if applicable)	ch. 181, Wis.	Stats.
		Yes 🗹 No
Part B' Individual Information		
Part B' Individual Information		
Fart 6. Individual information		
Con a militaria con tributa de la contrata del contrata del contrata de la contrata del contrata del contrata del contrata del contrata de la contrata del contra		
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an (Form AB-100) for each person listed below. Attach additional sheets if necessary.	an Individual	Questionnaire
Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).		

Phone

Continued \rightarrow

Last Name

Goeglien

Baerwald

Freund

Pettie

Millin

Title

President

Secretary

President-Elect

Vice President

Treasurer / Agent

First Name

Steve

Mitch

Bonnie

Charlene

Donna

Part C: Event Information							
1. Name of Event (if applicable)							
Walley Weekend							
2. Dates of Operation			2 11	ours of Op	oratio		
June 6,7 & 8th 2025						at8-10S	1120-5pm
			Г.	LT 2-T	0,5	aco-105	u119-5pm
4. Premises Address							
Lakeside Park - Lakefront							
5. City				6. State		7. Zip Code	
Fond du Lac			=	WI	10.0	54935	
	rning Munic		Цν	/illage		Idermanic Dis	strict
	FOND DU					/A	
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Num			er of	Event	
Fond du Lac Festivals, Inc.		director@fdlfe	st.	com			
13. Organizer Website		14. Event Website	, ,	005			
Fond du Lac Festivals, Inc.		Walleye Weeken	d 2	025			
alcohol beverage activities and storage of recor or diagram and additional sheets if necessary. Inside on Promen Drive. Lakeside Large Tent						57 59	
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	Email	Domia				Phone	
Tresurer		eund@charter.net					02-6105
	UNITE	edilugellar ter . Het	т	Date		(320) 00	
Signature Date 31(0125							
Part E: For Clerk Use Only							
Date Application Was Filed With Clerk WAR 2 6 202	75	License Number	- OC	39			
Date License Granted							
Date Liverise Granted		Date License Issued					
Signature of Clerk/Deputy Clerk							

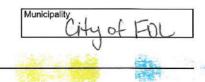
Memorand	lum .
Date:	
To:	Chief of Police Attn: Records Division
From:	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.
EFFY OF Memorand	FOND DU LAC
Date:	
To:	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
	I hereby recommend that the application be:
	I hereby recommend that the application be: State of the late of

roth 7207

Form

AB-220

Temporary Alcohol Beverage License



License(s) Requested		Fo	ees
		License Fees	\$ 10
☐ Temporary "Class B" Wine	Temporary Class "B" Beer	Background Check	\$
	· ·	Total Fees	\$ 10.00

Part A: Organization Inform	ation	Jir Barr of Private or Miles	g v - Dilasa i di lafara ja
Organization Name		S	
Fond du Lac	Woon Kiwani	2	
2. Organization Permanent Address PO BOX 101			
Fond du Lac		4. State	5. Zip Code 64936
6. Mailing Address (if different from p	ermanent address)		•
39-6046344	8. Date of Organization/Incom	9. State of Organ	nization/Incorporation
10. Phone 920-579-08	89 11. Email (Kinball (@ arcfdl.org	
12. Organization type (check one)	7	J	
Bona Fide Club	Church Fair Association	n/Agricultural Society	eran's Organization
Lodge/Society	Chamber of Commerce or similar	Civic or Trade Organization under	ch. 181, Wis. Stats.
14. Wisconsin Seller's Permit Number Part B: Individual Information			
	umber for all officers, directors, and	agent of the organization.	
List the name, the, and profile in	umber for all officers, directors, and	agent of the organization. I	
Last Name	First Name	Title	Dhone
Gens	Connie	President	
Schnorr	Susan	Treasurer	
Brad	Leonard	President Elect	
Kathy	Strong Langlof.	Secretary	
1	2 0	. 0	

Continued \rightarrow

Part C: Event Information	
1. Name of Event (if applicable)	
Walleys Weekend	
2. Dates of Operation	3. Hours of Operation
June 6- Y, dods	8an-11pm
4. Premises Address	
5. City	6. State 7. Zlp Code
Food du lac	WI 54935
8. County 9. Governing Municipali	y City Town Village 10. Aldermanic District
fond du lac of fond d	ucac
11. Agent/Organizer of Event (if not the named applicant)	Email and/or Phone Number for Agent/Organizer of Event
13. Agent/Organizer Address 14	Agost Organism Pole of Bloth
1050 No. Main St. Forwall &	. Agent/Organizer Date of Birth
	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 only on the premises described in this application. Attach a map
Agent-Jessica Kimball	
Part D: Attestation	
Who must sign this application?	
one officer or director of the nonprofit organization	
1	v, I have answered each of the above questions completely and
truthfully. I agree that I am acting solely on behalf of the applic	ant organization and not on behalf of any other individual or entity ibilities conferred by the license(s), if granted, will not be assigned
to another individual or entity. I agree to operate according to	he law, including but not limited to, purchasing alcohol beverages
	access to any portion of a licensed premises during inspection will demeanor and grounds for revocation of this license. I understand
1	be void under penalty of state law, I further understand that I may
	onnection with this application, and that any person who knowingly
provides materially false information on this application may be	required to forteit not more than \$1,000 if convicted.
	Name M.I.
	Counie B
Club President Cour	it. gens@arcf11.org 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
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Memorand	hum			
Date:	•			
То:	Chief of Police	Attn: Records Division		
From:	City Clerk			
Subject:	Temporary Class B	License		•
	with this office wit	pied on the reverse side thin the preceding forty-	eight hours.	
	It is respectfully re	quested that your recom	mendation provided	
EITY OF	on the granting and to this office. FOND DU LAC	l issuance of a license be	o provided	•
EITY OF	to this office.	i issuance of a ficense of	provided	
Memorano	to this office. FOND DU LAC	i issuance of a ficense of	o provided	· •
Memorano	to this office. FOND DU LAC	i issuance of a ficense of	provided	•
Memorana Date: To:	to this office. FOND DU LAC hum City Clerk	i issuance of a ficense of	provided	· •
Memorano	to this office. FOND DU LAC	i issuance of a ficense of	provided	
Memorand Date: To:	to this office. FOND DU LAC hum City Clerk	5	provided	
Memorand Date: To: From:	to this office. FOND DU LAC lum City Clerk Chief of Police Temporary Class I	5	ę.	
Memorand Date: To: From:	to this office. FOND DU LAC hum City Clerk Chief of Police Temporary Class I I hereby recomme	3 License	ę.	03-38-35
Memorand Date: To: From:	to this office. FOND DU LAC hum City Clerk Chief of Police Temporary Class I I hereby recomme	3 License nd that the application betted a license	ę.	03-38-35

