

HEALTH AND RECREATION COMMITTEE

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



Tuesday, August 18, 2026 at 6:40 PM

AGENDA

In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
 - [a.](#) Block Party Permit to Marcia Weber for a Temporary Street Closure on August 29, 2026, from 4 PM - 7 PM.
 - [b.](#) Block Party Permit to Greg Thompson for a Temporary Street Closure on September 12, 2026, from 12 PM - 10 PM.
 - [c.](#) Temporary Class B License to Kaukauna Lions Club for Hydro Live at Hydro Park on August 19, 2026, from 5 PM - 10 PM.
 - [d.](#) Temporary Class B License to Center for Community Stewardship for Focus on Suicide at Roundabout Bar & Grill on October 3, 2026, from 12 PM - 8 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.



BLOCK PARTY PERMIT

Street Name: E 17th ST
 Section of Street to Close: from Union to Oakridge
 Date & Time: Aug 29 4p - 7p
 Requested By: Marcia Weber
 Name: Marcia Weber
 Address: 404 E 17th ST
 City: Kaukauna
 Signature & Date: Marcia Weber
 Phone: 920 750-0327

Street Department Approval: _____

8-4-26

Police Department Approval: _____

8/5/26

Fire Department Approval: _____

8-4-26

REQUIREMENTS

1. Application must be made ten (10) days prior to requested party date.
2. A 12' wide lane must be kept open at all times for emergency vehicles.
3. No fire, tent, or any structure is permitted in the street right-of-way which, in the judgement of the street Superintendent, could cause damage to any city property or structure.
4. This permit does not relieve any individual or party from any ordinance (including noise & alcohol) of the City of Kaukauna.
5. Street parties shall start no earlier than 10:00 a.m., and shall terminate no later than 11:00 p.m.

NOTES



BLOCK PARTY PERMIT

Street Name: ORCHARD DRIVE
 Section of Street to Close: 1505-1509
 Date & Time: SEPT 12 NOON-10PM
 Requested By:

Name: GREG THOMPSON
 Address: 1505 ORCHARD DR.
 City: KAUKAUNA
 Signature & Date: Greg Thompson 8/3/26
 Phone:

920-205-2035

Street Department Approval:

8-4-26

Police Department Approval:

8/5/26

Fire Department Approval:

8-4-26

REQUIREMENTS

1. Application must be made ten (10) days prior to requested party date.
2. A 12' wide lane must be kept open at all times for emergency vehicles.
3. No fire, tent, or any structure is permitted in the street right-of-way which, in the judgement of the street Superintendent, could cause damage to any city property or structure.
4. This permit does not relieve any individual or party from any ordinance (including noise & alcohol) of the City of Kaukauna.
5. Street parties shall start no earlier than 10:00 a.m., and shall terminate no later than 11:00 p.m.

NOTES

Form

AB-220

Temporary Alcohol Beverage License

Municipality

License(s) Requested	Fees	
☐ Temporary "Class B" Wine	License Fees	\$
☒ Temporary Class "B" Beer	Background Check	\$
	Total Fees	\$ 10

Part A: Organization Information

1. Organization Name Kaukauna Lions Club.		
2. Organization Permanent Address		
3. City Kaukauna	4. State WI	5. Zip Code 54130
6. Mailing Address (if different from permanent address) PO Box 34		
7. FEIN 39-1627882	8. Date of Organization/Incorporation June 1936	9. State of Organization/Incorporation Wisconsin
10. Phone [REDACTED]	11. Email [REDACTED]	
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
Goff	Patrick	President	[REDACTED]
Diedrick	Shannon	Treasurer	
Goff	Katherine	Secretary	

Continued →

Part C: Event Information

1. Name of Event (if applicable)

Hydro Live

2. Dates of Operation

8/19/2026

3. Hours of Operation

5-10 pm

4. Premises Address

Hydro Park 100 Crooks Ave

5. City

Kaukauna

6. State

7. Zip Code

8. County

Outagamie

9. Governing Municipality

☒ City ☐ Town ☐ Village

of: Kaukauna

10. Aldermanic District

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

Kaukauna Community Enrichment

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

aengels@kaukauna.gov

13. Organizer Website

City of Kaukauna

14. Event Website

Hydro Live Concert Series

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.

Bathroom Shelter Overhang

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

Diedrick

First Name

Shannon

M.I.

L

Title

Treasurer

Email

Phone

Signature

Shannon L Diedrick

Date

8/4/2026

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-100Alcohol Beverage
Individual QuestionnaireDate
08/04/2026

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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)

Kaukauna Lions Club

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

Diedrick

2. First Name

Shannon

3. M.I.

L

4. Relationship to Business (Title)

Treasurer

5. Email

6. Phone

7. Home Address

8. City

Kaukauna

9. State

WI

10. Zip Code

54130

11. Date of Birth

4-22-86

12. Drivers License/State ID Number

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)
08/2012

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

Previous Address	City	State	Zip Code
1			
2			
3			
4			
5			

NA

Previous Address 2

Previous Address 3

Previous Address 4

Previous Address 5

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
AZ	PIMA	HI	HAWAII				

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? ☐ 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>Shannon J. Daulton</i>	Date 8-11-26
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Form
AB-100Alcohol Beverage
Individual QuestionnaireDate
08/04/2026

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)

Kaukauna Lions Club

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

Goff

2. First Name

Kathrine

3. M.I.

E

4. Relationship to Business (Title)

Secretary

5. Email

6. Phone

7. Home Address

8. City

Appleton

9. State

WI

10. Zip Code

54915

11. Date of Birth

07/30/79

12. Drivers License/State ID Number

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)

07/1979

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
WI	Calumet	WI	Outagamie				
WI	Winnebago	WI	Racine				

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

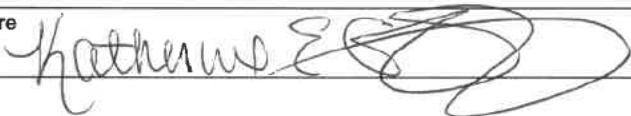
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☐ No

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



Date

8/6/2020

Form
AB-100Alcohol Beverage
Individual QuestionnaireDate
08/04/2026

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)

Kaukauna Lions Club

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

Goff

2. First Name

Patrick

3. M.I.

4. Relationship to Business (Title)

President

5. Email

6. Phone

7. Home Address

8. City

Appleton

9. State

W

10. Zip Code

54915

11. Date of Birth

09/30/1977

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

Part C: Address History1. Do you currently live in Wisconsin? ☒ Yes ☐ NoIf yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)
09/30/1977

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? ☐ 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



Date

8-5-2026

Form
AB-220

Temporary Alcohol Beverage License

Municipality
City of Kaukauna

License(s) Requested		Fees	
☐ Temporary "Class B" Wine	☒ Temporary Class "B" Beer	License Fees	\$
		Background Check	\$
		Total Fees	\$ 10

Part A: Organization Information

1. Organization Name Center for Community Stewardship - Project: Never Alone		
2. Organization Permanent Address 116 N. Few Street		
3. City Madison	4. State WI	5. Zip Code 53703
6. Mailing Address (if different from permanent address) 444 Patricia Lane, Wrightstown, WI 54180		
7. FEIN 68-0501459	8. Date of Organization/Incorporation 2002	9. State of Organization/Incorporation Wisconsin
10. Phone (608) 620-4266	11. Email [REDACTED]	
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
Gutsmiedl	Maria	Project Leader	[REDACTED]

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Focus On Suicide			
2. Dates of Operation 10/3/2026		3. Hours of Operation Noon to 8pm	
4. Premises Address 110 County Hwy-KK E			
5. City Kaukauna		6. State WI	7. Zip Code 54130
8. County Outagamie	9. Governing Municipality ☒ City ☐ Town ☐ Village of: Kaukauna		10. Aldermanic District 16
11. Organizer of Event (if not the named applicant) Maria Gutsmedl		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website https://www.facebook.com/profile.php		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 be held at the Roundabout Bar and Grill outside under a tent in their parking lot along with inside in their lower level dining room. There will be no liquor/beer/wine sales in the lower dining room area. Attendees will either go to the the bar area inside their establishment or under the tent outside. Under the tent we will have a bar area set up that will have a mix of liquor, beer, and canned seltzer sales along with water and soda. Beverages will all be stored in some sort of cooler.			

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 Gutsmedl		First Name Maria	
		M.I. J	
Title Project Leader	Email [REDACTED]		Phone [REDACTED]
Signature Maria J. Gutsmedl		Date 08/12/26	

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
08/12/2026

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 is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Center for Community Stewardship

2. Business Trade Name or DBA

Project: Never Alone

3. Entity Type (check one)

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

1. Last Name

Gutsmiedl

2. First Name

Maria

3. M.I.

J

4. Relationship to Business (Title)

Project Leader

5. Email

[REDACTED]

6. Phone

[REDACTED]

7. Home Address

[REDACTED]

8. City

Wrightstown

9. State

WI

10. Zip Code

54180

11. Date of Birth

10/29/93

12. Driver's License/State ID Number

[REDACTED]

13. Driver's 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)

10/19932. List in chronological order all of your addresses **within the last 5 years**. Attach additional sheets if necessary.

Previous Address 1

W3085 Springfield Drive

City

Appleton

State

WI

Zip Code

54915

Previous Address 2

320 E. 16th Street

City

Kaukauna

State

WI

Zip Code

54130

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	Winnebago	WI	Portage		

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 Maria J. Gutsmedl	Date 08/12/2026
---------------------------------------	---------------------------

Form
AB-101**Alcohol Beverage
Appointment of Agent**Date
08/12/2026**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)

Center for Community Stewardship

2. Business Trade Name or DBA

Project: Never Alone

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

Gutsmiedl

2. First Name

Maria

3. M.I.

J

4. Email

5. Phone

6. Home Address

7. City

Wrightstown

8. State

WI

9. Zip Code

54180

10. Date of Birth

10/29/1993

11. Driver's License/State ID Number

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

WI**Part C: Agent Questions**1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ 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 Biese		First Name Duane		M.I.
Title Owner	Email [REDACTED]		Phone [REDACTED]	
Signature Duane Biese			Date 08/12/26	

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 Gutsmiedl		First Name Maria		M.I. J
Signature Maria J. Gutsmiedl			Date 08/12/26	