

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

Part A: Organization Information

1. Organization Name FATHER CLAUDE ALLOUEZ COUNCIL-KNIGHTS OF COLUMBUS		
2. Organization Permanent Address 300 W ST JOSEPH ST #14		
3. City GREEN BAY	4. State WI	5. Zip Code 54301
6. Mailing Address (if different from permanent address)		
7. FEIN 39-1690992	8. Date of Organization/Incorporation 09-13-1919	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).

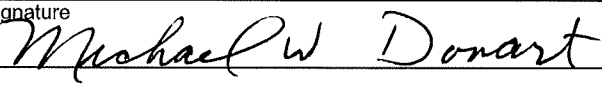
Last Name	First Name	Title	Phone
DONART	MICHAEL	PASR GRAND KNIGHT	[REDACTED]
KROHN	JOHN	GRAND KNIGHT	[REDACTED]
DEGENEFFE	MASON	DEPUTY GRAND KNIGHT	[REDACTED]
ERWIN	JEFF	FINANCIAL SECRETARY	[REDACTED]
BURICH	JEFF	TREASURER	[REDACTED]

Continued →

Part C: Event Information

1. Name of Event (if applicable) ANNUAL MEMBERSHIP BRAT FRY			
2. Dates of Operation JUNE 9, 2026		3. Hours of Operation 5PM-9PM	
4. Premises Address RESURRECTION CATHOLIC PARISH-333 HILLTOP DR			
5. City GREEN BAY		6. State WI	7. Zip Code 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	
13. Organizer Website		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.			

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 DONART	First Name MICHAEL	M.I. W
Title PAST GRAND KNIGHT	Email 	Phone 
Signature 		Date 04-25-2026

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5.6.2027	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	