Form				
Λ	D	2	7)	n

Temporary Alcohol Beverage License

Municipality (j. 144	of	FOL
J		

				Ppt # ma
License(s) Requested				Fees
		Li	cense Fees	\$ 10
Temporary "Class B" W	/ine ☑ Temporary Cla	ıss "B" Beer B	ackground Chec	sk \$
		To	otal Fees	\$ 10.00
	A Commence of the Commence of			
			a dian an Agailean and	
Part A: Organization Informati 1. Organization Name	on			
	Booster Clu	_		
2. Organization Permanent Address	~ ~ ~	0 0 0		
1115 Thorke A.	ve, the	12 5 6 5 5 P		
3. City	1 .		4. State	5. Zip Code
North Fond du	Lac	N-11	$ \omega_1 $	54937
6. Mailing Address (if different from pern	nanent address)			
7. FEIN	8. Date of Organization/II	ncorporation 9.	State of Organiza	ation/Incorporation
	4-6-2016		WI	·
10. Phone	11. Email	2 0 / 1 1	······································	
920 929-3750	Miashide	D nfd1school	5.000	
12. Organization type (check one)			_	
——————————————————————————————————————		ation/Agricultural Society		an's Organization
Lodge/Society	Chamber of Commerce or simil	lar Civic or Trade Organi	zation under ch	. 181, Wis. Stats.
13. Is this organization required to ho	old a Misconsin Saller's narmit?	>		🗀 Yes 🔼 No
				[] 165 [] 100
14, Wisconsin Seller's Permit Number (If	applicable)			
			р р	
Part B: Individual Information				
		<u> </u>		
List the name, title, and phone num	iber for all officers, directors, a	nd agent of the organiza	ition. I	
T				
Last Name	First Name	Title		Phone
	+ HOLINGHIG			FHORE
Rashid Willner	Mathew	president vice pres	+	
``\\\	Matthew Niddi	1 1 1 1 NA		
WITTLE	10 1 pcpc.	VICE Pres	ident	

Continued \rightarrow

Schumacher

Niemoth

Treasurer

Amando

Dawn

Part C: Event Information				
1. Name of Event (if applicable)	1			
2. Dates of Operation			3. Hours of O	paretion
June 6h 8h 2025			3. (louis 01 O	GIAIDIT
4. Premises Address SSN Park Ave				
5. City Fond du Lac			6. State	
8. County FDZ	9. Governing Munic	ipality 👿 City 🔲 Town	Village	10. Aldermanic District
11. Agent/Organizer of Event (if not the named a Muff Rushill	applicant) S	12. Email and/or Phone Num MMをあんしい。	ber for Agent/C イ包 GM・	rganizer of Event いしゅといべ
15. Fromises Description - Describe the bound of stored, or consumed, and related reconsults alcohol beverage activities and storage or diagram and additional sheets if necessity.	ds are kept. Desci e of records may of essary.	ibe all rooms within the bui cour only on the premises o	lding, includi	ng living quarters. Authorized
Permanent open Oven Island Lan	le Side Pal			
				× 1744 - 1845 - 1845 - 1846 - 1846 - 1846 - 1846 - 1846 - 1846 - 1846 - 1846 - 1846 - 1846 - 1846 - 1846 - 184
Part D: Attestation Who must sign this application?				
one officer or director of the nonprofit	organization			
READ CAREFULLY BEFORE SIGNING truthfully. I agree that I am acting solely seeking the license. Further, I agree that to another individual or entity. I agree to from Wisconsin-permitted wholesalers. It be deemed a refusal to allow inspection that any license issued contrary to Wis. Sie prosecuted for submitting false statem provides materially false information on the	: Under penalty of on behalf of the ap the rights and resp operate according understand that lac Such refusal is a r stat. Chapter 125 s ents and affidavits	plicant organization and no onsibilities conferred by the to the law, including but no k of access to any portion o misdemeanor and grounds hall be void under penalty o in connection with this appli	of on behalf or elicense(s), it of limited to, a f a licensed p for revocation of state law. I ication, and the	f any other individual or entity granted, will not be assigned burchasing alcohol beverages remises during inspection will nof this license. I understand further understand that I may nat any person who knowingly
Rashid		First Name		M.I.
Title President	Email M Co.	matthew shid and scho	. I d	Phone (20 539 - 547)
Signature 7	11.1	SN. DC ETHOT SCHO	Date	· · · · · · · · · · · · · · · · · · ·
Https://			95.00	3-13-25
Part E: For Clerk Use Only Date Application Was Filed With Clerk	R 1 4 2025	License Number) — 00:	36
Date License Granted		Date License Issued		
Signature of Clerk/Deputy Clerk	ann an	2005-101524-1115-101000-1110-1110-1110-1110-1110-1		

