

ALCOHOL LICENSE COMMITTEE AGENDA

September 29, 2025

4:00 PM

Meeting Room A

City-County Government Center

160 S Macy Street

Fond du Lac, Wisconsin

I. ROLL CALL

A. Attendance

B. Declaration Quorum Present

II. CONSENT AGENDA

A. August 25, 2025 Minutes

III. INPUT

A. Audience Comments

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

IV. ACTIONS

A. "Class B" Intoxicating Liquor and Class "B" Fermented Malt License Limited Liability Co: 1836 Renegade Taproom, LLC Agent Name: Tiffany Wiese d/b/a: 1836 Renegade Taproom Business Address: 103 S Main Street

B. Temporary Class "B" Licenses/Picnic Licenses

- FDL Festivals, Inc (Fondy FallToberfest - 10/11/2025)
- FDL Blue Line Hockey (Various Hockey Events - Dates Attached On Separate Sheet)

V. ADJOURN

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

Title: August 25, 2025 Minutes
Subject:
Initiator:
Location:
Recommendation:

ATTACHMENTS:

| | File Name | Description |
|---|-------------------------------------|-------------|
| 📄 | Minutes_2025_8_25_Meeting(1243).pdf | minutes |

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

August 25, 2025
4:00 PM

ROLL CALL

Attendance

Present

Scott Gilgenbach
Mason Gravelle
Andrew Hayes
Melissa Kolstad
Kathryn Strong Langolf

Absent

Brandon Hiller (excused)
Thomas Schuessler (excused)

Administrative Staff

Ali Panagopoulos, Deputy City Attorney
Anthony Hahn, Police Captain

Declaration Quorum Present

Chairperson Kolstad declared a quorum present.

CONSENT AGENDA

July 28, 2025 Minutes

A Motion was made by Kathryn Strong Langolf to approve July 28, 2025 minutes and seconded by Scott Gilgenbach, and the motion was **Passed.**

Ayes: Gilgenbach, Gravelle, Hayes, Kolstad, Strong Langolf

Absent: Hiller, Schuessler

ACTIONS

Class "B" Fermented Malt & "Class C" Wine License
Limited Liability Co: NoriFondduLac LLC
Agent Name: Wenkai Wang
d/b/a: Nori Sushi and Grill
Business Address: 836 W Johnson Street

A Motion was made by Mason Gravelle to recommend for approval of Class "B" Fermented Malt & "Class C" Wine License for NoriFondduLac LLC at 836 W Johnson Street and seconded by Andrew Hayes, and the motion was **Passed**.

Ayes: Gilgenbach, Gravelle, Hayes, Kolstad, Strong Langolf

Absent: Hiller, Schuessler

Temporary Class "B" Licenses/Picnic Licenses

- Critter Junction Pet Rescue (Not your Grandma's Bingo 8/30/2025)
- Salute the Troops (Fondue Fest 9/6/2025)
- North Eastern WI American Guild of Organists (Halloween at the Cathedral 10/31/2025)

A Motion was made by Kathryn Strong Langolf to approve Temporary Class "B" Licenses/Picnic Licenses and seconded by Scott Gilgenbach, and the motion was **Passed**.

Ayes: Gilgenbach, Gravelle, Hayes, Kolstad, Strong Langolf

Absent: Hiller, Schuessler

ADJOURN

A Motion was made by Mason Gravelle to adjourn at 4:10 p.m. and seconded by Andrew Hayes, and the motion was **Passed**.

Ayes: Gilgenbach, Gravelle, Hayes, Kolstad, Strong Langolf

Absent: Hiller, Schuessler

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

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

Subject: Limited Liability Co: 1836 Renegade Taproom, LLC
Agent Name: Tiffany Wiese
d/b/a: 1836 Renegade Taproom
Business Address: 103 S Main Street

Initiator:

Location:

Recommendation:

ATTACHMENTS:

| | File Name | Description |
|---|--|-------------|
| ▣ | ALC_-_1836_RENEGADE_TAPROOM_Redacted.pdf | application |

Fond du Lac Police Department

MEMO



To: City Manager Joe Moore
From: Captain R Duveneck
RE: *Class B Intoxicating Liquor and Fermented Malt Beverage license*
1836 Renegade Taproom,
103 S Main St. Fond du Lac, WI.
Date: 9/29/25

On September 23rd 2025, City Attorney Hoffmann, Deputy City Clerk Mand, Fire Department Assistant Chief Roberts, Director of Community Development Dyann Benson, and Police Captain Robb Duveneck met with applicant/owner Mrs. Tiffany Wiese regarding her proposal for a Class B Intoxicating Liquor and Fermented Malt Beverage license at her business 1836 Renegade Taproom, located at 103 S Main St, Fond du Lac, WI.

The legal business name is 1836 Renegade Taproom, LLC, DBA 1836 Renegade Taproom.

Mrs. Wiese advised this is primarily a craft beer establishment with a small food menu. They are looking to enhance the experience by also serving intoxicating liquor to provide options for their customers.

Mrs. Wiese currently holds a valid Responsible Alcohol serving certificate through the state of Wisconsin. Her manager, Mr. Gonzalez, was also present and advised he has 26 years' experience in the serving and hospitality business.

Captain Duveneck and City Attorney Hoffmann discussed with the applicant the City's expectations of being a license holder and the demerit point system.

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

Captain Robb Duveneck

07-31-25

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|---------------------|
| Municipality | CITY OF FOND DU LAC |
| License Period | 5/30/2026 |

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

☒ Class "A" Beer \$ 200 ☒ Class "B" Beer \$ 100
☒ "Class A" Liquor \$ 500 ☒ "Class B" Liquor \$ 500
☐ "Class A" Liquor (cider only) \$ 0 ☐ Reserve "Class B" Liquor \$
☐ "Class C" Liquor (wine only) \$ 100

| Fees | |
|----------------------|--------|
| License Fees | \$ 500 |
| Background Check Fee | \$ |
| Publication Fee | \$ 60 |
| Total Fees | \$ |

Part A: Premises/Business Information

| | | |
|---|--|---|
| 1. Legal Business Name (individual name if sole proprietorship) 1836 Renegade Taproom, LLC | | |
| 2. Business Trade Name or DBA 1836 Renegade Taproom | | |
| 3. FEIN 39-4024315 | 4. Wisconsin Seller's Permit Number 456-1032160073-02 | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | |
| 6. State of Organization WI | 7. Date of Organization 8/25/25 | 8. Wisconsin DFI Registration Number 0046998 |
| 9. Premises Address 103 S Main St. | | |
| 10. City FOND DU LAC | 11. State WI | 12. Zip Code 54935 |
| 13. County Fond du Lac | 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | 15. Aldermanic District |
| 16. Premises Phone N/A | 17. Premises Email 1836taproom@gmail.com | 18. Website N/A |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Includes first floor bar room w/ small office in the back of the building. Includes two restrooms in back of building. Approximately 60 sq feet. | | |
| 20. Mailing Address (if different from premises address) | | |
| 21. City Fond du lac | 22. State WI | 23. Zip Code 54935 |

