

HEALTH AND RECREATION COMMITTEE

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



Monday, February 02, 2026 at 6:20 PM

AGENDA

In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
 - a. Special event application to Jodi Larson for Ron VanderVelden's book signing at 1000 Islands Environmental Center on March 20, 2026 from 3pm-8pm.
 - b. Temporary Class B License to Holy Cross Parish on April 10-12, 2026, from 12:00pm-12:00am for the Men's Open Basketball Tournament.
 - c. Temporary Class B License to St. Katherine Drexel Parish on February 8, 2026 and March 8, 2026, from 10:00am-2:00pm for Breakfast Bingo.
 - d. Solicitors License.
3. Adjourn.

NOTICES

Health and Recreation Committee - Notice is hereby given this is a public meeting of the Health and Recreation Committee. As such, all members or a majority of the City's Common Council and Standing Committees will likely be in attendance. While members of the Common Council or any Standing Committees may participate in discussions, only the Health and Recreation Committee will take formal action.

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.



Entry 1 of 6



Entry (ID 241991)

[Show empty fields](#)

Applicant Information

Event Coordinator Name Jodi Larson

Phone 5072732338

Email jodimaelarson@gmail.com

Phone Number for day of the event 507-273-2338

Organization Information

Are you a 501(3) C Organization? No

Will alcohol be sold? (Must be a qualifying non-profit organization, see application in the above checklist) No

Event Information

Name of event	Ron VanderVelden's Book Launch of "Searching For Up North"
How long is your event?	My event is one day only
Date of the Event	March 20, 2026
Event start time (include set up time)	3:00 AM
End time (include take down time)	8:00 AM
Total anticipated attendance for event (Please include attendees and staff, volunteers, vendors, etc.)	30
Describe your event and its purpose	This is an event to bring like minded individuals together to learn about Ron VanderVelden's new book. It is a chance to meet the author, get signed copies and learn more about environmental conservation.
Do you have a certificate of insurance for your event? (For events larger than 249 people and/or events that require street closure)	No

Health Department

Will food be prepared and/or served at the event?

Yes

Fire Department Information 920.766.6320

Please upload your plan for medical emergencies here



Permit-Emerg-
Plan.pdf

Will you use portable commercial cooking equipment, or electrical appliances that draw high amperage?

No

Will you use a tent bigger than 400 square-feet?

No

Police Department and Street Closures 920.766.6337

Will alcohol be served at your event?

No

Are you requiring street closures for your event?

No

Will your event be inside or outside? Inside

If having a park event, did you reserve the park? No

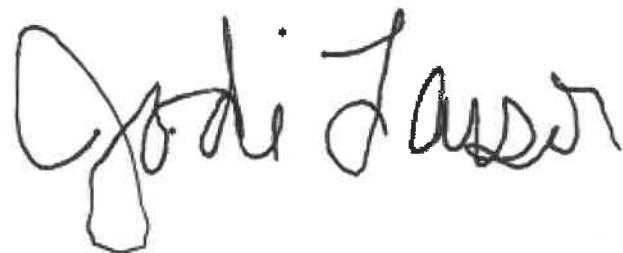
Event Activities

What type of activities will be part of your event (please check all that apply): Book signing

Additional Services & Equipment

I have read the guidelines and policy and agree to the terms within.

Signature

A handwritten signature in black ink, appearing to read "Dodi Tassor".

Comments/Notes

Entry Details

The plan for medical emergencies would be to call 911.

This is simply a small gathering of people with at most cookies/water to participate in a book signing event.

Form
AB-220

Temporary Alcohol Beverage License

Municipality

License(s) Requested

Fees

 Temporary "Class B" Wine Temporary Class "B" Beer

License Fees \$

Background Check \$

Total Fees \$

Part A: Organization Information

1. Organization Name

HOLY CROSS MEN'S OPEN

2. Organization Permanent Address

309 DESNOYER ST.

3. City

KAUKAUNA, WI.

4. State
WI5. Zip Code
54130

6. Mailing Address (if different from permanent address)

P.O. Box 374 KAUKAUNA, WI. 54130

7. FEIN

39-0807048

8. Date of Organization/Incorporation

EARLY 1900'S

9. State of Organization/Incorporation

WI.