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
Making a summer Shime To be Shirt in Sh	to this office.
EITY OF	FOND DU LAC
	FOND DU LAC
Memoran	to this office. FOND DU LAC
Memorand	FOND DU LAC
Memorand Date: To:	to this office. FOND DU LAC dum 3-17-25 City Clerk
Memorand Date: To: From:	FOND DU LAC dum 3-17-25 City Clerk Chief of Police Temporary Class B License I hereby recommend that the application be:
Memorand Date: To: From:	to this office. FOND DU LAC dum 3-17-25 City Clerk Chief of Police Temporary Class B License
Memorand Date: To: From:	FOND DU LAC dum 3-17-25 City Clerk Chief of Police Temporary Class B License I hereby recommend that the application be:

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

See Additional Information on reverse side. Contact the municipal cle If not filed 15 days prior to ever	rk if you have questions.
FEE \$ 10.00 rush fee will be charged, for a to	Eal of \$38 age. Application Date: 01/14/2020
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 a A Temporary "Clase B" license to sell wine at picnics or similar gat at the premises described below during a special event beginning 0 to comply with all laws, resolutions, ordinances and regulations (state, and/or wine if the license is granted.	herings under s. 125.51(10), wis. Stats. $6/06/2025$ and ending $06/08/2025$ and agrees federal or local) affecting the sale of fermented mail beverages
1. Organization (check eppropriate box) → ☑ Bona fide Club	Church Lodge/Society
	nerce or similar Civic or Trade Organization (organized under Ch. 181)
Veteran's Organiz	
(a) Name NOON OPTIMIST CLUB OF FOND DU L	NI 54936-1491
(b) Address E O DOR 1131	Town
	i tour may may any
(c) Date organized 08/01/1968 08/26/1970	
(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	The state of the s
Treasurer MARCIA SNYDER	
(g) Name and address of manager or person in charge of affair:	JOSEPH SKELTON -
(B) Identic cold addition at the same of t	
2. Location of Premises Where Beer and/or Wine Will Be Sold Beverage Records Will be Stored:	, Served, Consumed, or Stored, and Areas Where Alcohol
(a) Street number _ I.AKESIDE PARK	Block
(b) Lot	
(d) If part of building, describe fully all premises covered under the	nis 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, 20	25
	ATTION
The Officer(s) of the organization, individually and together, declare to the best of their knowledge and belief.	nder penaities of law that the information provided in this applica-
	NOON OPTIMIST CLUB OF FOND DU LAC (Name of Organization)
Officer Maura / Smouth 1-14-35	Officer (Signature/date)
Officer (Signeture/date)	Officer(Signature/dete)
Date Filed with Clerk	Date Reported to Council or Board
	0 000
Date Granted by Council	License No

nept 6776

Memorana	lum — — — — — — — — — — — — — — — — — — —
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
	auni
Date:	Other Claude
<i>To:</i>	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
·	I hereby recommend that the application be:
	X Granted a license CPT RD, #131 01-35-35
	Denied a license
	Comments

rp+ # 7089

License(s) Requested									Fees		rt (v., m. artinteg (v. a. br.), br. 19 m. 2. mags (p. a. pr. a. gr. 1985 et 19 februari (v. a. pr. a. gr. 2005 et 19 februari (v. a. pr. a. gr.) 2005 et 1995 et 1996 et 199
omenos i i alor di amendi cambino producti a massa de la				ia na la decarricación de la colonia		Li	cens	e Fees	\$	R	C
Temporary "Class B" Wi	ine X Temporary Class "B" Beer		В	ackgi	round Che	ck \$					
				To	otal F	ees	\$	10)		
Part A: Organization Information			300 77 34 105 (471 40 105 (471 40 105 (471 40								
Organization Name Fond decorated to the second decorated decorated to the second decorated decorated to the second decorated	u Lac M	forning l	Rota	tary							
2. Organization Permanent P.O. Bo											
3. City Fond de	u Lac						4.	State WI		ip Code 4936-1	356
6. Mailing Address (if different from pe	rmanent a	iddress)									
7. FEIN 8. Date of Organization/Incorporation 1990				ration 9.		of Organiza VI	ation/Inco	orporation	n		
10. Phone 920-579-0808		11. Ema	ail			•					
12. Organization type (check one)				tdmille	r@charter.i	net					
X Bona Fide Club Lodge/SocietyChamber of	Church				on/Agricultural Civic or Trade		ion u		teran's (-	ation
13. Is this organization required to hold		ısin Seller'	s per	rmit?						Ycs	X No
Selection of the selection of the book of the control of the contr	* :///:: */ · · · · · · · · · · · · · · · · · ·	k lahiya yayaya dhahara ah			11.2.2.10.5.11.2.41.2.11.20110103.2.4			a managara ar pura	STERN SHIPMANICE	Lag Mania . /ali:	
Part B: Individual Information	Tike mga at ik										
List the name, title, and phone nu	ımber for	all officer	rs, d	directors, and	dagentofth	ie organiz	zatio	n. l			
Last Name	First Na	ıme			Title				Phone		
Schiek	Christine			Club pr	Club president						
Miller	Ted			Walleye Weekend chair							
											-,
						•					

