

HEALTH AND RECREATION COMMITTEE

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



Monday, October 05, 2026 at 6:15 PM

AGENDA

In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
 - [a.](#) Special Event application to St. Ignatius School for Trunk or Treat Event on 10.30.2026 from 5pm-7pm.
 - [b.](#) Special Event and amplified noise application to Fox Family Endurance Events, Inc for the Fox Heritage Run on 4.31.2027 from 10am-7pm and 5.1.2027 from 6am-11am.
 - [c.](#) Live from Hydro Park Memo.
 - [d.](#) Temporary Class B License to Holy Cross Parish for Oktoberfest on November 1, 2026, from 10AM - 6 PM.
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.

Added on: September 17, 2026 at 12:45 pm

Applicant Information

Event Coordinator Name

Jessica Poch

Phone

920-766-0186

Email

office@stignatiuskaukauna.org

Phone Number for day of the event

920-470-9343

Organization Information

Sponsoring Organization's Name

St. Ignatius Catholic School

Organization Address

220 Doty St.

Kaukauna, Wisconsin 54130

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

Trunk N Treat

How long is your event?

My event is one day only

Date of the Event

October 30, 2026

Event start time (include set up time)

5:00 PM

End time (include take down time)

7:00 PM

Total anticipated attendance for event (Please include attendees and staff, volunteers, vendors, etc.)

300

Describe your event and its purpose

To allow our students and the community to come to a safe fun trick n treating event

Do you have a certificate of insurance for your event? (For events larger than 249 people and/or events that require street closure)

Yes

If you have it, please upload a copy of your certificate of insurance here. If you will be getting it from your insurance company in the future, please email to specialevents@kaukauna.gov once you have it. Community Enrichment staff will reach out to each organization to verify their certificate of insurance.

Health Department

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

Yes

Fire Department Information 920.766.6320

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?

Yes

Will your event be inside or outside?

Outside

Please upload a map/route/location

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):

There will be precooked burgers and brats. Along with chips and an vegetable.

Additional Services & Equipment

Select all that apply:

Barricades (\$2 per barricade per day)

How many barricades do you need?

4

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

Signature

A handwritten signature in black ink, appearing to read "Jessica Poon". The signature is written in a cursive, flowing style.



Certificate of Coverage

Date: 5/15/2025

Certificate Holder Catholic Diocese of Green Bay P.O. Box 23825 Green Bay, WI 54305-3825	This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.
	Company Affording Coverage THE CATHOLIC MUTUAL RELIEF SOCIETY OF AMERICA 10843 OLD MILL RD OMAHA, NE 68154
Covered Location HOLY CROSS CHURCH #606 309 DESNOYER STREET KAUKAUNA, WI 54130-2103	

Coverages

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

	Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits	
	Property				Real & Personal Property	
	D. General Liability	8878	7/1/2025	7/1/2026	Each Occurrence	1,000,000
	☒ Occurrence				General Aggregate	
	☐ Claims Made				Products-Comp/OP Agg	
					Personal & Adv Injury	1,000,000
					Fire Damage (Any one fire)	
					Med Exp (Any one person)	
	Excess Liability	8878	7/1/2025	7/1/2026	Each Occurrence	5,000,000
					Annual Aggregate	
	Other Employee Dishonesty	8878	7/1/2025	7/1/2026	Each Occurrence	
					Claims Made	
					Annual Aggregate	
					Limit/Coverage	250,000

Description of Operations/Locations/Vehicles/Special Items (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)
 Coverage is verified for claims arising out of Holy Cross Elementary & St. Ignatius Catholic Schools of Loyola - Kaukauna participation in the State of Wisconsin Department of Public Instruction Choice Program. Liability Coverage includes school leaders errors and omissions. Sexual Misconduct coverage is verified for claims arising out of incidents resulting from the operation of Holy Cross Elementary & St. Ignatius Catholic Schools of Loyola- Kaukauna, it employees or volunteers, for the term of the certificate. Sexual Misconduct Coverage is on a claims made basis and is limited to \$1M annual aggregate. CMRS XS \$500,000 XS \$500,000 Church Mutual Insurance Co. - Total Auto Liability \$1,000,000. School Address: 220 Doty St., Kaukauna, WI 54130-2188

Holder of Certificate

Cancellation

Wisconsin Department of Public Instruction
 P.O. Box 7841
 Madison, WI 53707-7841

Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative



0015004658

Item 2.b.