10. Phone

920-540-0007

11. Email

LVANDERSAND@AOL.COM

12. Organization type (check one)

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

13. Is this organization required to hold a Wisconsin Seller's permit? Yes No

14. Wisconsin Seller's Permit Number (if applicable)

/

Part B: Individual Information

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

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

Last Name	First Name	Title	Phone
VANDERSAND	LEE H.	DIRECTOR	920-540-0007

Continued →

Part C: Event Information									
1. Name of Event (if applicable) <i>Holy CROSS MEN'S OPEN BASKETBALL TOURNAMENT</i>									
2. Dates of Operation <i>APRIL 10, 11, 12</i>					3. Hours of Operation <i>12:00PM - 12:00AM</i>				
4. Premises Address <i>220 Doty St.</i>									
5. City <i>Kaukauna</i>					6. State <i>WI</i>		7. Zip Code <i>54130</i>		
8. County <i>Outagamie</i>		9. Governing Municipality of: <i>Kaukauna</i>			<input checked="" type="checkbox"/> City		<input type="checkbox"/> Town	<input type="checkbox"/> Village	
10. Aldermanic District									
11. Organizer of Event (if not the named applicant) <i>Lee H. VANDER SANDEN</i>					12. Email and/or Phone Number for Organizer of Event <i>920-540-0007</i>				
13. Organizer Website <i>Facebook</i> <input checked="" type="checkbox"/> <i>Holy Cross Men's Open</i>					14. Event Website <i>Facebook</i> <input checked="" type="checkbox"/>				
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <i>Concessions/lobby/Gym/Cafeteria</i>									

Part D: Attestation									
Who must sign this application? • one officer or director of the nonprofit organization									
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.									
Last Name <i>VANDER SANDEN</i>		First Name <i>LEE</i>		M.I. <i>H.</i>					
Title <i>Director</i>		Email <i>LVANDER@AOL.COM</i>		Phone <i>920-540-0007</i>					
Signature <i>Lee H. V.</i>						Date <i>1-13-26</i>			

Part E: For Clerk Use Only									
Date Application Was Filed With Clerk					License Number				
Date License Granted					Date License Issued				
Signature of Clerk/Deputy Clerk									

Form

AB-220

Temporary Alcohol Beverage License

Municipality

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

Part A: Organization Information

1. Organization Name

HOLY CROSS MENS OPEN

2. Organization Permanent Address

309 DESNOYER ST.

3. City

KAUKAUNA

WI

54130

6. Mailing Address (if different from permanent address)

P.O. BOX 374 KAUKAUNA, WI. 54130

7. FEIN

39-0807048

8. Date of Organization/Incorporation

EARLY 1900'S

9. State of Organization/Incorporation

WI

10. Phone

920-540-0007

11. Email

LVANDERSAND@GMAIL.COM

12. Organization type (check one)

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

13. Is this organization required to hold a Wisconsin Seller's permit? Yes No

14. Wisconsin Seller's Permit Number (if applicable)

/

Part B: Individual Information

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

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

Last Name	First Name	Title	Phone
VANDER SANDEN	LEE H.	DIRECTOR	920-540-0007

Continued →

Part C: Event Information

1. Name of Event (if applicable)

HOLY CROSS MEN'S OPEN BASKETBALL TOURNAMENT

2. Dates of Operation

MARCH 27, 28, 29

3. Hours of Operation

12:00 - 12:00 pm

4. Premises Address

220 DOSTY ST.

5. City

KAUKAUNA

6. State

WI

7. Zip Code

54130

8. County

OUTAGAMIE

9. Governing Municipality

 City Town Village

of:

Kaukauna

10. Aldermanic District

11. Organizer of Event (if not the named applicant)

LEE H. VANDER SANDEN

12. Email and/or Phone Number for Organizer of Event

920-540-0007

13. Organizer Website

FACEBOOK X

14. Event Website

HOLY CROSS MEN'S OPEN

FACEBOOK X

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.

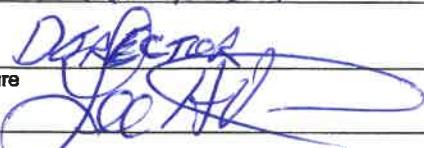
CONCESSIONS/Lobby/GYM/CATERIA

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 VANDER SANDEN	First Name LEE	M.I. H.
Title Deputy	Email L.VANDERSANDEN@GMAIL.COM	Phone 920-540-0007
Signature 	Date 1-13-26	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk

License Number

Date License Granted

Date License Issued

Signature of Clerk/Deputy Clerk

Form
AB-100**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)

HOLY CROSS PARISH

2. Business Trade Name or DBA

HOLY CROSS MEN'S OPEN

3. Entity Type (check one)

 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization**Part B: Individual Information**

1. Last Name

VANDER SANDEN

2. First Name

LEE

3. M.I.

H.