Par	t C: Event Information										
1.	Name of Event (if applicable)										
		Walleye Week	tend 2025								
2.	Dates of Operation	June 6-8, 202	5				3.	Hours of Fri. 3-1			Sun. 9-5 pm
4.	Premises Address	Lakeside Park	akeside Park								
5.	City	Fond du Lac	Fond du Lac 6. State 7. Zip Code WI				de				
8.	County Fond du Lac	9.	9. Governing Municipality of: Fond du Lac X City Town Village 10. Aldermanic District					strict			
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. For	nd du Lac, WI	54935	14. Ag	gent/Organiz	zer Date of B	irth				
	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.										
Par	t D: Attestation										
	ho 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.											
Las	t Name Schiek			First Na		ristine	*				M.I.
Titl		ub president	Email	Chris		nrotary@g	gmai	l.com		Phone 920-948	-6533
Sign	nature	1_				, ,		Date	larc	h 11, 202	5
Par	rt E: For Clerk Use Only	0									
Date Application Was Filed With Clerk MAR 11 2025			License Number								
Dat	e License Granted	W. W.			Date License						
Sign	nature of Clerk/Deputy Clerk										

Memorand	'um
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
Memorana	lum
Date:	
To:	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
	I hereby recommend that the application be:
	Stranted a license CFT (1), #151 3-12-35
	Denied a license
	Comments

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_	u	ш	•	П

AB-220

Temporary Alcohol Beverage License

Municipality			
Ently	A	100	
FONS	DU	LAC	

License (s) Réclusted		F	988		-150 A 737 Sec 177 -2567 - 111
-		License Fees	\$	10	
[ズ Temporary "Class B" Wine	ু∏ Temporary Class "B" Beer	Background Check	\$		
		Total Fees	\$	10	

Part A. Organization Information						
1. Organization Name	Autonomination of the control of the					
KIG	JANIS CLUB OF FO	ONA DULLAC .	1 AVES	20.0		
2. Organization Permanent Address						
	Box 2021					
3. City 4. State 5. Zip Code						
6. Mailing, Address (if different from permanent address)						
1		1. 1111				
N X397 BEACH V	IEW DR FOND DU 8. Date of Organization/Inc		54937	······································		
39-1098391	6. Date of Organization/inc	corporation	4 . /	nization/Incorporation		
10 ₂ Phone	11. Email	1760	W/30	ONSIN		
1920-375-0920		BER300 E	cmon 1	7.4.00		
12. Organization type (check one)	- Fuc	JER JUGG C	1111111.	(0//)		
⊠ Bona Fide Club □] Church Fair Association	on/Agricultural Societ	v 🗍 Vet	eran's Organization		
☐ Lodge/Society ☐	Chamber of Commerce or similar	· · · · · · · · · · · · · · · · · · ·				
			medion under	on. 161, wis. Stats.		
13. Is this organization required to	hold a Wisconsin Seller's permit? .			····· ☐ Yes ☑ No		
14. Wisconsin Seller's Permit Number						
	·					
Part B: Individual Informatio						
	ımber for all officers, directors, and	agont of the owner-in				
and the state of the priories file	and the an emecia, unsectors, and	agent of the organiz	ation. I			
Last Name	First Name	Title		Phone		
0		1		Frione		
POCH	KOBERT	PRESINE	1/1			
\mathcal{D}_{α}	7/	1/ /				
THDEMANN	KON	V. F.				
OLSON	BRIAN	TREASURE	0			
0 4000	CONTRIN	1 14 DUREN				
WENNINGER	DAN	SECRETI	9RV			

Continued \rightarrow

Part C: Event Information				
1. Name of Event (If applicable)	1,/_			
WALLEYE	WEEKEND			
2. Dates of Operation TUNE 6, 7, 8, 3025	3. Hours of Operation F - 3 - 10 SA 9 - 10 54 10 - 5			
4. Premises Address KIWANIS SHELTER	, , , , ,			
KIWANIS SHELTER	LAKESISE YARK			
FOND DU LAC	6. State 7. Zip Code 54935			
8. County 9. Governing Municip	pallty			
11. Agent/Organizer of Event (if not the named applicant)	12. Email and/or Phone Number for Agent/Organizer of Event			
YETER WILKE	DIRECTOR @ FALFEST. COM			
13. Agent/Organizer Address (550 N. MAINST FAL	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. INAIN TENT WEST OF SHELTER AND DINING TENT EAST OF SHELTER				
Part D: Attestation				
Who must sign this application?				
truthfully. I agree that I am acting solely on behalf of the app seeking the license. Further, I agree that the rights and respo to another individual or entity. I agree to operate according t from Wisconsin-permitted wholesalers. I understand that lack be deemed a refusal to allow inspection. Such refusal is a m that any license issued contrary to Wis. Stat. Chapter 125 sh be prosecuted for submitting false statements and affidavits in provides materially false information on this application may	law, I have answered each of the above questions completely and licant organization and not on behalf of any other individual or entity insibilities conferred by the license(s), if granted, will not be assigned to the law, including but not limited to, purchasing alcohol beverages of access to any portion of a licensed premises during inspection will isdemeanor and grounds for revocation of this license. I understand all be void under penalty of state law. I further understand that I may a connection with this application, and that any person who knowingly be required to forfeit not more than \$1,000 if convicted.			
Last Name F	irst Name M.I.			
Title	CHARLES G.			
Title DIRECTOR Email CAUR	CKWEBER30D @ GMAILI COM 930 375-0920			
Signature Charles Allelaer	Date 3-7-25			
· · · · · · · · · · · · · · · · · · ·				
Part El For Clerk Use Only				
Date Application Was Filed With Clerk	License Number			
MAR 1 0 2025	C-0632			
Date License Granted	Date License Issued			
Signature of Clerk/Deputy Clerk				

