TOWN OF EASTON, MARATHON COUNTY, WI

REGULAR MEETING OF THE TOWN BOARD

Town of Easton Municipal Center

169612 County Road Z

Ringle, WI 54471

AGENDA

Monday, June 9, 2025, at 7:00 p.m.

1. Meeting called to order by Chairman Beck
2. Roll Call
3. Approval of May 12, 2025, Regular Meeting Minutes
4. Public Comments
5. New Business
    a. Fee Schedule
        - Fees for Special Assessment Letters
    b. Class "B" Beer and Class B" Liquor License for The Corral on 52 LLC, Agent Sheila Schwartz
    c. Class "B" Beer and Class B" Liquor License for The Q & Z Expo Center LLC, Agent Nathan Schulz
    d. Operator/Bartender Licenses
        - Matthew Gardner (Renewal)
        - Scott Leitza (Renewal)
        - Molly Heslip (New)
    e. Event Venue Alcohol Licensing
    f. Presentation of bills for approval
6. Reports
    a. Treasurer
    b. Fire Department
    c. Clerk
    d. Public Works
7. Remarks from Supervisors
8. Remarks from Chairman
    a. Solar Update
    b. Mining Update
9. Adjourn

Town Board Members: Dean Beck - Chairman, Susan Kurth - Supervisor, Mark Pingel - Supervisor

Town of Easton Meeting Agenda for June 9, 2025, was posted on June 5, 2025
Prepared by: Sherry Weinkauf, Clerk

TOWN OF EASTON, MARATHON COUNTY, WI
BOARD OF REVIEW AND REGULAR MEETING MINUTES
Monday, May 12, 2025, at 7:00 p.m.

1. **Board of Review called to order by Chairman Beck**
   Chairman Beck called the Board of Review to order at 7:07 p.m.
2. **Roll Call for Board of Review**

Board Members	**Present**
Dean Beck	Yes
Susan Kurth	Yes
Mark Pingel	Yes

   Also present were Treasurer Melanie Neuendank, Clerk Sherry Weinkauf, Mark Schlund, and Fire Chief Dustin Merriam. There were also 6 other audience members present.
3. **Adjourn Board of Review until Wednesday, September 3, 2025, at 5:00 p.m.**
   Beck explained that the Town is going through a reassessment process, and this is the reason for adjourning the Board of Review. ***Motion by Supervisor Kurth, seconded by Supervisor Pingel to adjourn the Board of Review until Wednesday, September 3, 2025, at 5:00 p.m. All in favor. Motion carried.***
4. **Meeting called to order by Chairman Beck**
   Chairman Beck called the regular meeting to order at 7:08 p.m.
5. **Roll Call**

Board Members	**Present**
Dean Beck	Yes
Susan Kurth	Yes
Mark Pingel	Yes

   Also present were Treasurer Melanie Neuendank, Clerk Sherry Weinkauf, Mark Schlund, and Fire Chief Dustin Merriam. There were also 6 other audience members present.
6. **Approval of April 14, 2025, Regular Meeting Minutes**
   Motion by Supervisor Kurth, seconded by Supervisor Pingel to approve the April 14, 2025, Regular Meeting Minutes. All in favor. Motion carried.
7. **Public Comments**
   At this point Beck moved down to item 11a. Solar Update.
8. **New Business**
   a. **Request by Nathan Schulz to hold a one-day wrestling event outside at the Q&Z Expo. Center**
      Beck explained he spoke with the Town attorney, and this would require a change to the liquor license opening up the entire premise to allow for serving and selling alcohol. There was a short discussion regarding picnic licenses. No action was taken.
   b. **Purchase of laptop for Public Works Lead Operator**
      Clerk Weinkauf explained that Public Works Rob Weinkauf would like to purchase a laptop for the shop. He would like to have his own Town of Easton email address, be able to search for things he needs to purchase, as well as manage diggers hotline tickets. ***Motion by Supervisor Kurth, seconded by Supervisor Pingel to approve the purchase of a laptop with help from the Clerk. All in favor. Motion carried.***

c. **Presentation of bills for approval**
Motion by Supervisor Kurth, seconded by Supervisor Pingel to approve and pay the bills as presented. All in favor. Motion carried.

