

AMENDED HEALTH AND RECREATION COMMITTEE

City of Kaukauna
Council Chambers
Municipal Services Building
144 W. Second Street, Kaukauna



Monday, June 16, 2025 at 6:20 PM

AGENDA

In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
 - [a.](#) Tavern Report.
 - [b.](#) * Solicitors License.
 - [c.](#) * 2024-2025 Beer and Liquor License.
 - [d.](#) 2025-2026 Beer and Liquor Licenses.
 - [e.](#) 2025-2026 Sidewalk Display and Sidewalk Cafe' Permits.
 - [f.](#) Request for Advertising Sign at Dog Park.
 - [g.](#) Special Event Application and Amplified Music Request to Bank of Kaukauna for their Customer Appreciation Night for July 24, 2025.
 - [h.](#) Temporary Class B License to American Legion Post 258 on August 19, 2025, for the St. Paul Elder Services Car Show & Brat Fry.
3. Adjourn.

NOTICES

Notice is hereby given that a majority of the City Council will be present at the meeting of the Health and Recreation Committee scheduled for Monday, June 16, 2025, at 6:20 P.M. to gather information about a subject over which they have decision making responsibility.

IF REQUESTED THREE (3) DAYS PRIOR TO THE MEETING, A SIGN LANGUAGE INTERPRETER WILL BE MADE AVAILABLE AT NO CHARGE.

MEETING ACCESS INFORMATION:

You can access this meeting by one of three methods: from your telephone, computer, or by an app. Instructions are below.

To access the meeting by telephone:

1. Dial 1-312-626-6799
2. When prompted, enter Meeting ID 234 605 4161 followed by #
3. When prompted, enter Password 54130 followed by #

To access the meeting by computer:

1. Go to <http://www.zoom.us>
2. Click the blue link in the upper right hand side that says Join a Meeting
3. Enter Meeting ID 234 605 4161
4. Enter Password 54130
5. Allow Zoom to access your microphone or camera if you wish to speak during the meeting

To access the meeting by smartphone or tablet:

1. Download the free Zoom app to your device
2. Click the blue button that says Join a Meeting
3. Enter Meeting ID 234 605 4161
4. Enter Password 54130
5. Allow the app to access your microphone or camera if you wish to speak during the meeting

Members of the public will be muted unless there is an agenda item that allows for public comment or if a motion is made to open the floor to public comment.

All licensees who accumulate 200 points in a 12 month period, 250 points in a 24 month period, or 300 points in a 36 month period shall be considered for suspension, revocation or nonrenewable. **12.03(11)(d)2**

Charges in the last 12 Months -- June 1, 2024 to May 31, 2025					
Licensee	Date	Charges	Subject	Disposition	Points
Club Ritz	3/15/2025	Disturbance -- Probation Violation	Patron	Guilty	n/a
X Bar	3/4/2025	Resisting, DC, Bail Jumping and Probation Violation	Patron	Pending with DA	n/a
Benchwarners	3/7/2025	Domestic DC, Battery and Possession of Cocaine	Patron	Pending with DA	n/a
Roundabout Bar	5/4/2025	OWI	Patron	Pending with DA	n/a
Plan B	1/13/2025	Felony Bail Jumping	Patron	Pending with DA	n/a
Badger Quik Stop	10/30/2024	OWI	Patron	Not Prosecuted by DA	n/a
Kwik Trip (Lawe)	7/13/2024	OWI	Patron	Pending with DA	n/a
	1/16/2025	OWI	Patron	Pending with DA	n/a
JJ's Cocktail Lounge	10/18/2024	Fake Identification (confiscated by bartender)	Patron(s) - 3	Guilty	n/a

Charges in the last 24 Months -- June 1, 2023 to May 31, 2024					
Licensee	Date	Charges	Subject	Disposition	Points
Badger Quik Stop	11/11/2023	OWI	Patron	Guilty	n/a
Bob's Inn	11/14/2023	DC	Patron	Guilty	n/a
Club Ritz	1/7/2024	DC and Criminal Damage to Property	Patron	Guilty	n/a
Dollar General	9/28/2023	DC	Employee	Guilty	25
	12/31/2023	Possession of Marijuana, Possession of Drug Paraphernalia and Underage Drinking	Patron	Guilty	n/a
Hillside Bar	9/10/2023	DC and Misdemeanor Battery	Patron	Pending with DA	n/a
JJ's Cocktail Lounge	4/22/2024	DC	Patron	Guilty	n/a

Kwik Trip (Lawe)	5/28/2024	OWI	Patron	Pending with DA	n/a
Kwik Trip (Gertrude)	8/19/2023	Possession of Methamphetamine	Patron	Guilty	n/a
MotoMart	10/7/2023	DC and Misdemeanor Battery	Patron(s) - 2	Guilty	n/a
Piggly Wiggly	4/15/2024	Possession of THC	Patron	Guilty	n/a
Plan B	1/28/2024	Criminal Damage to Property	Patron	Guilty	n/a