TATELLIOI CINC	iumi
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.
EITY OF	FOND DU LAC
Date:	
To:	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
	I hereby recommend that the application be:
	Granted a license 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		F	ees	
		License Fees	\$	10.00
☐ Temporary "Class B" Wine	Temporary Class "B" Beer	Background Check	0.00	
	,	Total Fees \$ 10		
		led 15 days prior to will be charged, for		

D-41 0	•	American Company of the Company of t			
Part A: Organization Information					
1. Organization Name		optimis	st Club of DFI		
Fond aw Lac E	vening Optimist	- fond o	What Ine / name		
Organization Permanent Address	- 1				
	Main St				
3. City	i		4. State 5. Zip Code		
Fond du			WI 54935		
6. Mailing Address (if different from per	rmanent address)				
7. FEIN	8. Date of Organization/Incor	• C. 10 (c)	State of Organization/Incorporation		
39-6075881	194	7	Wisconsin		
10. Phone	11. Email	100	:1 0		
920-210-7853	ral Optin	nist@gir	zail. com		
12. Organization type (check one)		-			
Bona Fide Club	Church Fair Association	n/Agricultural Society	☐ Veteran's Organization		
	Chamber of Commerce or similar (Civic or Trade Organi	zation under ch. 181. Wis. Stats.		
13 Is this organization required to h	nold a Wisconsin Seller's permit?		Yes No		
10.10 tills organization required to 1	iola a Prisconsin Conci s pormiti 11		The part of		
14. Wisconsin Seller's Permit Number (if applicable)				
		Augusta and a second			
Part B: Individual Information	1				
List the name title and phone nu	wher for all officers directors and	agent of the organiza	ition. Include an Individual Questionnaire		
	ted below. Attach additional sheets		mon morado di marvidadi Quodio mano		
	cohol Beverage Appointment of Age				
Last Name	First Name	Title			
Last Name	Filst Name	Title			
Wetzel	Todd	Presio			
Nickel	1400	Trease	rer		
	9				
Bonlander	Tricia	Secre	tary		
	S 1 : 1				
	See addition	al page	fordirectors		
		10	O		

Continued →

Part C: Event Information				
1. Name of Event (if applicable)				
FDL Evening Optimist Fo	ether's Day Cay and Truck Show			
2. Dates of Operation	3. Hours of Operation			
6/15/2025				
4. Premises Address	1			
Guenina Optimist Stand	Martin Ave FOL Fair Grounds			
5. City	6. State 7. Zip Code			
fond dw Lac	WI 54935			
8. County 9. Governing Municipal				
FOND DU LAC of: FOND DU	The state of the s			
	12. Email and/or Phone Number for Organizer of Event			
FOL Evening Optimist	Fol Optimist @ g mail. com			
1.	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. Fall 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 Fi	Todd DoB: 4/14/1970 M.I.			
Title President Enail Phone 920-210-7853				
Signature	Date			
Part E: For Clerk Use Only				
Date Application Was Filed With Clerk	License Number			
JAN 1 7 2025	C-0009 (St 6778			
Date License Granted	Date License Issued			
Signature of Clerk/Deputy Clerk				

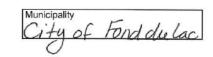
Memorana	um
Date:	
To:	Chief of Police Attn: Records Division
From:	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.
EITY OF Memorano Date:	FOND DU LAC
To:	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
•	I hereby recommend that the application be: Solvent S

Form

AB-220

License(s) Requested

Temporary Alcohol Beverage License



10-

rp+ # 7058

License Fees

Fees

\$

☐ Temporary "Class B" \	Wine Temporary	/ Class "B" Beer	Background Check	\$
			Total Fees	\$ 10-
Part A: Organization Informa	tion			N. P.
1. Organization Name	O O			
fond du lac	Softwall Inc			
2. Organization Permanent Address	201 10000 da	Dave		
3. City	11 2t. CIKESIOS	Pare	4. State 5.	Zip Code
Fond du lad			4. State 5.	51,025
6. Mailing Address (if different from pe	rmanent address)		1001	09733
PO BOX 1699	PPL WI SUA	310		
7. FEIN 20 161 100 1	8. Date of Organizat	ion/Incorporation	9. State of Organizatio	n/Incorporation
10. Phone	11. Email	11960	450541) 8
936 361 01411	Schuma	shortho Da	mailand	
12. Organization type (check one)	30110110	14 100c CC C	Jonan. Corr	
Bona Fide Club	Church Fair Ass	sociation/Agricultural S	Society \(\square\) Veteran's	s Organization
☐ Lodge/Society ☐	Chamber of Commerce or		·	1.5
13. Is this organization required to	hold a Wisconsin Seller's per	mit?	**** **** * **** * **** * ***	∀Yes □ No
14. Wisconsin Seller's Permit Number	(if applicable)			
400-0000 39995	8-09			
Part B: Individual Information	n Certification	Markey of Burney		
List the name, title, and phone nu		e and agent of the o	rappization I	
List the hame, title, and phone ha	mber for all officers, director	s, and agent of the o	rgamzation, i	
Last Name	First Name	Title	PI	none
Cala and	10.00	0	1	
Schumacher	Marie	Presid	dent	
Kottke	Ben	VICE F	resident	
		1		
Schumacher	Brian	Treas	S 40	
Murphy-Steinke	Meg	Servet	avii	
The state of the s			. · ·	