9. **Reports**
   a. **Treasurer**
   Neuendank reviewed the Treasurer report with the Board. There was also a short discussion on the purchase of generators.
   b. **Fire Department**
   Merriam said he received a quote from McQueen for air packs. The total quote is $102,364 which includes a $18,000 discount. They will hold the price until tomorrow. ***Motion by Supervisor Kurth, seconded by Supervisor Pingel to move forward with accepting the quote for the air packs and adapter. The Board will take action on the actual expense at a future meeting.***
   c. **Clerk**
      - **Election Update**
      Weinkauf explained that the voting machines will be taken up to Marathon County in July for maintenance.
      - **Licensing Update**
      Weinkauf reported the liquor license applications have been sent out and are due on May 19th. There was a short discussion about liquor licenses for wedding barns.
      - **SLFRF Report Update**
      Weinkauf reported that the SLFRF report was filed on time with the U.S. Department of Treasury.
   d. **Public Works**
   Public Works Rob Weinkauf was absent but did provide a report for the Board to review.

10. **Remarks from Supervisors**
Pingel asked about blacktopping. Beck said he is working on getting some numbers. He is also looking into grant money.

11. **Remarks from Chairman**
   a. **Solar Update**
   Beck explained that the solar companies are looking to use land that has 1,000+ acres. They want to be able to produce 100 megawatts of solar power. The Town does not have any say. They can try to negotiate with landowners. He gave an update on a meeting he had with the Public Service Commission (PSC). If solar farms are 100 megawatts or larger they require approval from the PSC. The solar companies should contact the Town to develop a developers agreement. Beck has received a lot of phone calls regarding this issue. This seems to be very unpopular in rural areas. Solar companies are interested in putting solar power up in Wisconsin because of the lower costs. There was a short discussion on the batteries used for solar power. There was also a short discussion regarding the tax implication. The solar companies must make annual payments into a utility aid fund which is shared between the County and the Town.

12. **Adjourn**
Motion by Supervisor Kurth, seconded by Supervisor Pingel to adjourn the meeting at 8:58 p.m. All in favor. Motion carried.

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☑ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☑ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): The Corral on 52 LLC
2. Business Trade Name or DBA: The Corral on 52
3. FEIN: 46-3747492
4. Wisconsin Seller's Permit Number: 456-1028165652-02
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: WI
7. Date of Organization: 09/26/2013
8. Wisconsin DFI Registration Number: T060885
9. Premises Address: 168925 State Highway 52
10. City: Aniwa
11. State: WI
12. Zip Code: 54408
13. County: Marathon
14. Governing Municipality: ☐ City ☑ Town ☐ Village of: Easton
15. Aldermanic District:
16. Premises Phone: (715) 610-6286
17. Premises Email: sscorral52@yahoo.com
18. Website: Facebook: Corral on 52
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, 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.

Main bar and pool hall, horseshoe pit + deck area – alcohol sold + consumed
Back Storage room - alcohol stored.
Living Quarters – Storage of records. Seperate Garage - mower etc.

20. Mailing Address (if different from premises address):
21. City:
22. State:
23. Zip Code:

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Schwartz	Sheila	Owner	7154328701

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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 business 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 this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized 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.
Schwartz	Sheila	R

Title	Email	Phone
Owner	55corral52@yahoo.com	7154328701

Signature	Date
Sheila Schwartz	5-19-25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5-19-25			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
The Corral on 52 LLC

2. Business Trade Name or DBA
The Corral on 52

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Schwartz	Sheila	R

4. Relationship to Business (Title)	5. Email	6. Phone
Owner		

7. Home Address
[redacted]

8. City	9. State	10. Zip Code	11. Date of Birth
Aniwa	WI	54408	[redacted]

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	WI

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 05/1971

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Marathon						
AZ	Maricopa						

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances?..... ☑ Yes ☐ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Owi 2nd 346.63(1)(a)	Lincoln Cty WI	6-24-21
Penalty Imposed	**Was sentence completed?**	
Fine, 5 day jail, intoxalock	☒ Yes ☐ No	
Law/Ordinance Violated	**Location**	**Conviction Date**
Poss THC	Marathon Cty WI	8-24-10
Penalty Imposed	**Was sentence completed?**	
Fine	☒ Yes ☐ No	
Law/Ordinance Violated	**Location**	**Conviction Date**
Poss THC	Marathon Cty WI	3-2-06
Penalty Imposed	**Was sentence completed?**	
Fine license suspended	☒ Yes ☐ No	

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?..... ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature	Date
Sheila Seward	5-19-2025

Form
AB-101

Alcohol Beverage Appointment of Agent

Date

Agent Type *(check one)*

☑ Original (no fee) ☐ Successor ($10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
The Corral on 52 LLC

2. Business Trade Name or DBA
The Corral on 52

3. Entity Type *(check one)*
☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization *(check one)*
☑ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Schwartz	Sheila	R

4. Email	5. Phone
55corral52@yahoo.com	715 432 8701

6. Home Address [redacted]

7. City	8. State	9. Zip Code	10. Date of Birth
Ariwa	WI	54408	

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
[redacted]	WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☒ Yes ☐ No

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. ☒ Yes ☐ No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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.
Schwartz	Sheila	R