Part B: Questions

| | | |
|---|----------|--|
| 1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary. | | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

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

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|----------------|--------------------|-----------|--------------|
| Wiese (Parker) | Tiffany (Agent) | Owner/CEO | 920 579 5605 |
| Mora | Juan | COO | 920 251 1290 |
| Gonzalez | "Lupita"/Guadalupe | Manager | 920 539 6645 |

Part D: Attestation

One of the following must sign and attest to this application:
• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | |
|----------------------|---------------------|--------------|
| Last Name | First Name | M.I. |
| Wiese (Parker) | Tiffany | M |
| Title | Email | Phone |
| Owner/CEO | tiffwiese@gmail.com | 920 579 5605 |
| Signature | Date | |
| Tiffany Wiese Parker | 9/4/2025 | |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|------------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| SEP 08 2025 | C-2025-0163/0164 | | |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Alcohol Beverage
Individual Questionnaire

Date

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

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

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

| | | | |
|--|--|--|--|
| Part A: Business Information | | | |
| 1. Legal Business Name (individual name if sole proprietor) 1836 Renegade Taproom LLC | | | |
| 2. Business Trade Name or DBA 1836 Renegade Taproom | | | |
| 3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | |

| | | | | | |
|--|--|---------------------------------|--|---------------------------------|--|
| Part B: Individual Information | | | | | |
| 1. Last Name Wiese (Parker) | | 2. First Name Tiffany | | 3. M.I. M | |
| 4. Relationship to Business (Title) Owner (CEO) | | 5. Email tiffwiese@gmail.com | | 6. Phone 920 579 5605 | |
| 7. Home Address 725 Evergreen Drive | | | | | |
| 8. City Brownsville | | 9. State WI | 10. Zip Code 53006 | 11. Date of Birth [REDACTED] | |
| 12. Drivers License/State ID Number [REDACTED] | | | 13. Drivers License/State ID State of Issuance WI | | |

| | | | | | | | |
|--|--------------------|------------------|-----------------|-------------|---------------|-------------------|--------|
| Part C: Address History | | | | | | | |
| 1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 12/1989 | | | | | | | |
| 2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. | | | | | | | |
| Previous Address 1 482 Leona Way | | City Oakfield | | State WI | | Zip Code 53005 | |
| Previous Address 2 | | City | | State | | Zip Code | |
| Previous Address 3 | | City | | State | | Zip Code | |
| Previous Address 4 | | City | | State | | Zip Code | |
| Previous Address 5 | | City | | State | | Zip Code | |
| 3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary. | | | | | | | |
| State WI | County Walworth | State WI | County Dodge | State WI | County FDL | State | County |
| State | County | State | County | State | County | State | County |

Continued →

Part D: Criminal History

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

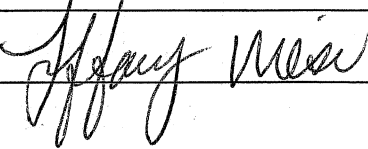
| | | |
|------------------------|--|-----------------|
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | Was sentence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

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

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

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | |
|---|---------------|
| Signature  | Date 9/5/2025 |
|---|---------------|

Alcohol Beverage
Appointment of AgentDate
9/4/2025

Agent Type (check one)

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
1826 Renegade Taproom LLC
2. Business Trade Name or DBA
1836 Renegade Taproom
3. Entity Type (check one)
☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one)
☐ Municipal Retail License ☒ State Permit
5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name
Wiese (Parker)
2. First Name
Tiffany
3. M.I.
M
4. Email
tiffwiese@gmail.com
5. Phone
920 579 5665
6. Home Address
78.5 Evergreen Drive
7. City
Fond du Lac
8. State
WI
9. Zip Code
54935
10. Date of Birth
[REDACTED]
11. Drivers License/State ID Number
12. Drivers License/State ID State of Issuance
WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | |
|-------------------------------------|------------------------------|-----------------------|-----------------------|-----------|
| Last Name Wiese (Parker) | | First Name Tiffany | | M.I. M |
| Title Owner/CEO | Email tiffwiese@gmail.com | | Phone 920 579 5605 | |
| Signature Tiffany Wiese (Parker) | | | Date 9/4/2025 | |

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | |
|-------------------------------------|--|-----------------------|------------------|-----------|
| Last Name Wiese (Parker) | | First Name Tiffany | | M.I. M |
| Signature Tiffany Wiese (Parker) | | | Date 9/4/2025 | |

Memorandum

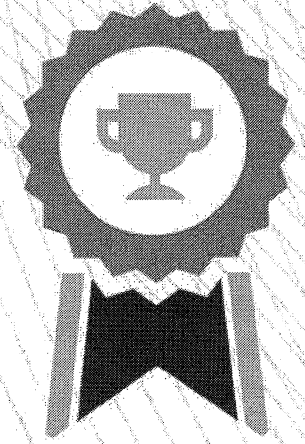
Subject: Appointment of Agent Application

It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.

Memorandum

Subject: Appointment of Agent Application

Comments



Certificate

RESPONSIBLE BEVERAGE SERVER

awarded to

Tiffany Wiese

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

www.Wisconsin-Bartending.com

Training Provider

09/08/2025

Training Date



1836 Renegade Taproom

Business Plan

Tiffany Wiese, Owner
Created on July 28, 2025

Executive Summary

Owner

Tiffany Wiese, native of Fond du Lac County, grew up with respect and admiration for the tavern service industry with great-grandparents owning a family-owned business for approximately 15 years, and witnessing their initial business grow and transition into four family- owned restaurants following, within the village of Oakfield.

Tiffany has an extensive background in the healthcare and mental health industry in which she will continue to work while opening the business. Through direct experience and research, Tiffany has learned that loneliness and non-inclusiveness are leading factors for depression and suicidal ideation. Through Tiffany's experience with patients, she has learned that places like 1836 Renegade Taproom may be a place of belonging and community while promoting positive relationships and peer support needed to help overcome depression (and many other mental health issues). For those that may use beer as an unhealthy indulgence or defense mechanism, N/A options will be offered to promote the best lifestyle choices for those that may genetically or environmentally have challenges in their relationship with alcohol. This will create an environment where both participation in indulgence and sobriety are accepted, and support can still be present in either scenario.