Charges in the last 36 Months -- June 1, 2022 to May 31, 2023					
Licensee	Date	Charges	Subject	Disposition	Points
Club Ritz	2/3/2023	DC	Patron	Pending with DA	n/a
	6/8/2022	DC	Patron	Dropped	n/a
Porks Place	9/27/2022	DC	Patron	Dismiss/Read In	n/a
Skyview Supper Club	12/3/2022	DC	Renter	Pending with DA	n/a

June 17, 2025

THE FOLLOWING APPLICANTS HAVE APPLIED FOR A SOLICITOR'S LICENSE
FOR THE LICENSE YEAR 2025 AND HAVE BEEN RECOMMENDED FOR
APPROVAL BASED ON THEIR RECORD CHECK BY THE POLICE DEPARTMENT:

Sydney	Bollinger	L.	2850 Carmar Way	San Diego
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POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - \$15.00

Receipt No. _____

Sellers Permit No. _____

Date Paid _____

Name of Applicant: SYDNEY BOLLINGER	
Address: 2850 CARMAR WAY	
City, State, Zip: SAN DIEGO, CA, 92139	County of Residence: SAN DIEGO
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): 3/25/05	Place of Birth: SAN DIEGO
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Telephone Number: 619 962 9133
Driver's License Number: Y1800494	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) EDUCATIONAL RESOURCES	
Will you be selling products delivered at sale? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: KAUKAUNA,	
Home Company Name: SOUTHWESTERN ADVANTAGE	
Address: 2451 ATRIUM WAY #1868 NASHVILLE TN 37214	
Officer or Director of Company: DAVE CAUSEY	Principal Place of Business (State): TN

Reference	Name: DAVE CARSE MATT ROSS
	Address: 2451 ATRIUM WAY, NASHVILLE TN
	Telephone Number: 480 206 2560
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please state where.	

Sydney Palmer

Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

The above signed applicant, being first duly sworn on oath deposes and says that he/she is the applicant named in the foregoing application; that he/she has read each of the questions in said application; that he/she had made complete true and correct answers to each question.



Subscribed and sworn to before me this

16 day of JUNE, 2025.

Kayla Nessmann
City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation	Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>	
Signature: <i>Kyle J. Hovegen</i>	Lt. Hovegen #823
Explain, if denied:	
City Council Action:	Date granted/denied: License No.

**CITY OF KAUKAUNA
2024-2025 BEER AND LIQUOR LICENSES
OFFICIAL NOTICE
LIQUOR LICENSE APPLICATIONS FOR THE TERM OF:
JUNE 18, 2025 – JUNE 30, 2025**
The granting of which is now pending City Council approval
on June 17, 2025.

**NAME
ADDRESS**

**BUSINESS NAME
BUSINESS ADDRESS
PREMISES DESCRIPTION**

**COMBINATION “CLASS B” FERMENTED MALT BEVERAGE AND LIQUOR LICENSE
CORPORATION**

Blindnub LLC
Mandy J. Waite, Agent
106 W. Seventh St., Kaukauna

Blindnub Pub
128 E. Second Street
Bar & basement.

Dated this 11th day of June, 2025.

Kayla Nessmann
City of Kaukauna Clerk

June 17, 2025

The following 2024-2025 liquor licensees held a liquor license during the 2024-2025 liquor license period but have **failed to submit** their liquor license application for the **2025-2026** liquor license period.

Silva-Castro LLC	Blanca E. Silva	El Zacatecano	1100 Hyland Ave.	Alcohol: "Class B" Beer and Liquor
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CITY OF KAUKAUNA
2025-2026 BEER AND LIQUOR LICENSES
OFFICIAL NOTICE
LIQUOR LICENSE APPLICATIONS FOR THE TERM OF:
JULY 1, 2025 – JUNE 30, 2026
The granting of which is now pending City Council approval
on June 17, 2025.

NAME
ADDRESS

BUSINESS NAME
BUSINESS ADDRESS
PREMISES DESCRIPTION

COMBINATION “CLASS B” FERMENTED MALT BEVERAGE AND LIQUOR LICENSE
INDIVIDUAL

Craig Jon Krueger
2433 Lawe St., Kaukauna

The X Bar
142 W. Third Street
Bar area, back room, & basement.

COMBINATION “CLASS B” FERMENTED MALT BEVERAGE AND LIQUOR LICENSE
CORPORATION

B&W Inc.
Matthew M. White, Agent
2451 Haas Rd., Kaukauna

Eagle Links Golf Course
1700 Haas Road
Club house-bar, storage room, office, driving
range, practice greens, & 18 holes.

Player's Pub LLC
Tracy R. Blackwell, Agent
209 W. Seventh St., Kaukauna

Player's Pub
701 Dodge Street
Bar & back storage room.

*MG's B&G, LLC
Ginger L. Denton, Agent
219 E. Fourteenth St., Kaukauna

Bachelor's Bar & Grill
1316 Crooks Avenue
Basement, bar, & locked room.

*173 W Wisconsin Ave LLC
Jordan M. La Chance, Agent
207 W. Seventh St., Kaukauna

JJ's Cocktail Lounge
173 W. Wisconsin Avenue
Bar area, back room, basement, & deck.

*JT Holdings 2021 LLC
Joel B. Vogels, Agent
1441 Arbor Way, Kaukauna
CCJR Enterprises LLC
Duane R. Biese, Agent
520 East Papermill Run #105, Kimberly

Pub 55
1441 Arbor Way
Bar, basement coolers, & basement closet.
The Roundabout Bar & Grill
110 E. County Road KK
Bar, dining room, kitchen, basement,
bathrooms, hallways, & office.

Club Ritz, LLC
Abbie J. Quella, Agent
N4770 State Hwy. 55, Freedom

Club Ritz
301 W. Seventh Street
Bar & basement.

Da Pub, LLC
Cheryl L. Gloudemans, Agent
656 Fern St., Kaukauna

*Dodge 313 LLC
Janel C. Abel, Agent
311 Dodge St., Kaukauna

*DRD Enterprises LLC
Donald R. Dix, Agent
2314 Olde Country Cir., Kaukauna

Electric City Lanes, LLC
Jason D. Hurst, Agent
235 W. Wisconsin Ave., Kaukauna

Blindnub LLC
Mandy J. Waite, Agent
106 W. Seventh St., Kaukauna

Hillstreet 2 LLC
Mary A. Hoffman, Agent
101 W. Third St., Kaukauna

*Hyland House Inc.
Christopher P. Ashauer, Agent
525 Idlewild St., Apt. 4, Kaukauna

Sturbers Bar & Grill, LLC
Amy B. Steier, Agent
711 E. Tallgrass Dr., Appleton

Kaukauna Moose Lodge #953, Loyal Order of Moose, Inc. Kaukauna Moose Lodge 953
Duane M. Diedrich, Agent
216 Maria St., Kaukauna

KKWebster LLC
Kelly L. Webster, Agent
708 Westfield St., Kaukauna

Plan B DeCoster LLC
Martin R. DeCoster, Agent
157 Raught St., Kaukauna

Pork's Place of Kaukauna LLC
Jamie K. Voet, Agent
525 W. Ninth St., Kaukauna

Prime Steer Supper Club LLC
Gary L. Natrop, Agent
224 Shady Ridge Ct., Wrightstown

ESSS Enterprises LLC
Stacey A. Snyder, Agent
1008 Desnoyer St., Kaukauna

Verbeten's Bowling Lanes LLC
Ryan H. VanSchyndel, Agent
154 E. Third St., Kaukauna

The Pub
142 E. Third Street
First floor, basement, & back fenced-in area.

313 Dodge
313 Dodge Street
Bar room, storeroom, kitchen, & fridge.

Bob's Inn
120 E. Third Street
Bar, back room, & basement.

Electric City Lanes
136 W. Wisconsin Avenue
Bowling alley, restaurant, & large hallway.

Blindnub Pub
128 E. Second Street
Bar & basement.

Hillstreet Bar & Grill
101 W. Third Street
Bar room & basement

Cash & Swillie's
701 E. Hyland Avenue
Bar room, 2 dining rooms, kitchen, & outdoor
fenced in patio.

Sturbers Bar & Grill
220 Dodge Street
Basement storage, coolers, main floor, &
stock room.

Kaukauna Moose Lodge 953
900 W. Ducharme Street
Bar, office, bathrooms, dining area, kitchen,
bar storage, & walk-in cooler.

Tommy G's
107 W. Wisconsin Avenue
Bar room & basement.

Plan B
121 W. Wisconsin Avenue
Bar, walk-in cooler, & outside deck.

Pork's Place
727 Desnoyer Street
Tavern with coolers.

Prime Steer Supper Club
704 E. Hyland Avenue
Bar, locked liquor room, dining room, &
walk-in cooler.

Journeys Bar & Grill
100 Island Street
Bar, office area, & basement.

Verbeten's Bar & Grill
154 E. Third Street
Main floor, game room, & basement.

Vaudette, LLC
 Gregory C. VandeHey, Agent
 212 E. Division St., Kaukauna
 Ozzie's Skyview Club LLC
 Osman O. Hidri, Agent
 3017 Saybrook Cir., Green Bay

Vaudette Theater
 151 E. Second Street
 Gallery & basement.
 Ozzie's Skyview Club
 3108 Green Bay Road
 Restaurant, bar, kitchen, restrooms,
 basement, & walk-in cooler.

COMBINATION "CLASS A" FERMENTED MALT BEVERAGE AND LIQUOR LICENSE CORPORATION

Dolgencorp, LLC
 John E. Greene, Agent
 W145 Lake Sandia Dr., Krakow
 StoneRidge Kaukauna LLC
 Nicholas A. Wessley, Agent
 W5551 Grey Dr., Appleton
 Walgreen Co
 Troy M. Rustad, Agent
 826 E. Apple Tree Ln., Appleton
 FKG Oil Company
 Mary A. Wisniewski, Agent
 301 W. Twelfth St., Kaukauna
 PNH LLC
 Hari R., Khanal, Agent
 3082 Winnipeg St., Menasha
 Kwik Trip, Inc.
 Tyler J. Dolan, Agent
 120 Lamplighter Dr., Apt 4, Kaukauna

