

| |
|--------------|
| Municipality |
|--------------|

| License(s) Requested | Fees | |
|----------------------|--|--------------|
| | <input 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 Rotary Club of Appleton | | |
| 2. Organization Permanent Address PO Box 703 | | |
| 3. City Appleton | 4. State WI | 5. Zip Code 54912 |
| 6. Mailing Address (if different from permanent address) | | |
| 7. FEIN 39-0817197 | 8. Date of Organization/Incorporation 04/01/19 | 9. State of Organization/Incorporation Wisconsin |
| 10. Phone (920) 419-3337 | 11. Email rotaryappleton@gmail.com | |
| 12. Organization type (<i>check one</i>) <input checked="" type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats. | | |
| 13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 14. Wisconsin Seller's Permit Number (if applicable) | | |

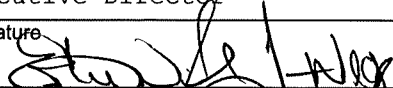
| Part B: Individual Information | | | |
|--|------------|-----------------------|----------------|
| List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101). | | | |
| Last Name | First Name | Title | Phone |
| Schultz-Wege | Erin | Immediate Past Pres | (920) 602-6507 |
| Singer | Garrett | President | (240) 520-6260 |
| Mrstyk | Holly | President Elect | (608) 732-8244 |
| Dorn | Karen | Secretary/Treasurer | (920) 850-1603 |
| Dreyer | Kathy | Club Executive Secret | 920-419-3337 |

Continued →

Part C: Event Information

| | | |
|--|---|--|
| 1. Name of Event (if applicable) Fox Valley Pride | | |
| 2. Dates of Operation 06/13/2026 | 3. Hours of Operation 12pm-8:30pm | |
| 4. Premises Address Jones Park - 301 W. Lawrence St. | | |
| 5. City Appleton | 6. State WI | 7. Zip Code 54911 |
| 8. County Outagamie | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Appleton | 10. Aldermanic District District 31 |
| 11. Organizer of Event (if not the named applicant) Fox Valley Pride | 12. Email and/or Phone Number for Organizer of Event Erin Schultz-Wege info@fvpride.org | |
| 13. Organizer Website www.fvpride.org | 14. Event Website www.fvpride.org | |
| 15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Beverages will be stored at a beer tent and trailer in Jones Park only on the date of the event, consumed at the park on the day of the event, and removed at the end of the event. | | |

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 Schultz-Wege | First Name Erin | M.I. N |
| Title Executive Director | Email erin@soarfoxcities.com | Phone (920) 602-6507 |
| Signature  | | Date 02/25/26 |

Part E: For Clerk Use Only

| | |
|---|---------------------|
| Date Application Was Filed With Clerk 4/1/26 | License Number |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |