

Form
AB-220

Temporary Alcohol Beverage License

Municipality Allouez

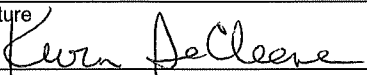
License(s) Requested	Fees	
☐ Temporary "Class B" Wine ☒ Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$ -
	Total Fees	\$ 10.00

Part A: Organization Information				
1. Organization Name Resurrection Catholic Parish				
2. Organization Permanent Address 333 Hilltop Drive				
3. City Green Bay WI			4. State WI	5. Zip Code 54301
6. Mailing Address (if different from permanent address)				
7. FEIN 39-6065218		8. Date of Organization/Incorporation 09/14/62		9. State of Organization/Incorporation 9/14/1962
10. Phone (920) 336-7768		11. Email resurrectionparish@gbres.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
DeCleene	Kevin	Business Admin - Ops	(920) 336-7768

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Resurrection New Member Hospitality Dinner			
2. Dates of Operation May 10		3. Hours of Operation 10am - 2pm 5pm - 8pm	
4. Premises Address 333 Hilltop Drive			
5. City Green Bay		6. State WI	7. Zip Code 54415-54301
8. County Brown	9. Governing Municipality ☐ City ☐ Town ☒ Village of: Allouez		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event kdecleene@gbres.org	
13. Organizer Website GBRES.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Beer and winecoolers would be available in the Gathering Space of the Resurrection Parish Campus.			

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 DeCleene	First Name Kevin	M.I. J
Title Business Admin - Operations	Email kdecleene@gbres.org	Phone (920) 336-7768
Signature 		Date 2/17/2025

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 2/18/2025	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 