Kwik Trip, Inc.
 Nicholas P. Bucher, Agent
 2203 Larry Ln., De Pere

Yeti LLC
 Prashant Banjade, Agent
 3311 E. Parkside Blvd., Apt. 128, Appleton
 SG Petroleums LLC
 Suyash Goel, Agent
 4401 N. Marshall Heights Ave., Appleton

Kaukauna Mart LLC
 Hari Adhikari, Agent
 W6561 Ethan Dr., Appleton

Badger Travel Center Inc
 Kamaljit Singh, Agent
 6116 Seventh Ave., Unit 2, Kenosha

Dollar General Store #6604
 1102 Lawe Street
 Sales floor & stock room.
 Piggly Wiggly
 300 E. Ann Street
 Block building & retail grocery.
 Walgreens #10759
 201 E. Ann Street
 Retail drug store with sundries.
 Crooks Motomart #3413
 2209 Crooks Avenue
 Convenience store.
 Kaukauna Mini Mart
 601 Lawe Street
 Building.
 Kwik Trip 209
 1101 Gertrude Street
 One-story frame construction, walk-in cooler,
 sales floor, & area behind counter.
 Kwik Trip 270
 322 Lawe Street
 One-story frame construction, walk-in cooler,
 sales floor, & area behind counter.
 Kaukauna BP
 400 W. Tenth Street
 Convenience store.
 Stop 41 Kaukauna
 1350 Delanglade Street
 Beer cave, lobby, behind the register, &
 back room.
 Kaukauna Mart
 1005 Crooks Avenue
 Gas station with convenience store & walk-in
 cooler.
 Badger Travel Center
 3011 Lawe Street
 Gas station & truck stop.

**CLASS "B" BEER LICENSE & CLASS "C" WINE LICENSE
CORPORATION**

Pagoni's Pizza, Inc.	Pagoni's Pizza
Ernesto G. Morales, Agent	320 E. Ann Street
2430 Stroeber Island Dr., Appleton	Dining room & coolers.
New China Wok Inc	New China Wok
Dong Sheng Chen, Agent	1810 Crooks Avenue B
121 Lamplighter Dr. #10, Kaukauna	Cooler & front dining area.
Family Fusion, LLC	Patty and Pablo's: A Family Restaurant
Fatima M. Garcia Ramirez, Agent	145 E. Second Street.
W3130 E. Broadway Dr., Trlr. 301, Freedom	Dining area.

**CLASS "B" BEER ONLY
CORPORATION**

Kaukauna Athletic Club, Inc.	Kaukauna Athletic Club
Terrence M. Huss, Agent	696 & 900 Dodge Street
N1069 Woody Rd., Kaukauna	Concession stands.
Lupitas Mexican Store LLC	Fast Taco
Jesus Cruz, Agent	201 Dodge Street.
N3428 State Rd. 57, Chilton	Kitchen, refrigerators, & dining area.

*** Liquor License includes application for an OUTDOOR ALCOHOL PERMIT.**

Dated this 11th day of June, 2025.

Kayla Nessmann
City of Kaukauna Clerk

June 17, 2025

The following outdoor area issues were noted on 2025-2026 liquor license applications for the following applicants.

Licensee	Agent	Business Name	Notes
B&W Inc.	Matthew M. White	Eagle Links Golf Course	There should be a submittal for the outdoor area. The location has changed from summer season to year round. The existing zoning is Residential single family and this is not an allowed use. A special exception should be applied for or rezoning should be looked at.
Dodge 313 LLC	Janel C. Abel	313 Dodge	It appears the plans for the outdoor drinking area have been previously approved without the access requirements of 12.03(11)(e)(1)
Ozzie's Skyview Club	Osman O. Hidri	Ozzie's Skyview Club	They have a patio area; if they intend to have drinks on the patio, they should update the forms and submit an outside alcohol request. If they do not intend to have alcohol on the patio space, they are good.

Outstanding Liquor License Department Approval Forms and/or Contingencies as Noted As of 6/13/2025					
Licensee	Legal	Planning	Inspection	Fire	Police
173 W Wisconsin Ave LLC		Pending			
Blindnub LLC		Pending	Pending		
Club Ritz, LLC				Pending	
Da Pub, LLC				Pending	
Dolgencorp, LLC	Pending	Pending	Pending	Pending	Pending
DRD Enterprises LLC				Pending	
ESSS Enterprises LLC		Pending			
Family Fussion, LLC	Pending	Pending	Pending	Pending	Pending
JT Holdings 2021, LLC		Pending			
Kaukauna Athletic Club, Inc.		Pending			
Kaukauna Mart LLC				Pending	
Lupitas Mexican Store LLC			Pending		
Vaudette LLC			Pending		
Verbeten's Bowling Lanes LLC				Pending	
Yeti LLC				Pending	

2025-2026 Sidewalk Café Permit Applications

Vaudette Theater

151 E. Second Street

Gregory VandeHey (Owner)

Verbeten's Bar & Grill

154 E. Third Street

Ryan Van Schyndel (Owner)



MEMO

COMMUNITY ENRICHMENT & RECREATION

To: Health and Recreation Committee

From: Terri Vosters, Community Enrichment & Recreation Director
John Neumeier, Director of Public Works/City Engineer

Date: 6/16/2025

Re: Request for Advertising Sign at Dog Park

Background information:

A new request for an advertising sign has been submitted by CO4 Workspace for their café. A draft of the sign is included on this memo. The city dog park is one noted park where advertising is allowed and currently exists. Staff is seeking approval of the new proposed sign and approval of an updated fee/policy. The original proposal in the early 2000's was 4 years for \$400 for a 32" x 48" sign. The current municipal code is also included for reference.



