

Temporary Alcohol Beverage License

Municipality

Allouez

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

Part A: Organization Information

1. Organization Name Faith Lutheran Church		
2. Organization Permanent Address 2335 S. Webster Ave.		
3. City Green Bay	4. State WI	5. Zip Code 54301
6. Mailing Address (if different from permanent address)		
7. FEIN	8. Date of Organization/Incorporation 01/01/43	9. State of Organization/Incorporation WI
10. Phone (920) 435-5524	11. Email ~~flcgb.office@gmail.com~~ office@flcgb.com	
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).

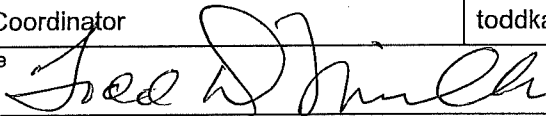
Last Name	First Name	Title	Phone
Mielke	Todd	Event Coordinator	(920) 680-0391

Continued →

Part C: Event Information

1. Name of Event (If applicable) Big Bash			
2. Dates of Operation July 12, 2026		3. Hours of Operation 11am - 1pm	
4. Premises Address 2335 S. Webster Ave			
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 toddkaren11@outlook.com	
13. Organizer Website N/A		14. Event Website N/A	
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. Parking lot south and east of the main church building. If rain, then inside the multi-purpose room (gym) on the north end of the building.			

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 Mielke	First Name Todd	M.I. D
Title Event Coordinator	Email toddkaren11@outlook.com	Phone (920) 680-0391
Signature 		Date 6/8/2026

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 6.9.2026	License Number 2026-09
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	