Tiffany currently (and for the last 11 years) has been in leadership roles within the healthcare industry. She brings leadership expertise and has extensive experience with training, development, and engagement of healthy teams. Tiffany has been a formal and informal consultant for healthy, accountable teams within her current healthcare system, and will be able to transfer these skills into the tavern/food industry moving forward.

While Tiffany has not had direct vocational experience in the tavern industry, Tiffany has made it a point to learn and tour breweries local and throughout the United States over the past ten years appreciating the history and craft of the industry ultimately leading to the interest in opening this business. Tiffany also holds sentiment for the former bar at this location (Craft City) and what relationships and connections she was able to make with individuals within the community professionally and personally. Tiffany wants to offer the same experiences she had at Craft City with her future customers at 1836 Renegade Taproom, and offer a safe, fun, inclusive place to create or maintain positive relationships and experiences.

Operating Hours of Business

Monday-Friday: 4 PM-10 PM

Saturdays: 12 PM-12 AM

Sundays: 12 PM- 10 PM

Product

1836 is a craft beer-exclusive taproom with to-go inventory available for purchase. This taproom brings in tap beer from local and regional vendors/breweries to bring the consumer a variety of options to sample throughout the state within the comfort of Fond du Lac (close to their home). A small food menu will be implemented towards the end of 2026 (upon kitchen renovation) to accompany the beers featured on tap.

Initial plans for the food menu will include a weekly burger special, create your own burger options, and a few appetizer platter options including deep fried finger foods, or dips. The food will be prepared/cooked by the COO and chef, Juan Mora, who owns his own catering business "Catering by Juan".

Customers

The target audience for the taproom is adults 21+. Special events are geared to enhance experience for all age groups and demographics.

60+ senior discount for the "Mug Club" members. Will receive an annual 5\$ discount on the membership. Mug Club flyer attached at the end of the business plan.

Events offered will cater to a variety of interests included but not limited to:

- Music Mondays- (alternating between vinyl Mondays and music bingo); bring a vinyl and receive 1\$ off a tap (2 songs played); music bingo winners will receive a prize
- Soccer/Football Sundays- offering viewing for European soccer and American football with a variety of fans
- Throwback Thursdays- themed game/outfit days with drink specials that feature different decades

Other special events are included in the Marketing section of the business plan.

Culture

1836 will provide a culture that is inclusive to all walks of life engaging with different cultures, ages, socio-economic status through the interactions with staff and variation of products offered to customers.

Environmental culture will include seating, signage, and decor inclusive to multiple genders, body types/abilities, language, different intellectual levels, and mindful of sensory overstimulation. Quiet activities and games will be available for solo or group play.

Taproom staff and bartenders will be knowledgeable in the product to offer expertise to non-craft-beer drinkers; provide a comforting but appropriate presence with customers; and demonstrate through dress and behavior a professional demeanor. Bartenders will also be trained in bystander training to detect risk for violence, mental health emergencies, and sexual assault/human trafficking concerns. Resources for individuals struggling with these issues will be on hand to provide to customers when appropriate.

The safety of customers themselves, and for all customers being served, will be a priority within the business, and a pillar for the culture of the business.

Future of the Company

1836 will be a beer and small eats cornerstone of Fond du Lac with weekly themed events, a featured stop during city events (including the Farmers Market), and another spot to pick up to-go craft beer outside of the local grocery stores.

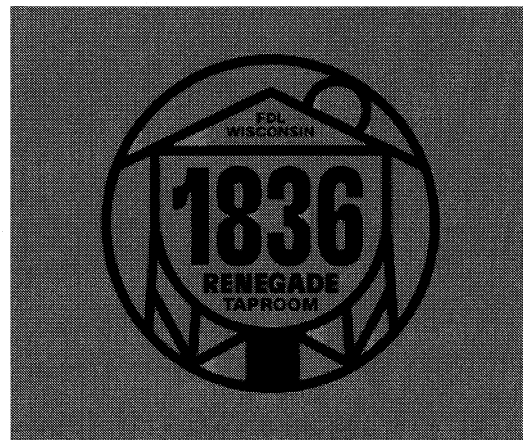
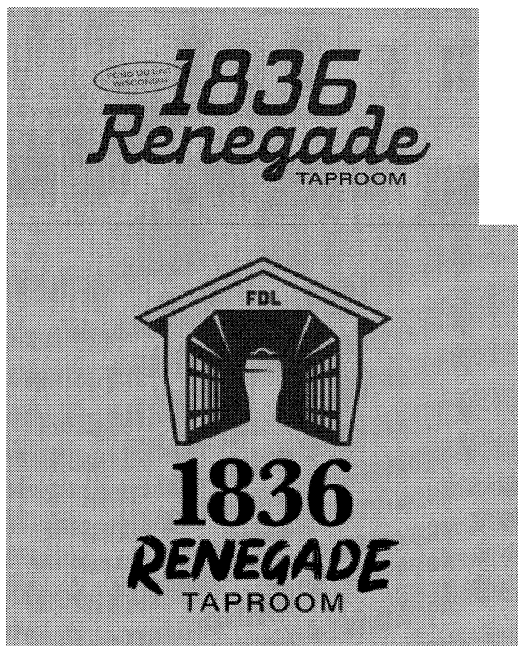
Company Description

Theme Inspiration

In 1836, the city of Fond du Lac lost by one vote (to Madison) the proud opportunity to become the state capital of Wisconsin. While Fond du Lac did not take the title, Fond du Lac still evolved with resiliency, building a strong economic workforce and long history of entrepreneurial successes achieved by many strong, willful leaders.

1836 will tie in these inspirational and impactful stories of the leaders that have touched the Fond du Lac community (and the world) throughout building structure/decor, themed menu items, and ongoing events that take place to enhance the taproom experience. For example, a Throwback Thursday theme may highlight (during Women's History Month) female leaders in history and offer a tap that salutes in name/style to women with a drink special.

Alternate logos for the business highlight and demonstrate some of these historical themes related to entrepreneurial endeavors and Fond du Lac being a large transportation (railroad) hub throughout time.



1836 culture is welcoming to those who are rebuilding or recalibrating life and loyalty after being left behind, betrayed, or not believed in. Influencing new leaders (or renegades), with new exchanges of ideas, over a beer...or two.

Mission Statement

To provide quality beer and ale options for the beer connoisseurs and beer novices alike.
Provide a culture of inclusiveness, influence, and create an *experience* beyond the beer product itself.