17.24(6) Permitted accessory signs. Identification, informational, or directional signs erected by public or semipublic agencies or entities in connection with permissible principal uses and

structures or for other public purposes. No sign shall be erected within ten feet of any side or rear lot line.

- a. *Permitted advertisement signs.* Temporary signs placed or arranged upon the inside of fences of athletic fields within parks or inside of any dog walking park may be permitted by the health and recreation committee of the common council with conditions thereon as it finds necessary and appropriate to promote public health, safety and welfare, including, but not limited to:
 - 1) Placement of signage shall be such that its message is visible only to persons within the park, not passersby, and, in the case of a fence enclosing an athletic field within a park, only to persons within the athletic field and not other park users.
 - 2) Signage shall not be placed at points of ingress and egress to the park or athletic field.
 - 3) Permittee must be a not-for-profit group using the area to be signed.
 - 4) Any single sign shall not exceed 32 square feet in area.
 - 5) The term or duration of such permitted use shall be stated.
 - 6) The sign content shall be appropriate considering the permittee group.
 - 7) The sign, as installed, shall not compromise the structural integrity of a fence or wall on which it is placed.
 - 8) No view obstruction for traffic shall result from any sign.

The Kaukauna Dog park is zoned Industrial (IND) and the provisions for permitted advertisement signs is applied only to the Institution district (IT) To provide for clarity moving forward staff would like to remove the permitted advertisement signs from the IT district and place it into the general sign provisions with language to state this only applies to public parks with the specifics as currently delineated in 17.24(6)a that pertain to the process, location/areas this may be allowed. This would allow for the ordinance to be consistent with current operations.

Strategic Plan:

Financial Responsibility - Manage the resources available in a responsible way to provide services and amenities that enrich our community.

Create a vibrant economy for all who live, work, and play in Kaukauna.

Budget:

Advertising revenue at the park can help fund operations and upgrades.

Staff Recommended Action:

- 1) Direct staff to use the following conditions for advertising signs at parks with any updates discussed for this request and return with recommendations for changes to ordinance and written policy at a future meeting:
 - a. Advertising signs must be approved by the Health and Recreation Committee and must meet applicable requirements.
 - b. Advertising signs will be ordered, installed, maintained, and removed by the City.
 - c. A typical 32"x48" sign will be \$1,000 for a 5-year term from the installation date.
 - d. At the end of the 5-year term, the City will evaluate condition of the sign and contact the sponsor with options to extend or renew an agreement.
 - e. Any cost for repair or replacement of the sign within the 5-year term will be paid by the City.
- 2) Approve the request for an advertising sign for CO4 Workspace for the Kaukauna Dog Park using the noted conditions.

UPDATED 04.01.2021



SPECIAL EVENT APPLICATION FORM

EVENT APPLICATION MUST BE SUBMITTED AT LEAST 30 DAYS IN ADVANCE OF AN EVENT

SECTION 1 – APPLICANT INFORMATION

Information about the person applying to have a special event or applying on behalf of an organization.

Name: *Michael Jarosinski*

Date of Birth: *Event organizers must be at least 18 years old. ~~06/25/1985~~ *06/25/1985*

Address: *902 Amhart Drive - De Pere, WI 54115*

Phone Number: *920-639-1581*

Email Address: *mjarosinski@bankofkaukauna.com*

SECTION 2 – ORGANIZATION INFORMATION

Information about the organization having the special event, if applicable.

Organization's Name: *Bank of Kaukauna*

Organization's Address: *264 W. Wisconsin Avenue*

Organization's Phone Number: *920-766-4674*

Organization's Email Address or Website: *www.bankofkaukauna.com*

Applicant's Relationship to Organization: *Employee*

SECTION 3 – EVENT INFORMATION

Name of Event: *Community Appreciation*

Event Location: *Bank*

Event Date: *If a multi-day event, please list all days. *07/24/2025*

Event Start Time - End Time:

11-2

↳ would need roads closed prior to that

CITY OF KAUKAUNA

111 W 2nd Street
Kaukauna, WI 54130

920.766.6300
www.cityofkaukauna.com

Security Contact Name and Phone Number: *The name and contact information of the individual who emergency responders may contact in case of an emergency during the event.

Mindy Casper 920-309-0930

Total Anticipated Attendance for Event:

Additional Event Information (Purpose, Activity, Who Can Participate, whether this is a First-Time event, etc.):

200

SECTION 4 – APPLICANT CHECKLIST

Applicant is responsible for contacting all necessary City departments and for obtaining all required reservations, permits, licenses, and variances. *Please note that some permits require Common Council or committee approval and may take up to two weeks to be considered and approved.

General Information:

1. Will food be prepared and/or served at the event? YES ☒ NO ☐
2. Will there be a band or amplified music/noise? YES ☒ NO ☐
3. Will there be portable restrooms? YES ☐ NO ☒
4. Do you have proper insurance for your event and have you provided it to the City?
*Insurance coverage is required for all events held in the City and a certificate of insurance must be provided to the City if your event involves more than 250 attendees.
YES ☐ NO ☒

Fire Department Information: (920) 766-6320

1. Will the event be held indoors? YES ☐ NO ☒
2. Will a tent or temporary structure be erected? YES ☒ NO ☐
3. Will there be a tent larger than 200 SF? YES ☐ NO ☒
4. Will fireworks/pyrotechnics be used during the event? YES ☐ NO ☒

Street and Parks Department: (920) 766-6337

- | | | |
|---|---|--|
| 1. Are you requiring street closure for the event? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Are you providing your own barricades? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 3. Did you include a map of the event location/route? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 4. For park events, have you reserved the park? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 5. Will there be rides at the event? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |

Police Department: (920) 766-6333

- | | | |
|--|---|--|
| 1. Do you have a plan for medical emergencies? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Is security needed for the event? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 3. Will the event need any parking restrictions? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |

City Clerk's Office: (920) 766-6300

- | | | |
|---|------------------------------|--|
| 1. Will alcoholic beverages be served/sold? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
|---|------------------------------|--|

Section 5 – Insurance Requirements

Insurance coverage will be required for every special event held in the City. Event organizers must provide the City with a Certificate of Insurance if the event involves more than 250 people, you request a street closure, or you are bringing additional items/structures into the public premises. Proof of coverage MUST include naming the City of Kaukauna as an additional insured party. The amount and type of insurance coverage varies, although \$1 million - \$2 million is a typical level.

General Liability Coverage:

1. Commercial General Liability
 - a. \$1,000,000 general aggregate – per project
 - b. \$1,000,000 products – completed operations aggregate
 - c. \$1,000,000 personal injury and advertising injury
 - d. \$1,000,000 each occurrence limit
2. Claims made form of coverage is not acceptable.

3. Insurance must include:
 - a. Premises and Operations Liability
 - b. Contractual Liability including coverage for the joint negligence of the City of Kaukauna, its officers, Council members, agents, employees, authorized volunteers and the named insured
 - c. Personal injury
 - d. Explosion, collapse, and underground coverage
 - e. Products/Completed Operations
 - f. The general aggregate must apply separately to this project/location
4. Additional Provisions
 - a. Additional Insured – On the General Liability coverage, Business Automobile coverage, Aircraft Liability and Liquor Liability.
 - b. Endorsement – The Additional Insured Policy endorsement must accompany the Certificate of Insurance.
 - c. Certificates of Insurance – A copy of the Certificate of Insurance must be on file with the City of Kaukauna.
 - d. Notice – City of Kaukauna requires 30-day written notice of cancellation, non-renewal, or material changes in the insurance coverage.
 - e. Carriers – The insurance coverage required must be provided by an insurance carrier with the “best” rating of “A-VII” or better. All carriers shall be admitted carriers in the State of Wisconsin.

Section 5 – Indemnification and Disclaimer

By signing below, I certify that I am at least 18 years of age. My signature further confirms that I understand the filing of this application does not ensure the issuance of a Special Event license. I will be responsible for ensuring the event and event participants comply with all applicable City ordinances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulation and any other applicable laws, rules, and regulations. I confirm that I am authorized to apply for this Special Event License on behalf of the organization hold the event (if applicable) and that the information contained in this application is true to the best of my knowledge. I understand that intentionally providing false or misleading information in this Application may lead to civil or criminal penalties.

Indemnification: By signing below, I acknowledge that for good and valuable consideration, I, the applicant, on behalf of myself and the organization, if applicable, agree to indemnify, defend, and hold harmless the City of Kaukauna and its officers, officials, employees, and agents from and against any and all liability, loss, damage, expenses and costs, including attorney fees, arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant/organization, anyone directly or indirectly employed by any of them or anyone whose acts any of them may be liable, except where caused by the sole negligence or willful misconduct of the City.

By signing below, I agree to follow any state and/or local guidelines in place to prevent the spread of COVID-19.