	CONTRACTOR STORY	Commission of the Commission o
art C: Event Information		transport for the content of the special appropriate and the content of the conte
Name of Event (if applicable)	Cara	
Fond du lac County	Fair	3. Hours of Operation
Dates of Operation		3. Hours of Operation
WILLIAM DO		1120-130
Premises Addrèss 555 Fond du Lac A) l	
City		6. State 7. Zip Code 54936
Hond au uc	Soverning Municip	00: 0110)
	of:	Jailly City Town Village 10. Aldernance district
Agent/Organizer of Event (if not the named applic		12. Email and/or Phone Number for Agent/Organizer of Event
Marie Schumacher		920-251-7644
11 Jano Ortanacija		44 Accet/Oversies Date of Dieth
Beer tent at Fairgrounds		
art D: Attestation	production of the second	
Who must sign this application?		
 one officer or director of the nonprofit orga 		
truthfully. I agree that I am acting solely on be seeking the license. Further, I agree that the ri- to another individual or entity. I agree to oper from Wisconsin-permitted wholesalers. I under be deemed a refusal to allow inspection. Such that any license issued contrary to Wis. Stat. (be prosecuted for submitting false statements	ehalf of the app ghts and responsate according restand that lack the refusal is a manager Chapter 125 shand affidavits in	law, I have answered each of the above questions completely and plicant organization and not on behalf of any other individual or entity consibilities conferred by the license(s), if granted, will not be assigned to the law, including but not limited to, purchasing alcohol beverages of access to any portion of a licensed premises during inspection will misdemeanor and grounds for revocation of this license. I understand hall be void under penalty of state law. I further understand that I may n connection with this application, and that any person who knowingly be required to forfeit not more than \$1,000 if convicted.
st Name	Ti	First Name M.I.
Schumacher	1	Marie. A.
tle_	Email	Phone
President	3	Chumacher 1002@ GHOW 190 251-714
gnature	•	Date
Mare Schumachen		3/10/75
(0 0 00		1
art E: For Clerk Use Only		
to Application Mars Filed Meth Clark	7 2025	License Number
ate License Granted		Date License Issued
ignature of Clerk/Deputy Clerk		

Memorana	dum .
Date:	
To:	Chief of Police Attn: Records Division
From:	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.
CITY OF	FOND DU LAC
Date:	
To:	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
•	I hereby recommend that the application be:
	K Granted a license CPT RD 131 04-16-45
	Denied a license
	Comments
	•