Vision Statement

To be the taproom that creates positive memories, new friendships, exchanges of business ideas, and be considered the place for “everyone”.

Principal Members

Tiffany Wiese — Owner, CEO

**See bio in executive summary*

Juan Mora — COO

- Chef by background with 20+ years of experience in the food/service industry including management
- Currently owns catering company “Catering by Juan”
- Will be responsible for ordering of inventory, hiring/firing of new employees, educating/training of new employees, and leading event schedule/specials
- Will be head/sole Chef when food menu is developed and implemented

Lupita Gonzalez— Taproom Manager

- Bartender for 3 years (most spent working at Craft City, former bar at this location)
- Experience professionally in education/mentoring for 5+ years
- Will be responsible for shift schedules of employees, covering for emergencies, assistance in hiring and training of new employees, coordinating event schedules and specials

Market Research

Industry

1836 will join the bar/tavern industry and will market exclusively as a “taphouse” featuring a variety of craft beers versus crafting their own. There was concern about a newly opened craft beer brewery (Fond du Lac Beer Company) but this is a brewery featuring their created beer exclusively. Taprooms are able to host a variety of breweries in their businesses catering to a multitude of customers and abilities to bring in the most popular beers/flavors within the market.

Other bars/taverns on Main St of Fond du Lac, extending into the outskirts (approximately 20 total), feature a full liquor/beer bar with minimal crafts on tap offered. 1836 will not offer liquor and will exclusively only feature craft beer on taps (bringing in a variety of the surrounding brewery taps) so Fond du Lac residents don't have to leave Fond du Lac for their favorite breweries within the surrounding counties (e.g. Hop Hoya, Knuth, 3 Sheeps, etc). 1836 will offer wine/domestics as alternatives for customers. 1836 will feature a wide variety of N/A options as well for customers choosing to live a sober lifestyle.

In 2026, 1836 will open the taproom to small eats themed with crafts on tap creating an experience featuring local vendors/products. The burgers/appetizers offered will be coordinated with the monthly featured beers on tap or tap takeovers. For example, a new IPA beer release will be paired with a burger of the week/month featuring curry (pairing the saltiness of curry with the bitterness of the beer).

Company Advantages

1836 will have staff/bartenders trained and educated to provide details surrounding featured taps to help customers select the right beer for their palate and preference. Owner/Managers will be heavily involved in ongoing training and mentoring opportunities to make sure customers feel the “experience” as positive and inclusive on top of quality products.

Staff will be expected to complete the following training:

- “Green Dot” bystander training (alerting to concerns with community violence, victimization, crisis concerns)
- Masterclass in beer types and beer pairing
- Customer Service training (AIDET)

The product line is focused on beer, narrowing scope and expertise, allowing for more extensive knowledge in one area.

To-go beer is unique to 1836 regarding bar/tavern entities. Most to-go options locally are in grocery stores but don't always offer a unique variety for customers looking for something new, or a gift for their beer-lover friends.

Location/space is easy to get to and part of downtown.

Regulations

1836 will meet licensing requirements for sales of beer/ale products under the statute 125 and 945 under WI law.

Beer license and wine license will be obtained.

Bartenders license will be obtained for COO/Manager.

Food Safety handling license will be obtained in 2026.

Service Line

Product/Service

- Craft Beer (on tap /bottled/canned)
- Craft Beer to Go
- Small Food menu (2026)
- Banquet/Party hosting space

Pricing Structure

- Craft Beer –varies from 4-9\$/beer
- Food Menu items- varies from 8-16\$/appetizer or plate
- Banquet space- 150\$/3 hours; 40\$/hour every hour after 3 hours; 200\$/3 hours with bartender

Staffing/Payroll

- Payroll (15\$/hour for 61 hours weekly), \$3660 monthly (1 bartender per shift)
- Payroll (Bar Manager \$100/week), \$400 monthly (additional bartender needed will default to Manager)
- Payroll (COO), \$2,000 monthly (will function as Chief Operator/Chef)

Research and Development

The company is planning to conduct the following research and development:

- Create a financial projection plan for rest of 2025, 2026 and 2027 incorporating addition of food starting in 2026.
- Determine the need for additional staff with projected customer volumes
- Find trends in desired/preferred special event activities niche to the Fond du Lac area and highlighting different age groups

Marketing & Sales

Growth Strategy

To grow the company, 1836 will do the following:

- Network within the bar/restaurant industry for collaboration and partnership opportunities
- Establish a business social media presence with daily updates and “pushes”
- Utilize the Untapped application with its full benefits to highlight the business with new beer taps brought in, taps kicked, etc.
- Develop a “Mug Club” program where customers can receive unique and extra benefits with a paid membership. See “Mug Club” flyer as attachment

Communicate with the Customer

1836 will communicate with its customers by:

- Meeting with local owners/bar managers to notify them of new business, or ongoing business update
- Using social media such as Twitter, YouTube, Facebook, Instagram and LinkedIn for ongoing updates and sales opportunities

Special Events

1836 will host and organize weekly and monthly events to enhance attendance for the taproom. Planned ideas are as follows:

- Music Mondays (alternating between vinyl Mondays and music bingo); bring a vinyl and receive 1\$ off a tap (2 songs played); music bingo winners will receive a prize
- Tuesday Flight Nights (flights normally are 15\$; will be 12\$)
- Wednesdays Kick the Keg (whoever kicks the selected keg gets their tab paid for)
- Soccer/Football Sundays (shots of taps per bartender team pick who scores)
- Sweet and Sour Saturday (one Saturday per month)- featured sweet/sours will be 1\$ off
- Happy Hour- Monday through Thursday 5-7 pm- Buy 1, Get 1 special (with coin/token given)



Mug Club Membership

- \$50 annual fee
- Free personalized mug
- Early entry to tap takeovers
- \$1 off To Go 4 packs or higher
- 1 free beer on your birthday
- Automatic entry for monthly merchandise drawings



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

Title: Temporary Class "B" Licenses/Picnic Licenses

Subject:

- FDL Festivals, Inc (Fondy FallToberfest - 10/11/2025)
- FDL Blue Line Hockey (Various Hockey Events - Dates Attached On Separate Sheet)

Initiator:

Location:

Recommendation:

ATTACHMENTS:

| | File Name | Description |
|---|---|--------------|
| 📎 | TEMPORARY_CLASS_B_LICENSES_Redacted.pdf | applications |

Form

AB-220

Temporary Alcohol Beverage License

Municipality

CITY OF FOND DU LAC

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

IF NOT FILED 15 DAYS PRIOR TO ALC MEETING, A \$25.00
RUSH FEE WILL BE CHARGED, FOR A TOTAL OF \$35.00 DUE.