Entry (ID 250821)

Show empty fields

Applicant Information

Event Coordinator Name Jessica Decet

Phone 920268809

Email jltamulion@gmail.com

Phone Number for day of the event 9202688809

Organization Information

Sponsoring Organization's Name Fox Family Endurance Events, Inc

Organization Address 3307 Eiler Rd
De Pere, Wisconsin 54115

Item 2.b.

Are you a 501(3) C Organization?	Yes
Attach IRS proof of designation	 IRS-Approval-501c3-Fox-Family-Endurance-Events-1.pdf
Will alcohol be sold? (Must be a qualifying non-profit organization, see application in the above checklist)	No
Event Information	
Name of event	Fox Heritage Run
How long is your event?	My event spans multiple days
Please list each date and include event start time (include set up time) and event end time (include take down time) for each date.	4/30/2027: 10-noon (tents), 2pm-7pm (packet pickup) 5/1/2027: 6-11am note: porta potties may be delivered on 4/29/2027.

Total anticipated attendance for event (Please include attendees and staff, volunteers, vendors, etc.)

250

Describe your event and its purpose

Fox Heritage Run is a unique and rewarding 8K running race that winds along the Fox River and over the beautiful Nelson Family Heritage Crossing. This race is a great way to challenge yourself, enjoy a beautiful trail system, AND see some of the best views in two amazing communities! The race course starts in the heart of Kaukauna, winds along the Fox River, and then crosses the Nelson Family Heritage Crossing into Little Chute. Participants will then enjoy a portion of Heesakker Park trails, a few road miles in Little Chute and Kaukauna, and finally loop back into downtown Kaukauna. We will also offer a 0.5K and 1K for kids 12 years old or younger. We will be charging each participant a registration fee.

Do you have a certificate of insurance for your event? (For events larger than 249 people and/or events that require street closure)

Yes

Health Department

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

Yes

Fire Department Information 920.766.6320

Item 2.b.

Please upload your plan for medical emergencies here



Aid-Stations-and-Medical-Emergency-Protocol-Fox-Heritage-Run-2027.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?

Yes

Police Department and Street Closures 920.766.6337

Will alcohol be served at your event?

No

Are you requiring street closures for your event?

Yes

Will your event be inside or outside?

Outside

Item 2.b.

Please upload a map/route/location



WI23032DM-Fox-Heritage-Run-Certified-Course-Certificate.pdf

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): Amplified Music, Run/Walk

Additional Services & Equipment

Select all that apply: Picnic tables (\$7 per picnic table), Garbage carts (\$4 per cart), Recycling carts (\$4 per cart), Barricades (\$2 per barricade per day), Traffic cones

How many picnic tables do you need? 4

How many garbage carts do you need? 4

Item 2.b.

How many recycling carts do you need? 4

How many barricades do you need? 11

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

Signature Jessica Decet

Comments/Notes

Entry Details

Submitted: Sep 25, 2026 at 9:32 am

Entry ID: 250821

Entry Key: irepv

User Information

IP Address: 2603:6000:c00:131:751a:3265:b126:ffee

Browser/OS: Google Chrome 153.0.0.0 / Windows

Item 2.b.

↻ Referrer: <https://kaukauna.gov/special-events/>

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Support / Docs



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
 P.O. Box 2508
 Cincinnati, OH 45201

FOX FAMILY ENDURANCE EVENTS INC
 3307 EILER RD
 DE PERE, WI 54115

Date:
 11/06/2023
Employer ID number:
 93-2875341
Person to contact:
 Name: Customer Service
 ID number: 31954
 Telephone: 877-829-5500
Accounting period ending:
 December 31
Public charity status:
 509(a)(2)
Form 990 / 990-EZ / 990-N required:
 Yes
Effective date of exemption:
 August 09, 2023
Contribution deductibility:
 Yes
Addendum applies:
 No
DLN:
 26053697002813

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin

Stephen A. Martin
 Director, Exempt Organizations
 Rulings and Agreements

May 1, 2027

Aid Stations and Medical

Medical Assistance

Medical Assistance will be available at the start/finish line.