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

	vent, a \$25
the state of the s	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 mait beverages A Temporary "Class B" license to sell wine at picnics or similar g	
at the premises described below during a special event beginning	
to comply with all laws, resolutions, ordinances and regulations (sta and/or wine if the license is granted.	
1. Organization (check appropriate box) \Rightarrow \square Bona fide Club	Church Lodge/Society
	mmerce or similar Civic or Trade Organization (organized under Ch. 181)
☐ Veteran's Orgai	
(a) Name NOON OPTIMIST CLUB OF FOND DU	to the first of th
(b) Address P O BOX 1491 FOND DU LAC (Street)	WI 54936-1491 ☐ Town ☐ Village ☑ City
(c) Date organized 08/01/1968	[] town [] timege [] Only
(d) If corporation, give date of incorporation 08/26/1,970)
· · · · · · · · · · · · · · · · · · ·	n seller's permit pursuant to s. 77.54 (7m), Wis, Stats., check this
box:	, ,,
(f) Names and addresses of all officers: President UASON PORTER	
Vice President JOSEPH SKELTON	кому такжа
Secretary LORI VANNATTA	
Treasurer MARCIA SNYDER	
(g) Name and address of manager or person in charge of affair:	JOSEPH SKELTON - V
5 - Landing of Superland Milesus Programatics Miles Will Do Col	
	d, Served, Consumed, or Stored, and Areas Where Alcohol
Beverage Records Will be Stored:	
Beverage Records Will be Stored: (a) Street number FOND DU LAC COUNTY FAIR G	ROUNDS
Beverage Records Will be Stored: (a) Street number FOND DU LAC COUNTY FAIR G (b) Lot	
Beverage Records Will be Stored: (a) Street number FOND DU LAC COUNTY FAIR G (b) Lot (c) Do premises occupy all or part of building? (d) If part of building, describe fully all premises covered under the state of the state	ROUNDS
Beverage Records Will be Stored: (a) Street number FOND DU LAC COUNTY FAIR G (b) Lot	ROUNDS Block
Beverage Records Will be Stored: (a) Street number FOND DU LAC COUNTY FAIR G (b) Lot (c) Do premises occupy all or part of building? (d) If part of building, describe fully all premises covered under to cover; 3. Name of Event	Block this application, which floor or floors, or room or rooms, license is
Beverage Records Will be Stored: (a) Street number FOND DU LAC COUNTY FAIR G (b) Lot (c) Do premises occupy all or part of building? (d) If part of building, describe fully all premises covered under to cover: 3. Name of Event (a) List name of the event FOND DU LAC COUNTY FA	Block Block this application, which floor or floors, or room or rooms, license is
Beverage Records Will be Stored: (a) Street number FOND DU LAC COUNTY FAIR G (b) Lot (c) Do premises occupy all or part of building? (d) If part of building, describe fully all premises covered under to cover; 3. Name of Event	Block Block this application, which floor or floors, or room or rooms, license is
Beverage Records Will be Stored: (a) Street number FOND DU LAC COUNTY FAIR G (b) Lot (c) Do premises occupy all or part of building? (d) If part of building, describe fully all premises covered under to cover; 3. Name of Event (a) List name of the event FOND DU LAC COUNTY FA (b) Dates of event JULY 16 THROUGH JULY 20,	Block Block This application, which floor or floors, or room or rooms, license is AIR 2025
Beverage Records Will be Stored: (a) Street number FOND DU LAC COUNTY FAIR G (b) Lot (c) Do premises occupy all or part of building? (d) If part of building, describe fully all premises covered under to cover: 3. Name of Event (a) List name of the event FOND DU LAC COUNTY FAIR G (b) Dates of event JULY 16 THROUGH JULY 20,	Block Block This application, which floor or floors, or room or rooms, license is AIR 2025
Beverage Records Will be Stored: (a) Street number FOND DU LAC COUNTY FAIR G (b) Lot (c) Do premises occupy all or part of building? (d) If part of building, describe fully all premises covered under to cover; 3. Name of Event (a) List name of the event FOND DU LAC COUNTY FA (b) Dates of event JULY 16 THROUGH JULY 20,	Block Slock This application, which floor or floors, or room or rooms, license is AIR 2025 ATION under penalties of law that the information provided in this applica-
Beverage Records Will be Stored: (a) Street number FOND DU LAC COUNTY FAIR G (b) Lot (c) Do premises occupy all or part of building? (d) If part of building, describe fully all premises covered under to cover: 3. Name of Event (a) List name of the event FOND DU LAC COUNTY FAIR G (b) Dates of event JULY 16 THROUGH JULY 20, DECLAR The Officer(s) of the organization, individually and together, declare to	Block Block This application, which floor or floors, or room or rooms, license is AIR 2025 ATION under penalties of law that the information provided in this applica-
Beverage Records Will be Stored: (a) Street number FOND DU LAC COUNTY FAIR G (b) Lot (c) Do premises occupy all or part of building? (d) If part of building, describe fully all premises covered under to cover: 3. Name of Event (a) List name of the event FOND DU LAC COUNTY FAIR G (b) Dates of event JULY 16 THROUGH JULY 20, DECLAR The Officer(s) of the organization, individually and together, declare to	Block Chis application, which floor or floors, or room or rooms, license is AIR 2025 ATION under penalties of law that the information provided in this applica- NOON OPTIMIST CLUB OF FOND DU LAC (Name of Organization)
Beverage Records Will be Stored: (a) Street number FOND DU LAC COUNTY FAIR G (b) Lot (c) Do premises occupy all or part of building? (d) If part of building, describe fully all premises covered under to cover: 3. Name of Event (a) List name of the event FOND DU LAC COUNTY FAIR G (b) Dates of event JULY 16 THROUGH JULY 20, DECLAR The Officer(s) of the organization, individually and together, declare to	Block Chis application, which floor or floors, or room or rooms, license is AIR 2025 ATION under penalties of law that the information provided in this applica- NOON OPTIMIST CLUB OF FOND DU LAC (Name of Organization)
Beverage Records Will be Stored: (a) Street number FOND DU LAC COUNTY FAIR G (b) Lot (c) Do premises occupy all or part of building? (d) If part of building, describe fully all premises covered under to cover; 3. Name of Event (a) List name of the event FOND DU LAC COUNTY FA (b) Dates of event JULY 16 THROUGH JULY 20, DECLAR The Officer(s) of the organization, individually and together, declare the following strue and correct to the best of their knowledge and belief. Officer Manual Shaper 1-14-35	Block this application, which floor or floors, or room or rooms, license is AIR 2025 ATION under penalties of law that the information provided in this applica- NOON OPTIMIST CLUB OF FOND DU LAC (Name of Organization) Officer (Signature/date)
Beverage Records Will be Stored: (a) Street number FOND DU LAC COUNTY FAIR G (b) Lot (c) Do premises occupy all or part of building? (d) If part of building, describe fully all premises covered under to cover: 3. Name of Event (a) List name of the event FOND DU LAC COUNTY FAIR G (b) Dates of event JULY 16 THROUGH JULY 20, DECLAR The Officer(s) of the organization, individually and together, declare to	Block Chis application, which floor or floors, or room or rooms, license is AIR 2025 ATION under penalties of law that the information provided in this applica- NOON OPTIMIST CLUB OF FOND DU LAC (Name of Organization)
Beverage Records Will be Stored: (a) Street number FOND DU LAC COUNTY FAIR G (b) Lot (c) Do premises occupy all or part of building? (d) If part of building, describe fully all premises covered under to cover: 3. Name of Event (a) List name of the event FOND DU LAC COUNTY FA (b) Dates of event JULY 16 THROUGH JULY 20, DECLAR The Officer(s) of the organization, individually and together, declared the first tion is true and correct to the best of their knowledge and belief. Officer Manager Street 144-35	Block Ship application, which floor or floors, or room or rooms, license is AIR 2025 ATION Under penalties of law that the information provided in this application of the companies of the
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Memorand	lum
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
Date:	
To:	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
	I hereby recommend that the application be: Granted a license CPT RD, #131 01-32-35 Denied a license
	Comments