Title	Email	Phone
Owner	SScoral52@yahoo.com	7154328701

Signature	Date
Sheila Schwartz	5-19-25

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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.
Schwartz	Sheila	R

Signature	Date
Sheila Schwartz	5-19-25

N/A

Form
CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY
Municipality
License Period

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor)
The Corral on 52 LLC

2. Business Trade Name or DBA
Corral on 52

3. FEIN	4. Wisconsin Seller's Permit Number
46-3747492	456-1028165652-02

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation

6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registration Number

9. Premises Address (do not use PO Box)
168925 State Highway 52

10. City	11. State	12. Zip Code
Aniwa	WI	54408

13. County	14. Governing Municipality: ☐ City ☑ Town ☐ Village	15. Aldermanic District
Marathon	of: Easton	

16. Mailing Address (if different from premises address)

17. City	18. State	19. Zip Code

20. Premises Phone	21. Premises Email	22. Website

23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.

Part B: Questions

1. What products will be sold at this business location? (check all that apply)
☐ Cigarettes ☐ Tobacco Products ☐ Electronic Vaping Devices

2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)
☐ Over the counter ☐ Vending machine

3. Is the applicant business owned by another business entity? . . . . . ☐ Yes ☐ No
If yes, provide the name(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary

3a. Name of Business Entity: _____

3b. FEIN of Business Entity: _____

TOWN OF EASTON
169612 County Road Z, Ringle WI 54471

April 15, 2025

Dear Applicant,

Included with this letter are your 2025/2026 applications for your alcohol licenses that will expire on July 1, 2025. Any individual or entity that wants to sell alcohol beverages to consumers or allow consumption in a public place must fill out the Alcohol Beverage License application. If you are a corporation or limited liability corporation (LLC), you are required to fill out the Alcohol Beverage Appointment of Agent form. All persons involved in the applicant business who are either sole proprietors, partner or a partnership, officers, directors, members, managers, or agents must complete the Alcohol Beverage Individual Questionnaire. New Operator/Bartender applicants must complete the Responsible Beverage Server Training Course or show proof that they have been a bartender in the State of Wisconsin within the last two years and fill out the Operator/Bartender license application. Anyone renewing their Operator/Bartender license must also fill out the application. New this Year, is a Statewide Operator's Permit. The new permit simplifies compliance for operators and employers, especially those operating in multiple municipalities; offers greater flexibility for event staff and service personnel; and saves you money by eliminating the need for multiple operator's licenses. It's valid in any Wisconsin municipality and may be used at any licensed/permitted premises within Wisconsin. More information can be found by visiting the Wisconsin Department of Revenue's Alcohol Beverage page at **https://www.revenue.wi.gov/Pages/AlcoholBeverage/home.aspx**.

Forms

Alcohol Beverage License Application
Alcohol Beverage Appointment of Agent
Alcohol Beverage Individual Questionnaire
Operator/Bartender License applications

Fees

Alcohol Beverage License Application	$600.00
Publication Fee for your Alcohol Beverage License Application	$40.00
Operator/Bartender License applications	$20/ea.

Applications are due by Monday, May 19, 2025. You can mail them back to the address listed at the top of this page. I can also meet you at the Town Hall to collect them. Checks can be made payable to the Town of Easton. Please contact me by email at townofeastonclerk@gmail.com or by calling 715-573-1372 if you have any questions. Thank you.

Sherry Weinkauf, Town of Easton Clerk

Sherry Weinkauf

May 13, 2024

Proposal to Amend Conditions for Liquor License for Q to Z Expo Center LLC/ Nathan Schulz/Matthew Buehler

1. No live music or speakers allowed outside of Q to Z Expo Center building. (See attachment #2)

2. No live music in Q to Z Expo Center building after 11 p.m. Sunday through Thursday, or after midnight Friday or Saturday night. (See attachment #2)

3. No alcohol sales or consumption outside of Q to Z Expo Center building. (See attachment #1 and # 2) Proposal to allow consumption of alcohol in the designated smoking area.

4. Alcohol sales are limited to bar/lounge, VIP bar/lounge, or bar/snack areas in Q to Z Expo Center building. (See attachment # 1)

5. Areas marked with X on floor plan on attachment # 1 indicates areas of no alcohol consumption in Q to Z Expo Center building. (See attachment # 1) Proposal to allow consumption of alcohol in the smoking area.

6. Areas marked on Q to Z Expo Center building floor plan with dots (•) must be monitored during events etc where people under 21 years of age may be in attendance. (See attachment # 1) Proposal to add the smoking area to locations monitored during events.