If you experience a medical issue while on the course, please find the nearest Course Marshal.

If you are unable to complete the race due to medical reasons, or you are transferred to a local hospital, the information will be forwarded to the Finish Line Aid Station. Your family or friends will be notified as soon as possible. Please be aware that medical staff will pull any runner from the race if they believe the participant is unfit to continue.

Please fill out the medical information on the back of your bib. Your safety is our greatest concern.

Water Station

Two water stations will be on the course at approximately at the 2 mile mark and 4 mile mark.

Medical Emergency Protocol

Recognizing a runner in trouble

If a runner is weaving, running with poor posture, appears uncoordinated, or is carrying his/her arms in a waving fashion, offer medical assistance.

Assisting runners who stop or fall

- If a runner stops or falls and then tries to continue, ask the runner:
- What city are you in?
- What is your name?
- What day is it?
- If the runner has trouble answering the questions, keep him/her stationary until medical help arrives if you are able.

Directing injured runners to the Medical Aid Station

- For any minor injuries, send runners to the Medical Aid Station – remember, it is located at the start/finish line.
- If you identify a runner who doesn't want to leave the course and they are able to continue on: Take down their bib number and report to the Medical Aid Station.

If a runner requires emergency assistance, take the following steps

- If you are near the medical station, call the medical volunteer over.
- If you are not near the medical station dial 911.
- Notify the EMS, Police or other Emergency Service. Be sure to report your exact location along the course.
- The first Course Marshal to notice the incident should contact a course medical volunteer or race director.
- Second Course Marshall should stay at site and assist police in filing a report.
- Collect witness information and report to supervisor. You should collect the names, addresses and phone numbers of witnesses. Provide any or all of the information above in full to the Race Director. If necessary, the Race Director will follow-up the incident with any appropriate actions such as contacting the insurance company.
- Volunteers: Give their contact information to the police.



**Road Running Technical Council
USA Track & Field**



Measurement Certificate

Name of the course Fox Heritage Run Distance 8 km
 Location (state) WI (city) Kaukauna
 Type of course: Road Race
 Measuring Methods: Bicycle
 Measured By David Moore - 3112 E Edgemere Dr - Appleton, WI 54915 - (920) 840-4582 - dave.moor@yahoo.com
 Race Contact Jessica Decet - 3307 Eiler Rd., De Pere, WI 54115 - 920-268-8809 - jtamulion@gmail.com
 Date(s) when course measured: 08/31/2023
 Number of measurements of entire course: 2 Course Configuration: partial loop
 Elevation (meters above sea level) Start 200.00 Finish 200.00 Lowest 197 Highest 221
 Straight line distance between start and finish 144 m Drop 0.00 m/km Separation 1.80 %
 Type of surface: Paved 100 % Dirt 0 % Gravel 0 % Grass 0 % Track 0 %
 Effective date of certification: September 26, 2023 Certification code: WI23032DM

Note to Race Director: Use this Certification Code
in all public announcements relating to your race.

Be It Officially Noted That

Based on examination of data provided by the above named measurer, the course described above and in the map attached is hereby certified as reasonably accurate in measurement according to the standards adopted by the Road Running Technical Council. If any changes are made to the course, this certification becomes void, and the course must then be recertified.