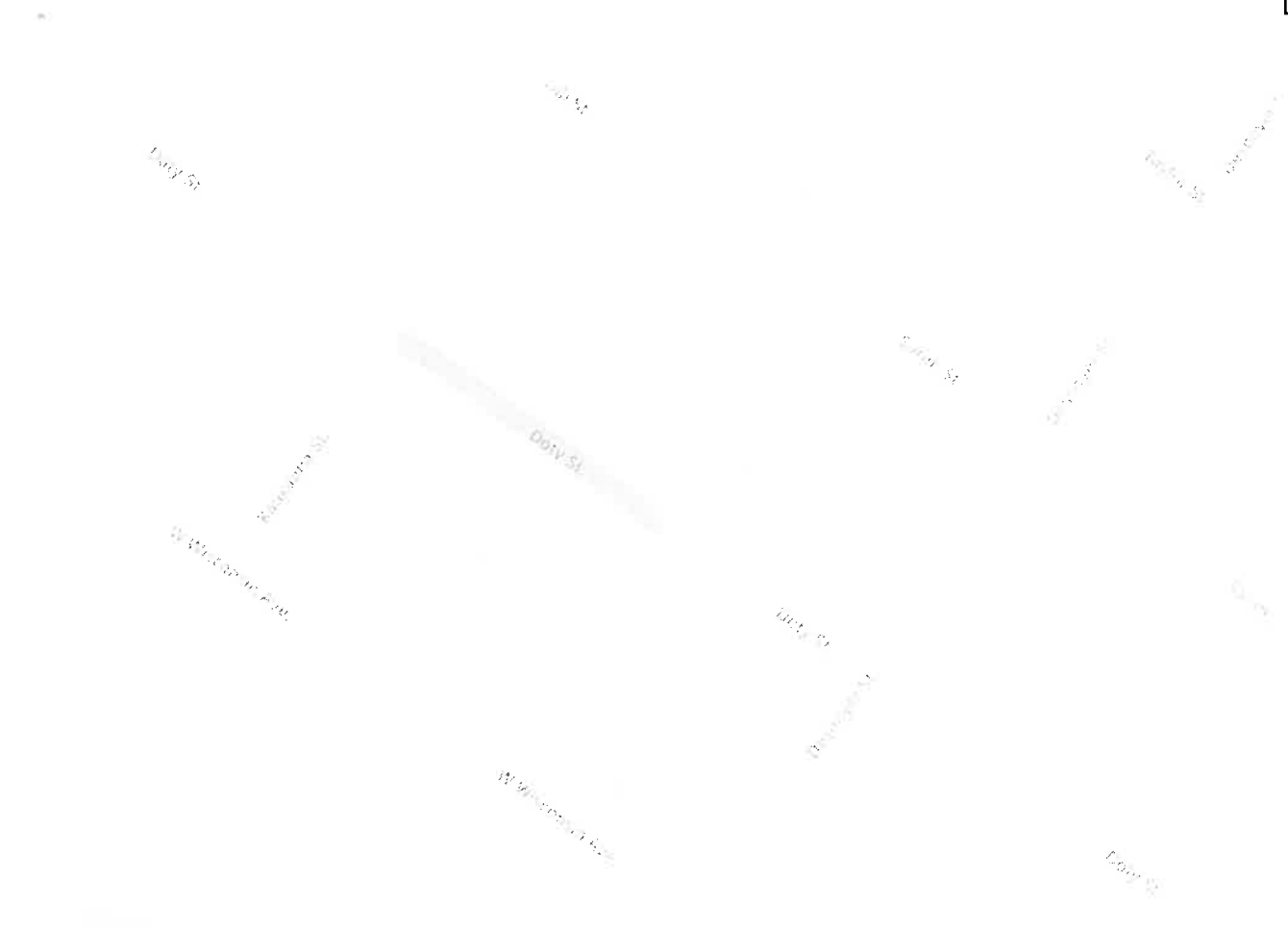
Signature of Applicant:



Printed name of Applicant:

Michael J. Jarosinski

12



Closure of Doty Street between Kaukauna Street and up to the first drive way. Would not need to close down the whole street.

Plan on having race car, police car and fire truck in the closed off section. Would park the police and fire truck so they have easy exit if they are called for duty.

Form
AB-220

Temporary Alcohol Beverage License

Municipality

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

Part A: Organization Information		
1. Organization Name American Legion Post 258		
2. Organization Permanent Address PO Box 20		
3. City Little Chute	4. State WI	5. Zip Code 54140
6. Mailing Address (if different from permanent address)		
7. FEIN	8. Date of Organization/Incorporation April 29, 1920	9. State of Organization/Incorporation WI
10. Phone 920-858-1332	11. Email mhuss@baycomwi.com	
12. Organization type (check one)		
<input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input checked="" type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.			
Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Wendel	Maranda	Commander	810-1443
Siebers	Tom	First Vice Commander	585-6574
Kobussen	Gene	Adjutant	788-5053
Peeters	Ken	Finance Officer	788-1790

Continued →

Part C: Event Information

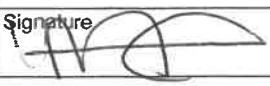
1. Name of Event (if applicable) Car Show & Brat Fry			
2. Dates of Operation 08/19/25 08/19/25		3. Hours of Operation 2:30 PM - 8 PM	
4. Premises Address 316 E Fourteenth Street			
5. City Kaukauna		6. State WI	7. Zip Code 54130
8. County Outagamie	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Kaukauna		10. Aldermanic District 2
11. Organizer of Event (if not the named applicant) St. Paul Elder Services		12. Email and/or Phone Number for Organizer of Event	
13. Organizer Website stpaulelders.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. The event will take place in the main parking lot, the beer will be sold out of coolers in the parking lot where the event is taking place.			