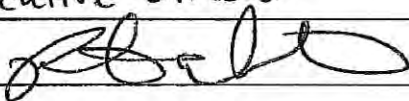
| Part A: Organization Information | | | |
|--|---|---|----------------------|
| 1. Organization Name Fond du Lac Festivals, Inc. | | | |
| 2. Organization Permanent Address 650 N. Main Street | | | |
| 3. City Fond du Lac | | 4. State WI | 5. Zip Code 54935 |
| 6. Mailing Address (if different from permanent address) | | | |
| 7. FEIN 39-1387857 | 8. Date of Organization/Incorporation 06/30/1981 | 9. State of Organization/Incorporation WISCONSIN | |
| 10. Phone 920-923-6555 | 11. Email director@fdlfest.com (Pekwille) | | |
| 12. Organization type (check one) | | | |
| <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats. | | | |
| 13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 14. Wisconsin Seller's Permit Number (if applicable) | | | |
| 15. Agent/Contact Person of Organization in charge of Affair | | 16. Agent/Contact Person's Phone Number or Email | |
| 17. Agent/Contact Person's Address | | 18. Agent/Contact Person's Date of Birth | |

| Part B: Individual Information | | | |
|---|------------|--------------------|-------|
| List the name, title, and phone number for all officers, directors, and agent of the organization | | | |
| Last Name | First Name | Title | Phone |
| Biolo | Robert | President of Board | |
| Michels | Maeghan | Vice President " | |
| Hebel | Dan | Secretary " | |
| Holte | Lane | Treasurer " | |
| | | | |

Continued →

| | | | |
|--|---|--|---------------------------------------|
| Part C: Event Information | | | |
| 1. Name of Event (If applicable) Fondy FallToberFest | | | |
| 2. Dates of Operation Saturday, October 11, 2025 | | 3. Hours of Operation 10am - 7pm | |
| 4. Premises Address 555 N. Park Avenue (Adjacent) | | | |
| 5. City FOND DU LAC | | 6. State WI | 7. Zip Code 54935 |
| 8. County FOND DU LAC | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC | | 10. Aldermanic District N/A |
| 11. Organizer of Event (If not the named applicant) Peter Wilke | | 12. Email and/or Phone Number for Organizer of Event director@fdlfest.com / 920-238-1282 | |
| 13. Organizer Website www.fdlfest.com | | 14. Event Website fdlfest.com / fondyfalltoberfest | |
| 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. Beverages to be sold under West Shelter / Away from food and children's activities. Premises will include a temporary barrier around a beer garden and live music area, as well as surrounding areas on Owen Island. Licensed bar tenders will be serving beverages. | | | |

Drog Free Communities will be distributing wristbands to LDAC w/ valid IDs.

| | | | |
|--|--|--------------------------------------|------------------|
| 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 Wilke | | First Name Peter | |
| Title Executive Director | | Email director@fdlfest.com | M.I. H |
| Signature  | | Phone 920-238-1282 | |
| Date | | | |

| | |
|---|--------------------------------------|
| Part E: For Clerk Use Only | |
| Date Application Was Filed With Clerk AUG 21 2025 | License Number C-2025-0132 |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

CITY OF FOND DU LAC

Memorandum

Date:

To: Chief of Police Attn: Records Division

From: City Clerk

Subject: Temporary Class B License

The application copied on the reverse side was filed with this office within the preceding forty-eight hours.

It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.

CITY OF FOND DU LAC

Memorandum

Date:

To: City Clerk

From: Chief of Police

Subject: Temporary Class B License

I hereby recommend that the application be:

 X Granted a license Cpt RD #121 8-28-25

 Denied a license

Comments _____

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

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

FEE \$ 10.00

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

Application Date: SEP 02 2025

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 10/3/25 and ending 10/5/25 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

☒ Bona fide Club

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

President Doug Carlson: 430 S National Ave, Fond Du Lac, WI 54935

Vice President Tim Pickart: N936 County Road, FDL, WI 54937 N9193 US HIGHWAY 451

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shober, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935 550

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events

(b) Dates of event 10/3 - 10/5

DECLARATION

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

Officer Doug Carlson 9/20/2025
(Signature / Date)

[Signature]
(Name of Organization)

Date Filed with Clerk SEP 02 2025

Date Reported to Council or Board _____

Date Granted by Council _____

License No. C-2025-0134

No CTB
Sarah
Shober

CITY OF FOND DU LAC

Memorandum

Date:

To: Chief of Police Attn: Records Division

From: City Clerk

Subject: Temporary Class B License

The application copied on the reverse side was filed with this office within the preceding forty-eight hours.

It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.

CITY OF FOND DU LAC

Memorandum

Date:

To: City Clerk

From: Chief of Police

Subject: Temporary Class B License

I hereby recommend that the application be:

 X Granted a license

 Denied a license

CPT R.D. #121 09-03-25
Granted For All Dates

Comments _____

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

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

FEE \$ 10.00

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

Application Date: SEP 02 2025

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 10/10/25 and ending 10/12/25 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

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

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town ☐ Village ☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

President Doug Carlson: 430 S. National Ave, Fond Du Lac, WI 54935

Vice President Tim Pickart: N9336 County Road, FDL, WI 54937 N9193 US HIGHWAY 451

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shober, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935

550

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events

(b) Dates of event 10/10 - 10/12 2025

DECLARATION

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

Officer Doug Carlson 9/20/2025
(Signature / Date)

[Signature]
(Name of Organization)

Date Filed with Clerk SEP 02 2025

Date Reported to Council or Board _____

Date Granted by Council _____

License No. C-2025-0135

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

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

FEE \$ 10.00

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

Application Date: SEP 02 2025

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 10/17/25 and ending 10/19/25 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

☒ Bona fide Club

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

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Vice President Tim Pickart: N9336 County Road, FDL, WI 54937 N9193 US HIGHWAY 451

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shober, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935

550

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events

(b) Dates of event 10/17/25 - 10/19/25

DECLARATION

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

Officer

Doug Carlson 9/20/2025
(Signature / Date)

Fond du Lac Blue Line Ice Center
(Name of Organization)

Date Filed with Clerk SEP 02 2025

Date Reported to Council or Board _____

Date Granted by Council _____

License No. C-2025-0136

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

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

FEE \$ 10.00

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

Application Date:

SEP 02 2025

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 10/24/25 and ending 10/26/25 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