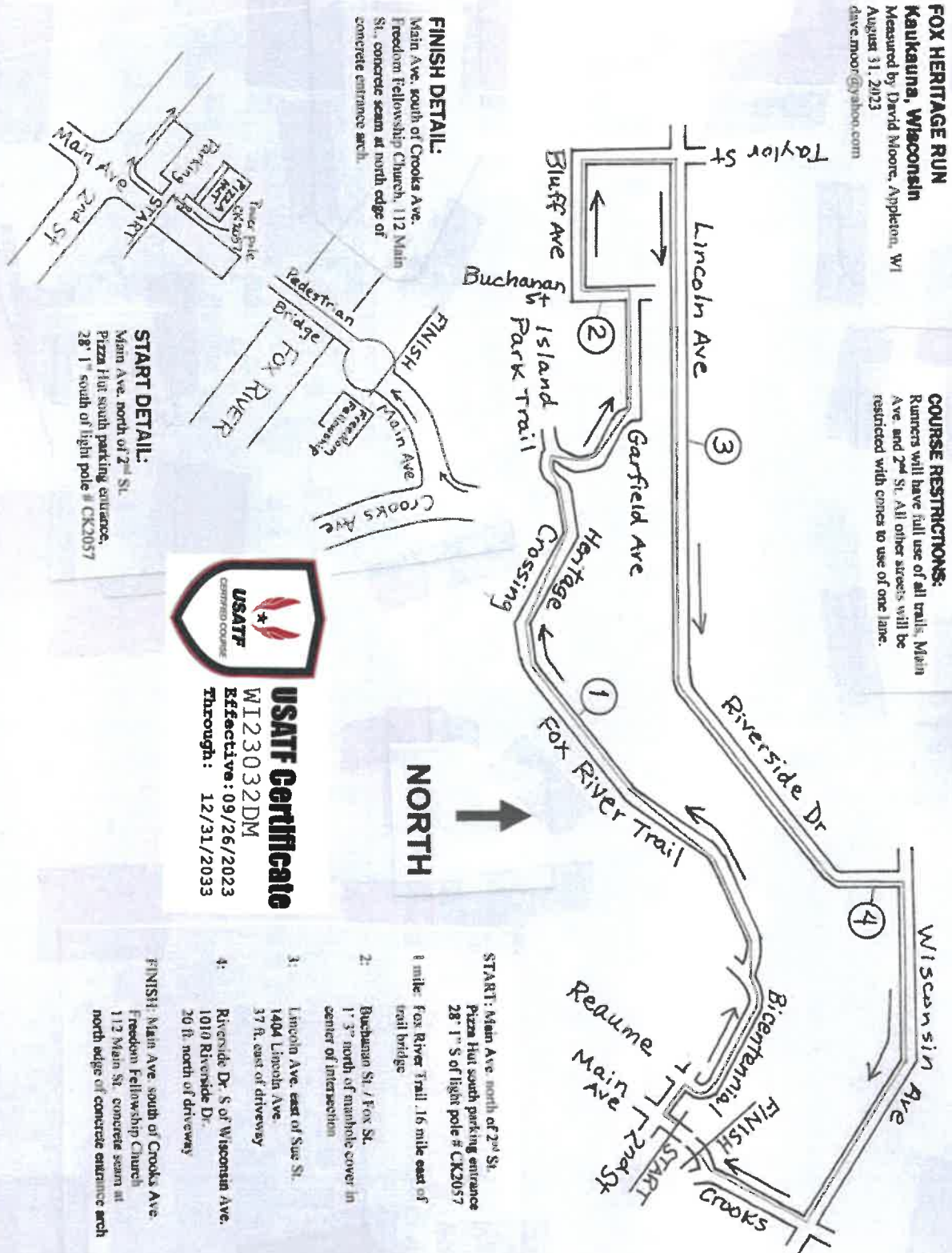
Verification of Course — In the event a National Open Record is set on the course, or at the discretion of USA Track & Field, a verification measurement may be required to be performed by a member of the Road Running Technical Council. If such a remeasurement shows the course to be short, then all pending records will be rejected and the course certification will be cancelled.

This certification expires on December 31 of the year: **2033**

David Moore

AS NATIONALLY CERTIFIED BY:

Date: September 26, 2023
 David Moore - USATF/RRTC Certifier - 3112 E Edgemere Dr, Appleton WI 54915
 (920) 840-4582 - dave.moor@yahoo.com





To: Health and Recreation Committee

From: Community Enrichment & Recreation Director Vosters

Date: 10/5/2026

RE: Live! at Hydro Park Music Series

Discussion:

Historically, The City of Kaukauna Community Enrichment Department begins seeking proposals for entertainment management of the City's Live! From Hydro Park Concert Series in October. The series begins in early June and runs for ten (10) consecutive Wednesdays with two additional dates as rain dates. Below has been included in the RFP since the inception of the series 11 years ago.

