R 410792

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	4. State	5. Zip Code
Green Bay WI	WI	54301

6. Mailing Address (if different from permanent address)

7. FEIN	8. Date of Organization/Incorporation	9. State of Organization/Incorporation
39-6065218	09/14/62	9/14/1962

10. Phone	11. Email
(920) 336-7768	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 Womens Guild Spring Fete

2. Dates of Operation	3. Hours of Operation
May 3	10am - ~~2pm~~ 3 pm

4. Premises Address
333 Hilltop Drive

5. City	6. State	7. Zip Code
Green Bay	WI	54115

8. County	9. Governing Municipality	10. Aldermanic District
Brown	☐ City ☐ Town ☑ Village of: Allouez	

11. Organizer of Event (if not the named applicant)	12. Email and/or Phone Number for Organizer of Event
Resurrection Womens Guild	kdecleene@gbres.org
13. Organizer Website	**14. Event Website**
GBRES.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.

Beer, winecoolers and mimosas would be available in the Gathering Space and Welcome Center 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	First Name	M.I.
DeCleene	Kevin	J

Title	Email	Phone
Business Admin - Operations	kdecleene@gbres.org	(920) 336-7768

Signature	Date
Kevin DeCleene	2/17/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number
2/18/2025	
Date License Granted	**Date License Issued**

Signature of Clerk/Deputy Clerk