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AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

License(s) Requested	· · · · · · · · · · · · · · · · · · ·			868	
Tomporous (Olean Fall of	• u • A/		License Fees	\$	10.00
☐ Temporary "Class B" V	Vine Temporary C	lass "B" Beer	Background Check	\$	0.00
			Total Fees	\$	10.00
		If not File	1 15 days prior to	ALC Meet	
art A: Organization informat	· Anne	rush fee wi.	ll be charged, for	a total	o£ \$35 due.
Organization Name	10n				
Fond du Lac 5	vening Optimiz	optim		OF	SOFI
Organization Permanent Address	vening Optimis	si - tene	ldulac I	ne ,	/ nan
585 S. 1	Main St		•		
City			17.00		
fond du (Lae		4. State 5.	Zip Code ∠≅⊲) ⊘ -	") de
Mailing Address (if different from pern	nanent address)		12. No. 13. 13. 13. 13. 13. 13. 13. 13. 13. 13	549	22
FEIN					
39-6075881	8. Date of Organization/		9. State of Organizatio	n/Incorporat	lon
rnone 💤 🔎	11. Email	47	Wisc	onsir	`
920-210-7853	TOOK) CALCOL	imist@q			4
				1	
	1 101011	11112123	mas . con	4	
. Organization type (check one)		• •			
Organization type (check one)	Church	ation/Agricultural Socie	tv 🗀 Veteran's	Ornanizat	lon
Organization type (check one)		ation/Agricultural Socie	tv 🗀 Veteran's	Ornanizat	lon ats.
Organization type (check one) ABona Fide Club Lodge/Society	Church ☐ Fair Associa	ation/Agricultural Socie	ty	Organizat 11, Wis. Str	ats.
Corganization type (check one) ABona Fide Club Lodge/Society Sthis organization required to hole	Church	ation/Agricultural Socie	ty	Organizat 11, Wis. Str	ats.
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Organization type (check one) Bona Fide Club Lodge/Society Is this organization required to holy Wisconsin Selfer's Permit Number (if a	Church	ation/Agricultural Socie lar Civic or Trade Orga	ty [] Veteran's inization under ch. 18	Organizat 11, Wis. Str □ Ye	ats. s IPNo
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Part C: Event Information		
Name of Event (if applicable)		
FOL Count	4 taic	
2. Dates of Operation	3-1-1	3. Hours of Operation
7/15/2025 -	7/20/2025	varies by fair schedule
4. Premises Address		1
FOL Evening Optimist S	tand / Fell Fair Gra	ounds/Martin Ave
5. City		6. State 7. Zip Code
fond du lac		WI 54935
8. County	9. Governing Municipality City Tow	
FOND DU LAC	of: FOND DU LAC	N/A
11. Organizer of Event (if not the named applican		Number for Organizer of Event
FOL Agriculture S		lac County tais, com
13. Organizer Website	14. Event Website	
Fondaulae county fair, co	m SAME	and .
stored, or consumed, and related record alcohol beverage activities and storage of or diagram and additional sheets if neces	s are kept. Describe all rooms within the of records may occur only on the premis	where alcohol beverages and records are sold, building, including living quarters. Authorized les described in this application. Attach a map
Part D: Attestation Who must sign this application?		
one officer or director of the nonprofit o	rganization	
truthfully. I agree that I am acting solely or seeking the license. Further, I agree that th to another individual or entity. I agree to of from Wisconsin-permitted wholesalers. I un be deemed a refusal to allow inspection. So that any license issued contrary to Wis. Sta	n behalf of the applicant organization and e rights and responsibilities conferred by perate according to the law, including bu derstand that lack of access to any portion such refusal is a misdemeanor and ground at. Chapter 125 shall be void under penants and affidavits in connection with this a	each of the above questions completely and d not on behalf of any other individual or entity the license(s), if granted, will not be assigned at not limited to, purchasing alcohol beverages on of a licensed premises during inspection will not for revocation of this license. I understand alty of state law. I further understand that I may application, and that any person who knowingly ot more than \$1,000 if convicted.
Last Name Wetzel	First Name	DOB: 4/14/1970 MIL.
Title President	Email Fact Cotimists	29mail.con 920-210-7853
Signature		04/01/2021
Part E. For Clark Has Only		
Part E: For Clerk Use Only Date Application Was Filed With Clerk △PR ()	2025 License Number	
	LULU	C-0043 FEP 0
Date License Granted	Date License Issue	rect 7,451
Signature of Clerk/Deputy Clerk		

Memorana	<i>fum</i>
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.
	FOND DU LAC
Memorand	tum
Date:	
To:	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
	I hereby recommend that the application be:
	Denied a license
	Comments