A proposal for entertainment management should include the following:

- Ability to set up and take down a portable stage.
- Contract ten (10) bands of significant talent and experience to perform for two (2) consecutive hours.
- The selected contractor will be expected to provide a schedule of entertainment for approval no later than February 1st.
- Ability to provide proof of insurance.
- Provide a list of prior events hosted and references.

The City of Kaukauna for the first time could have internal staff complete the management of the Live! At Hydro Park music series. The Community Enrichment Coordinator can contract with a local production company for lighting, stage and production of the series. They can also contract with talented musicians to perform. As an internal service, the City can create contracts, remain transparent with costs and have a dedicated staff person on site for each concert.

If the Committee chooses, staff can also begin seeking proposals for a production company to complete the entertainment management as it has done with great success since the start of the series.

Recommended Action: Discussion only



Form
AB-220**Temporary Alcohol Beverage License**

Municipality

License(s) Requested	Fees	
	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$ 10.00

☒ Temporary "Class B" Wine☒ Temporary Class "B" Beer**Part A: Organization Information**

1. Organization Name Holy Cross Parish		
2. Organization Permanent Address 309 Desnoyer St.		
3. City Kaukauna	4. State WI	5. Zip Code 54130
6. Mailing Address (if different from permanent address) 112 W. 8th St.		
7. FEIN 39-0807048	8. Date of Organization/Incorporation 11/20/18	9. State of Organization/Incorporation WI
10. Phone [REDACTED]	11. Email	
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) 008-0000430596-05		

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
Ferris	Luke	Priest	[REDACTED]
Tetzlaff	Mark	Board Trustee	[REDACTED]

Continued →

Part C: Event Information

1. Name of Event (if applicable) Holy Cross Parish - Oktoberfest			
2. Dates of Operation November 1, 2026		3. Hours of Operation 10:00 am - 6:00 pm	
4. Premises Address 309 Desnoyer 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) Lawrence Ortnier		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website www.kaukaunacatholicparishes.org		14. Event Website same	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Event will take place inside the gym and basement of St. Ignatius school. Beer will be served in the basement and will have a Home Brew Tasting event allowed by state statute 125.6(3m)			

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 Ferris		First Name Luke	M.I.
Title Priest	Email lferris@kaucp.org	Phone [REDACTED]	
Signature <i>Lawrence Ortnier</i>		Date 9/22/26	

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 2/26/26

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 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

CHURCH

3. Entity Type (check one)

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

1. Last Name

TEZLAFF

2. First Name

MARK

3. M.I.

J

4. Relationship to Business (Title)

TRUSTEE

5. Email

6. Phone

7. Home Address

8. City

KAUKAUNA

9. State

WI

10. Zip Code

54130

11. Date of Birth

4/4/69

12. Driver's License/State ID Number

13. Driver's License/State ID State of Issuance

WI**Part C: Address History**1. Do you currently live in Wisconsin? ☒ Yes ☐ NoIf yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 4/09692. 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

WIOutagamie

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>OWI</i>	Location <i>Dodge County</i>	Conviction Date <i>1995</i>
Penalty Imposed <i>Fine + Suspended License</i>		Was sentence completed? ☒ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ 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>Matthew</i>	Date <i>8/26/26</i>
-----------------------------	------------------------

Form
AB-100Alcohol Beverage
Individual Questionnaire

Date 8/18/26

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 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

Church

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

6. Phone

7. Home Address

8. City

Kaukauna

9. State

WI

10. Zip Code

54130

11. Date of Birth

07/27/64

12. Driver's License/State ID Number

13. Driver's 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) 12/2008

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
	Green Bay	WI	54304
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
IL	Cook	IN	Spencer	IN	St. Joseph		
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? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ 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>Rev. Luke Q. Ferris</i>	Date <i>8/19/26</i>