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 Wendel		First Name Maranda		M.I.
Title Commander	Email		Phone 810-1443	
Signature 			Date 06/05/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk CS7020 paid 6/12/25	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Form
AB-100Alcohol Beverage
Individual QuestionnaireDate
06/06/2025

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)

AMERICAN LEGION JACOB COPPUS POST 258

2. Business Trade Name or DBA

NONE PROFIT VETERANS SERVICE ORGANIZATION

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization

Part B: Individual Information

1. Last Name

KOBUSSEN

2. First Name

EUGENE

3. M.I.

R

4. Relationship to Business (Title)

ADJUTANT

5. Email

GLKOB83@GMAIL.COM

6. Phone

920 788-5053

7. Home Address

1005 TAYLOR ST.

8. City

LITTLE CAUTE

9. State

WI

10. Zip Code

54140

11. Date of Birth

09/05/1946

12. Drivers License/State ID Number

K125-2164-6325-09

13. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

09/1946

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

SAME AS ABOVE

City

State

Zip Code

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

County

State

County

State

County

State

County

WI

OUTAGAMIE

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 DUI	Location DUTAGAMIE COUNTY	Conviction Date 07/2019
Penalty Imposed FINE/SUSPENSION	Was sentence completed? <input checked="" 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 06/06/2025
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Form
AB-100Alcohol Beverage
Individual Questionnaire

Date 6/1/25

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)

AMERICAN LEGION JACOB COPPUS POST 258

2. Business Trade Name or DBA

NON PROFIT VETERANS SERVICE GROUP

3. Entity Type (check one)

☐ Sole Proprietor
 ☐ Partnership
 ☐ Limited Liability Company
 ☐ Corporation
 ☒ Nonprofit Organization

Part B: Individual Information

1. Last Name

PEETERS

2. First Name

KEN

3. M.I.

R

4. Relationship to Business (Title)

FINANCE OFFICER

5. Email

KENPEETERS@AOL.COM

6. Phone

920-788-1790

7. Home Address

N3815 SAARON BOSS CT

8. City

APPLETON

9. State

WI

10. Zip Code

54913

11. Date of Birth

6/12/47

12. Drivers License/State ID Number

P362-5764-7212-07

13. Drivers License/State ID State of Issuance

WI

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

6/1947

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1	City	State	Zip Code
SAME AS ABOVE			
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	OUTAGAMIE						
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 6/7/25
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Form
AB-100Alcohol Beverage
Individual QuestionnaireDate
6/9/2025

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)

AMERICAN LEGION POST 258

2. Business Trade Name or DBA

NON PROFIT VETANS SERVICE ORGANIZATION

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization

Part B: Individual Information

1. Last Name

Siebers

2. First Name

THOMAS

3. M.I.

R

4. Relationship to Business (Title)

1ST VICE COMM Mgr

5. Email

TSiebers11@gmail.com

6. Phone

920-585-6504

7. Home Address

914 STATE STREET

8. City

Keshkanna

9. State

WI

10. Zip Code

54130

11. Date of Birth

JAN/31/1953

12. Drivers License/State ID Number

S-162-8365-3031-09

13. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

01/1953

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1	City	State	Zip Code
214 TAYLOR ST	LITTLE CHUTE	WI	54140
Previous Address 2	City	State	Zip Code
724 MAIN ST	LITTLE CHUTE	WI	54140
Previous Address 3	City	State	Zip Code
235 FRANKLIN ST	LITTLE CHUTE	WI	54140
Previous Address 4	City	State	Zip Code
1515 E MAIN ST	LITTLE CHUTE	WI	54140
Previous Address 5	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	OUTAGAMIE						
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 <i>4 degree sexual offense</i>	Location <i>outgymic</i>	Conviction Date <i>Jan 10 2009</i>
Penalty Imposed <i>2 yr PROBATION</i>	Was sentence completed? <input checked="" 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 checked="" 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 <i>Thomas R. Dickers</i>	Date <i>June 7 2025</i>
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Form
AB-100Alcohol Beverage
Individual QuestionnaireDate
6-9-25

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)

American Legion Post 258

2. Business Trade Name or DBA

non profit veterans service organization

3. Entity Type (check one)

☐ Sole Proprietor
 ☐ Partnership
 ☐ Limited Liability Company
 ☐ Corporation
 ☒ Nonprofit Organization

Part B: Individual Information

1. Last Name

Wendel

2. First Name

Maranda

3. M.I.

4. Relationship to Business (Title)

COMMANDER MM

5. Email

ServeDAV@gmail.com

6. Phone

9208101443

7. Home Address

555 Berghuis Dr.

8. City

Combined Locks

9. State

WI

10. Zip Code

54113

11. Date of Birth

6/29/1984

12. Drivers License/State ID Number

W5345508472900

13. Drivers License/State ID State of Issuance

WI

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

06/1984

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1	City	State	Zip Code
None same as above			
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Calumet	WI	Ozaukee				
State	County	State	County	State	County	State	County
WI	Outagamie	WI	Milwaukee				

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 <i>Disorderly Conduct</i>	Location <i>Outagamie</i>	Conviction Date <i>4/15/14</i>
Penalty Imposed <i>Probation</i>		Was sentence completed? <input checked="" 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 <i>[Signature]</i>	Date <i>Jun 25</i>
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