☒ Bona fide Club

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

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Vice President Tim Pickart: N9336 County Road, FDL, WI 54937 N9193 US HIGHWAY 451

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shober, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935 550

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events

(b) Dates of event 10/24/25 - 10/26/25

DECLARATION

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

Officer Doug Carlson 9/20/2025
(Signature / Date)

[Signature]
(Name of Organization)

SEP 02 2025

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. C-2025-0137

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

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

FEE \$ 10.00

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

Application Date: SEP 02 2025

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 10/31/25 and ending 11/02/25 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

☒ Bona fide Club

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

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Vice President Tim Pickart: N9336 County Road, FDL, WI 54937 N9193 US HIGHWAY 451

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shober, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935 550

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events

(b) Dates of event 10/31/25 - 11/2/25

DECLARATION

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

Officer Doug Carlson 9/20/2025
(Signature / Date)

[Signature]
(Name of Organization)

Date Filed with Clerk SEP 02 2025

Date Reported to Council or Board _____

Date Granted by Council _____

License No. C-2025-0138

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

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

FEE \$ 10.00

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

Application Date: SEP 02 2025

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 11/07/25 and ending 11/09/25 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

☒ Bona fide Club

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

President Doug Carlson: 430 S National Ave, Fond Du Lac, WI 54935

Vice President Tim Pickart: N9336 County Road, FDL, WI 54937 N9193 US HIGHWAY 451

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shober, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935 550

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events

(b) Dates of event 11/7/25 - 11/9/25

DECLARATION

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

Officer

Doug Carlson 8/20/2025
(Signature / Date)

[Signature]
(Name of Organization)

SEP 02 2025

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. C-2025-0139

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

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

FEE \$ 10.00

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

Application Date: SEP 02 2025

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 11/14/25 and ending 11/16/25 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

☒ Bona fide Club

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

President Doug Carlson: 430 S. National Ave, Fond Du Lac, WI 54935

Vice President Tim Pickart: 1936 County Road, FDL, WI 54937 N9193 US HIGHWAY 451

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shober, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935 550

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events

(b) Dates of event 11/14/25 - 11/16/25

DECLARATION

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

Officer

Doug Carlson 9/20/2025
(Signature / Date)

[Signature]
(Name of Organization)

Date Filed with Clerk SEP 02 2025

Date Reported to Council or Board _____

Date Granted by Council _____

License No. C-2025-0140

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

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

FEE \$ 10.00

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

Application Date: SEP 02 2025

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 11/21/25 and ending 11/23/25 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

☒ Bona fide Club

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

President Doug Carlson: 430 S National Ave, Fond Du Lac, WI 54935

Vice President Tim Pickart: N9336 County Road, FDL, WI 54937 N9193 US HIGHWAY 451

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shober, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935 550

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events

(b) Dates of event 11/21/25 - 11/23/25

DECLARATION

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

Officer Doug Carlson 9/20/2025
(Signature / Date)

[Signature]
(Name of Organization)

SEP 02 2025

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. C-2025-0141

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

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

FEE \$ 10.00

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

Application Date: SEP 02 2025

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 11/28/25 and ending 11/30/25 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

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

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town ☐ Village ☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

President Doug Carlson: 430 S. National Ave, Fond du Lac, WI 54935

Vice President Tim Pickart: N9336 County Road, FDL, WI 54937 N9193 US HIGHWAY 451

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shober, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935 550

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events

(b) Dates of event 11/28/25- 11/30/25

DECLARATION

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

Officer

Doug Carlson 9/20/2025
(Signature / Date)

[Signature]
(Name of Organization)

Date Filed with Clerk SEP 02 2025

Date Reported to Council or Board _____

Date Granted by Council _____

License No. C-2025-0142

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

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

SEP 02 2025

FEE \$ 10.00

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

Application Date:

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 12/05/25 and ending 12/07/25 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

☒ Bona fide Club

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation

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

(f) Names and addresses of all officers:

President Doug Carlson: 430 S. National Ave, Fond du Lac, WI 54935

Vice President Tim Pickart: 1936 County Road, FDL, WI 54937 N9193 US HIGHWAY 151

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shober, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935

550

(b) Lot Block

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

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

3. Name of Event

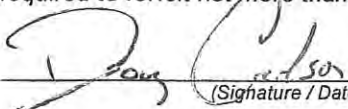
(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events


(b) Dates of event 12/5/25- 12/7/25

DECLARATION

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

Officer

 9/20/2025
(Signature / Date)


(Name of Organization)

SEP 02 2025

Date Filed with Clerk

Date Reported to Council or Board

Date Granted by Council

License No. C-2025 - 0143

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

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

FEE \$ 10.00

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

Application Date: SEP 02 2025

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 12/02/25 and ending 12/14/25 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

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

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town ☐ Village ☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

President Doug Carlson: 430 S National Ave, Fond Du Lac, WI 54935

Vice President Tim Pickart: 9336 County Road, FDL, WI 54937 N9193 US HIGHWAY 451

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shober, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935 550

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events

(b) Dates of event 12/12/25 - 12/14/25

DECLARATION

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

Officer

Doug Carlson 8/20/2025
(Signature / Date)

[Signature]
(Name of Organization)

Date Filed with Clerk SEP 02 2025

Date Reported to Council or Board _____

Date Granted by Council _____

License No. C-2025-0144

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

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

FEE \$ 10.00

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

Application Date:

SEP 02 2025

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 12/19/25 and ending 12/21/25 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

☒ Bona fide Club

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

President Doug Carlson: 430 S National Ave, Fond Du Lac, WI 54935

Vice President Tim Pickart: N9336 County Road, FDL, WI 54937 N9193 US HIGHWAY 451

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shoer, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935

550

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events

(b) Dates of event 12/19/25 - 12/21/25

DECLARATION

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

Officer

Doug Carlson 9/20/2025
(Signature / Date)

Fond du Lac Blue Line Ice Center
(Name of Organization)

SEP 02 2025

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. C-2025-0145

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

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

FEE \$ 10.00

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

Application Date: SEP 02 2025

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings, under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 12/26/25 and ending 12/28/25 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

☒ Bona fide Club

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

President Doug Carlson: 430 S National Ave, Fond Du Lac, WI 54935

Vice President Tim Pickart: 1936 County Road, FDL, WI 54937 N9193 US HIGHWAY 51

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shoher, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935 550

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events

(b) Dates of event 12/26/25 - 12/28/25

DECLARATION

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

Officer

Doug Carlson 9/20/2025
(Signature / Date)

[Signature]
(Name of Organization)