4. Relationship to Business (Title)

DIRECTOR

5. Email

LVANDERSAN@AOL.COM

6. Phone

920-510-0007

7. Home Address

616 SHERIDAN ST.

8. City

KAUKAUNA

9. State

WI

10. Zip Code

54130

11. Date of Birth

12-21-1956

12. Drivers License/State ID Number

VS36-5285-6461-06

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)

12/21/1956

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

Previous Address 1

616 SHERIDAN ST.

City

KAUKAUNA

State

WI

Zip Code

54130

Previous Address 2

City

Previous Address 3

City

Previous Address 4

City

Previous Address 5

City

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
<i>WI</i>	<i>OUTAGAMIE</i>						

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



City of Kaukauna
144 W 2nd Street
Kaukauna WI
54130
United States

Cash Sale

#CS8986

1/23/2026

Bill To

Liquor License Customer
United States

TOTAL

\$20.00

Payment Method	Check #
Check	2679

Quantity	Item	Options	Rate	Amount
1	LP03 - Liquor License Holy Cross Men's Open Temp Class B application		\$20.00	\$20.00
				Subtotal \$20.00
				Tax (%)
				Total \$20.00



CS8986

1 of 1

Form

AB-220

Temporary Alcohol Beverage License

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

Part A: Organization Information

1. Organization Name

St Katharine Drexel Parish

2. Organization Permanent Address

112 W 8th Street

3. City

Kaukauna

4. State

WI

5. Zip Code

54130

6. Mailing Address (if different from permanent address)

7. FEIN

39-1035889

8. Date of Organization/Incorporation

06/12/07

9. State of Organization/Incorporation

WI

10. Phone

(920) 766-1445

11. Email

tschmahl@kaucp.org

12. Organization type (check one)

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

13. Is this organization required to hold a Wisconsin Seller's permit? Yes No

14. Wisconsin Seller's Permit Number (if applicable)

Part B: Individual Information

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

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

Last Name	First Name	Title	Phone
Roberts	Joan	Volunteer	(920) 740-9949
Ferris	Luke	Pastor	(920) 766-1445

Continued →

Part C: Event Information

1. Name of Event (if applicable) Breakfast Bingo		
2. Dates of Operation February 8, 2026		3. Hours of Operation 10:00 am - 2:00 pm
4. Premises Address 112 W 8th Street		
5. City Kaukauna		6. State WI
8. County Outagamie	9. Governing Municipality of: Kaukauna	7. Zip Code 54130
11. Organizer of Event (if not the named applicant) Fr. Luke Ferris		12. Email and/or Phone Number for Organizer of Event lferris@kaucp.org
13. Organizer Website		14. Event Website
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. As a social event for the Church, Bingo will be held in the gymnasium Refreshments and snacks will be provided		

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 Schmahl	First Name Tammy	M.I.
Title Business Administrator	Email tschmahl@kaucp.org	Phone (920) 766-1445
Signature <i>Tammy Schmahl</i>	Date 01/13/26	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Form

AB-101

Alcohol Beverage Appointment of Agent

Date

01/13/2026

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)

St. Katharine Drexel Parish

2. Business Trade Name or DBA

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

Roberts

2. First Name

Joan

3. M.I.

4. Email

Bjroberts89@yahoo.com

5. Phone

920-740-9949

6. Home Address

650 Arnie Street

7. City

Combined Locks

8. State

WI

9. Zip Code

54113

10. Date of Birth

02/26/1968

11. Drivers License/State ID Number

R163-4816-8566-09

12. Drivers License/State ID State of Issuance

Wisconsin

Part C: Agent Questions1. 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 No3. 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 Schmahl	First Name Tammy	M.I.
Title Business Administrator	Email tschmahl@kaucp.org	Phone (920) 766-1445
Signature <i>Tammy Schmahl</i>	Date 01/13/26	

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 Roberts	First Name Joan	M.I.
Signature <i>Joan Roberts</i>	Date 1/13/2026	

Serving Alcohol

is proud to present this certificate to

Joan Roberts

for successful completion of the online course



Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- * CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- * OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- * DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND REGARD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

Verify online at
servingalcohol.com

Verification Code
TjxmYRWrsz

Date Issued
Jan 14th, 2026

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.

Find your city clerk's office here: <https://elections.wi.gov/clerks/directory>

Wisconsin Alcohol Seller/Server Course

Name: Joan Roberts

Certification Date: Jan 14th, 2026

Certificate Code: TjxmYRWrsz

Verify Online: servingalcohol.com

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC

VALID FOR 2 YEARS

Form
AB-100**Alcohol Beverage
Individual Questionnaire**Date
01/13/2026

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)

St Katharine Drexel

2. Business Trade Name or DBA

3. Entity Type (check one)

Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

Part B: Individual Information

1. Last Name Ferris	2. First Name Luke	3. M.I. A
4. Relationship to Business (Title) Pastor	5. Email lferris@kaucp.org	6. Phone (920) 766-1445
7. Home Address 309 Desnoyer Street		
8. City kaukauna	9. State WI	10. Zip Code 54130
12. Drivers License/State ID Number	11. Date of Birth 07/24/64	
13. Drivers License/State ID State of Issuance WI		

Part C: Address History1. Do you currently live in Wisconsin? Yes No

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

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
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
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
	01/13/2026

Form

AB-100

Alcohol Beverage Individual Questionnaire

Date

01/13/2026

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)

St Katharine Drexel Parish

2. Business Trade Name or DBA

3. Entity Type (check one)

Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

Part B: Individual Information

1. Last Name

Roberts

2. First Name

Joan

3. M.I.

3. Relationship to Business (Title)

Parishioner

4. Email

Bjroberts89@yahoo.com

5. Phone

920-740-9949

6. Home Address

650 Arnie Street

7. City

Combined Locks

8. State

WI

9. Zip Code

10. 54113

11. Date of Birth

02/26/1968

12. Drivers License/State ID Number

R163-4816-8566-09

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

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
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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	WI	Calumet	WI	Brown		
State	County	State	County	State	County	State	County

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

1/13/2020



City of Kaukauna
144 W 2nd Street
Kaukauna WI
54130
United States

Cash Sale
#CS8970
1/21/2026

Bill To

General Customer - Clerk
United States

TOTAL**\$10.00**

Payment Method	Check #
Check	16748

Quantity	Item	Options	Rate	Amount
1	LP03 - Liquor License St. Katherine Drexel - Picnic License - 3/08/26		\$10.00	\$10.00

Subtotal	\$10.00
Tax (%)	
Total	\$10.00



CS8970

1 of 1



City of Kaukauna
144 W 2nd Street
Kaukauna WI
54130
United States

Cash Sale
#CS8969
1/21/2026

Bill To

General Customer - Clerk
United States

TOTAL**\$10.00**

Payment Method Check #
Cash

Quantity	Item	Options	Rate	Amount
1	LP03 - Liquor License St. Katherine Drexel - Picnic License - 2/08/26		\$10.00	\$10.00

Subtotal	\$10.00
Tax (%)	
Total	\$10.00



CS8969

1 of 1

February 2, 2026

THE FOLLOWING APPLICANT HAS APPLIED FOR A SOLICITOR'S LICENSE FOR THE LICENSE YEAR 2026 AND HAS BEEN RECOMMENDED FOR APPROVAL BASED ON THEIR RECORD CHECK BY THE POLICE DEPARTMENT:

Cartwright	Griffen	E	Menasha
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POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - \$15.00

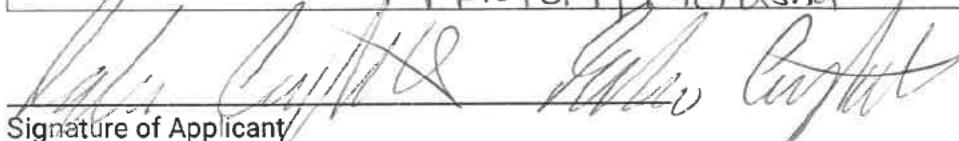
Receipt No. CS9005

Sellers Permit No. _____

Date Paid 1/26/26

Name of Applicant: <u>Giffen Cartwright</u>	
Address: [REDACTED]	
City, State, Zip: <u>Menasha, WI 54952</u>	County of Residence: <u>Winnebago</u>
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): <u>1/16/99</u>	Place of Birth: <u>Appleton WI</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: [REDACTED]
Driver's License Number: [REDACTED]	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>internet, TV, Home phone, cell phone</u>	
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: <u>Residential</u>	
Home Company Name: <u>Spectrum</u>	
Address: <u>3520 E destination dr Appleton</u>	
Officer or Director of Company: <u>Conner</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: Connor Christman
	Address: 3520 E destination dr
	Telephone Number: [REDACTED]
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. Appleton, menasha	

Signature of Applicant: 

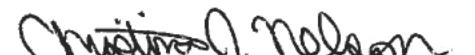
STATE OF WISCONSIN OUTAGAMIE COUNTY

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.

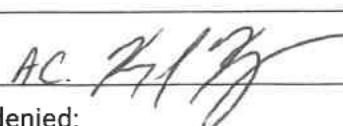


Subscribed and sworn to before me this

26 day of January, 2026.


Christian J. Nelson
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: 		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.