Date Filed with Clerk SEP 02 2025

Date Reported to Council or Board _____

Date Granted by Council _____

License No. C-2025-0146

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

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

FEE \$ 10.00

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

Application Date: SEP 02 2025

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 1/02/26 and ending 1/04/26 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

☒ Bona fide Club

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation

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

(f) Names and addresses of all officers:

President Doug Carlson: 430 S. National Ave, Fond du Lac, WI 54935

Vice President Tim Pickart: 9336 County Road, FDL, WI 54937 N9193 US HIGHWAY 451

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shober, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935

550

(b) Lot Block

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

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

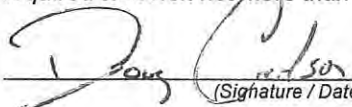
3. Name of Event

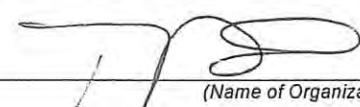
(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events

(b) Dates of event 1/2/26 - 1/4/26

DECLARATION

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

Officer  3/20/2025
(Signature / Date)


(Name of Organization)

SEP 02 2025

Date Filed with Clerk

Date Reported to Council or Board

Date Granted by Council

License No. C-2025-0147

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

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

FEE \$ 10.00

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

Application Date: _____

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC SEP 02 2025

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 1/09/26 and ending 1/11/26 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

☒ Bona fide Club

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

President Doug Carlson: 430 S. National Ave, Fond du Lac, WI 54935

Vice President Tim Pickart: N9336 County Road, FDL, WI 54937 N9193 US HIGHWAY 451

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shober, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935 550

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events

(b) Dates of event 1/9/26 - 1/11/26

DECLARATION

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

Officer

Doug Carlson 9/20/2025
(Signature / Date)

[Signature]
(Name of Organization)

Date Filed with Clerk SEP 02 2025

Date Reported to Council or Board _____

Date Granted by Council _____

License No. C-2025-0148

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

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

FEE \$ 10.00

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

Application Date: SEP 02 2025

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 1/16/26 and ending 1/18/26 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

☒ Bona fide Club

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

President Doug Carlson: 430 S National Ave, Fond Du Lac, WI 54935

Vice President Tim Pickart: N936 County Road, FDL, WI 54937 N9193 US HIGHWAY 151

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shoher, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935

550

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events

(b) Dates of event 1/16/26 - 1/18/26

DECLARATION

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

Officer

Doug Carlson 8/20/2025
(Signature / Date)

[Signature]
(Name of Organization)

Date Filed with Clerk SEP 02 2025

Date Reported to Council or Board _____

Date Granted by Council _____

License No. C-2025-0149

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

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

FEE \$ 10.00

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

Application Date: SEP 02 2025

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 01/23/26 and ending 01/25/26 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

☒ Bona fide Club

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

President Doug Carlson: 430 S National Ave, Fond Du Lac, WI 54935

Vice President Tim Pickart: N9336 County Road, FDL, WI 54937 N9193 US HIGHWAY 451

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shoher, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935 550

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events

(b) Dates of event 1/23/26 - 1/25/26

DECLARATION

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

Officer

Doug Carlson 9/20/2025
(Signature / Date)

[Signature]
(Name of Organization)

Date Filed with Clerk SEP 02 2025

Date Reported to Council or Board _____

Date Granted by Council _____

License No. C-2025-0150

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

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

FEE \$ 10.00

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

Application Date: SEP 02 2025

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 1/30/26 and ending 2/01/26 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

☒ Bona fide Club

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

President Doug Carlson: 430 S National Ave, Fond Du Lac, WI 54935

Vice President Tim Pickart: N9336 County Road, FDL, WI 54937 N9193 US HIGHWAY 451

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shoher, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935 550

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events

(b) Dates of event 1/30/26 - 2/1/26

DECLARATION

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

Officer

Doug Carlson 8/20/2025
(Signature / Date)

[Signature]
(Name of Organization)

Date Filed with Clerk SEP 02 2025

Date Reported to Council or Board _____

Date Granted by Council _____

License No. C-2025-0151

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

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

FEE \$ 10.00

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

Application Date: SEP 02 2025

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 2/06/26 and ending 2/08/26 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

☒ Bona fide Club

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

President Doug Carlson: 430 S. National Ave, Fond du Lac, WI 54935

Vice President Tim Pickart: 9336 County Road, FDL, WI 54937 N9193 US HIGHWAY 451

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shoer, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935 550

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events

(b) Dates of event 2/6/26-2/8/26

DECLARATION

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

Officer Doug Carlson 9/20/2025
(Signature / Date)

[Signature]
(Name of Organization)

SEP 02 2025

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. C-2025-0152

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

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

FEE \$ 10.00

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

Application Date: SEP 02 2025

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 2/13/26 and ending 2/15/26 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

☒ Bona fide Club

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

President Doug Carlson: 430 S. National Ave, Fond Du Lac, WI 54935

Vice President Tim Pickart: N9336 County Road, FDL, WI 54937 N9193 US HIGHWAY 451

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shober, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935 550

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events

(b) Dates of event 2/13/26 - 2/15/26

DECLARATION

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

Officer

Doug Carlson 2/20/2025
(Signature / Date)

[Signature]
(Name of Organization)

SEP 02 2025

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. C-2025-0153

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

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

FEE \$10.00

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

Application Date: SEP 02 2025

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 2/20/26 and ending 2/22/26 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

☒ Bona fide Club

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

President Doug Carlson: 430 S. National Ave, Fond du Lac, WI 54935

Vice President Tim Pickart: N9336 County Road, FDL, WI 54937 N9193 US HIGHWAY 451

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shober, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935

530

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events

(b) Dates of event 2/20/26- 2/22/26

DECLARATION

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

Officer

Doug Carlson 2/20/2025
(Signature / Date)

Fond du Lac Blue Line Ice Center
(Name of Organization)

Date Filed with Clerk SEP 02 2025

Date Reported to Council or Board _____

Date Granted by Council _____

License No. C-2025-0154

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

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

FEE \$ 10.00

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

Application Date: SEP 02 2025

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 2/27/26 and ending 3/01/26 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

☒ Bona fide Club

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

President Doug Carlson: 430 S. National Ave, Fond du Lac, WI 54935

Vice President Tim Pickart: N9336 County Road, FDL, WI 54937 N9193 US HIGHWAY 51

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shober, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935 550

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events

(b) Dates of event 2/27/26 - 3/1/26

DECLARATION

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

Officer

Doug Carlson 2/20/2025
(Signature / Date)

[Signature]
(Name of Organization)

Date Filed with Clerk SEP 02 2025

Date Reported to Council or Board _____

Date Granted by Council _____

License No. C-2025-0155

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

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

FEE \$10.00

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

Application Date:

SEP 02 2025

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 3/06/26 and ending 3/08/26 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

☒ Bona fide Club

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

President Doug Carlson: 430 S. National Ave, Fond du Lac, WI 54935

Vice President Tim Pickart: N9336 County Road, FDL, WI 54937 N9193 US HIGHWAY 451

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shoher, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935 550

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events

(b) Dates of event 3/6/26 - 3/8/26

DECLARATION

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

Officer

Doug Carlson 3/20/2025
(Signature / Date)

[Signature]
(Name of Organization)

Date Filed with Clerk

SEP 02 2025

Date Reported to Council or Board

Date Granted by Council

License No.

C-2025-0156

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

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

FEE \$10.00

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

Application Date: SEP 02 2025

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 3/13/26 and ending 3/15/26 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

☒ Bona fide Club

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

President Doug Carlson: 430 S. National Ave, Fond du Lac, WI 54935

Vice President Tim Pickart: N9336 County Road, FDL, WI 54937 N9193 US HIGHWAY 451

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shober, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935

550

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events

(b) Dates of event 3/13/26 - 3/15/26

DECLARATION

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

Officer

Doug Carlson
(Signature / Date) 3/20/2025

[Signature]
(Name of Organization)

Date Filed with Clerk _____

SEP 02 2025

Date Reported to Council or Board _____

Date Granted by Council _____

License No. C-2025-0157

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

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

FEE \$10.00

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

Application Date: SEP 02 2025

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 3/20/26 and ending 3/22/26 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

☒ Bona fide Club

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

President Doug Carlson: 430 S. National Ave, Fond du Lac, WI 54935

Vice President Tim Pickart: N9336 County Road, FDL, WI 54937 N9193 US HIGHWAY 451

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shoher, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935 550

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events

(b) Dates of event 3/20/26 - 3/22/26

DECLARATION

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

Officer Doug Carlson 3/20/2025
(Signature / Date)

[Signature]
(Name of Organization)

Date Filed with Clerk SEP 02 2025

Date Reported to Council or Board _____

Date Granted by Council _____

License No. C-2025-0158

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

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

FEE \$ 10.00

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

Application Date: SEP 02 2025

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 3/27/26 and ending 3/29/26 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

☒ Bona fide Club

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

President Doug Carlson: 430 S National Ave, Fond du Lac, WI 54935

Vice President Tim Pickart: N9336 County Road, FDL, WI 54937 N9193 US HIGHWAY 451

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shoher, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935

550

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events

(b) Dates of event 3/27/26 - 3/29/26

DECLARATION

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

Officer

Doug Carlson 3/20/2025
(Signature / Date)

[Signature]
(Name of Organization)

Date Filed with Clerk SEP 02 2025

Date Reported to Council or Board _____

Date Granted by Council _____

License No. C-2025-0159

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

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

FEE \$10.00

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

Application Date:

SEP 02 2025

☐ Town ☐ Village ☒ City of FOND DU LAC

County of FOND DU LAC

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 4/03/26 and ending 4/05/26 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

☒ Bona fide Club

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fond du Lac Blue Line Ice Center

(b) Address 550 Fond du Lac Ave

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 01/01/1969

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

President Doug Carlson: 430 S National Ave, Fond du Lac, WI 54935

Vice President Tim Pickart: N9336 County Road, FDL, WI 54937 N9193 US HIGHWAY 451

Secretary Evie Schaefer

Treasurer Aaron Schneider W4067 Parkview Crt, Fond du Lac, WI 54937

(g) Name and address of manager or person in charge of affair: Sarah Shober, 1004 Wisconsin Ave, North Fond du Lac 54937

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

(a) Street number Fond Du Lac Ave, Fond du Lac, WI 54935

550

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Bears Hockey, Marian University NCAA Men's & Womens, Marian University ACHA II and III & Blue Line Special Events

(b) Dates of event 4/3/26 - 4/5/26

DECLARATION

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

Officer Doug Carlson 3/20/2025
(Signature / Date)

[Signature]
(Name of Organization)

Date Filed with Clerk _____

SEP 02 2025

Date Reported to Council or Board _____

Date Granted by Council _____

License No. C-2025-0160

| Fond du Lac Blue Line Hockey Inc. | Special Class B License | 2025-2026 Events |
|---|-------------------------|------------------|
| Date of Event | License # | RCPT # |
| 9/05-9/07/25 | C-2025-0133 | 9322 |
| 10/03-10/05/25 | C-2025-0134 | 9323 |
| 10/10-10/12/25 | C-2025-0135 | 9324 |
| 10/17-10/19/25 | C-2025-0136 | 9325 |
| 10/24-10/26/25 | C-2025-0137 | 9326 |
| 10/31-11/02/25 | C-2025-0138 | 9327 |
| 11/07-11/09/25 | C-2025-0139 | 9328 |
| 11/14-11/16/25 | C-2025-0140 | 9329 |
| 11/21-11/23/25 | C-2025-0141 | 9330 |
| 11/28-11/30/25 | C-2025-0142 | 9331 |
| 12/05-12/07/25 | C-2025-0143 | 9332 |
| 12/12-12/14/25 | C-2025-0144 | 9333 |
| 12/19-12/21/25 | C-2025-0145 | 9334 |
| 12/26-12/28/25 | C-2025-0146 | 9335 |
| 1/02-1/04/26 | C-2025-0147 | 9336 |
| 1/09-1/11/26 | C-2025-0148 | 9337 |
| 1/16-1/18/26 | C-2025-0149 | 9338 |
| 1/23-1/25/26 | C-2025-0150 | 9339 |
| 1/30-2/01/26 | C-2025-0151 | 9340 |
| 2/06-2/08/26 | C-2025-0152 | 9341 |
| 2/13-2/15/26 | C-2025-0153 | 9342 |
| 2/20-2/22/26 | C-2025-0154 | 9343 |
| 2/27-3/01/26 | C-2025-0155 | 9344 |
| 3/06-3/08/26 | C-2025-0156 | 9345 |
| 3/13-3/15/26 | C-2025-0157 | 9346 |
| 3/20-3/22/26 | C-2025-0158 | 9347 |
| 3/27-3/29/26 | C-2025-0159 | 9348 |
| 4/03-4/05/26 | C-2025-0160 | 9349 |
| | | |
| \$10.00 each X 28 applications = \$280.00 | | |
| Plus \$5.00 Rush Fee | | |