7. Roadside Q to Z Expo Center sign should face north and south to highway Q to prevent shining on residential property across the road. (See attachment #2)

8. Smoking area must be attached Q to Z Expo Center building and be no larger than 28 feet by 28 feet enclosed by two 6-foot-high fences. The proposed smoking area to be 28 feet by 48 feet. (See drawing on attachment # 1 and # 2)

9. No food per county ruling. Condition to be dropped once County approval for food service is received.

Town of Easton Board

Chairman

Supervisor

Supervisor

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☑ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☑ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
The Q & Z Expo Center LLC

2. Business Trade Name or DBA
The Q & Z Expo Center

3. FEIN
88-3665622

4. Wisconsin Seller's Permit Number
456-1031194463-02

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization
WI

7. Date of Organization
07/18/2022

8. Wisconsin DFI Registration Number
T098150

9. Premises Address
234000 County Road Q

10. City
Ringle

11. State
WI

12. Zip Code
54471

13. County
Marathon

14. Governing Municipality: ☐ City ☑ Town ☐ Village of: Easton

15. Aldermanic District

16. Premises Phone

17. Premises Email
expocenterqz@gmail.com

18. Website
www.qzexpocenter.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, 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.

20. Mailing Address (if different from premises address)
166347 County Road Z

21. City
Wausau

22. State
WI

23. Zip Code
54403

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed _____ Was sentence completed? . . . . . ☐ Yes ☐ No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed _____ Was sentence completed? . . . . . ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Schultz	Nathan	CO Owner	715-610-2939
Buehler	Matthew	co-owner	715-846-4397

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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 business 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 this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized 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.
Schultz	Nathan	J

Title	Email	Phone
CO-OWNER	nathan.schultz9@gmail.com	715-610-2939

Signature	Date
	5-17-25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date 5-17-25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
The Q & Z Expo Center LLC

2. Business Trade Name or DBA
The Q & Z Expo Center

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Schulz	Nathan	J

4. Relationship to Business (Title)	5. Email	6. Phone
CO-Owner/President	nathan.schulz91@gmail.com	715-610-2939

7. Home Address [redacted]

8. City	9. State	10. Zip Code	11. Date of Birth
Antigo	WI	54409	[redacted]

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	WI

Part C: Address History

1. Do you currently live in Wisconsin? ..... ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin ..... (MM/YYYY)

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

	City	State	Zip Code
Previous Address 1 [redacted]	Wausau	WI	54403
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances?. . . . . ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed?. . . . .
	☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed?. . . . .
	☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed?. . . . .
	☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?. . . . . ☐ Yes ☐ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature	Date
[signature]	5-17-25

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date 5-16-25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
The Q & Z Expo Center LLC

2. Business Trade Name or DBA
The Q & Z Expo Center

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Buehler	Matthew	C

4. Relationship to Business (Title)	5. Email	6. Phone
Co-Owner/Vice-President	Expocenterqz@Gmail.com	715-846-4397

7. Home Address [redacted]

8. City	9. State	10. Zip Code	11. Date of Birth
Wausau	WI	54403	[redacted]

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	WI

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 06/1996

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State NV	County LYON	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . . ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature	Date
Matthew C Buehler	5-16-25

Form
AB-101

Alcohol Beverage Appointment of Agent

Date

Agent Type *(check one)*

☑ Original (no fee) ☐ Successor ($10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
The Q & Z Expo Center LLC

2. Business Trade Name or DBA
The Q & Z Expo Center

3. Entity Type *(check one)*
☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization *(check one)*
☑ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Schulz	Nathan	J

4. Email	5. Phone
Nathan.schulz91@gmail.com	715-610-2937

6. Home Address [redacted]

7. City	8. State	9. Zip Code	10. Date of Birth
Antigo	WI	54409	[redacted]

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
[redacted]	WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☑ Yes ☐ No

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☑ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. ☑ Yes ☐ No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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.
Schulz	Nathan	J

Title	Email	Phone
CO-OWNER	nathan.schulz79@gmail.com	715 610 2939

Signature	Date
	5-17-25

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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.
Schulz	Nathan	J

Signature	Date
	5-17-25

OPERATOR/BARTENDER LICENSE APPLICATION

Town of Easton, 169612 County Road Z, Ringle, WI 54471

Fee: $20.00

License Period: July 1, 2025 to June 30, 2026

Date of application: _____

Applicant: ~~Matt Garder~~ Matthew Gardner

Address: [redacted]

List places of residence over the past year, if different: _____

_____

Telephone: _____ Cell phone: 715-527-8791

Date of Birth: [redacted] Driver's License or State ID number [redacted]

List name of business where you will be working: The Corral on 52

Do you currently hold an Operator/Bartender license in a different community? Yes (No)

If yes, list City/Village/Town: _____ County: _____

Have you previously held an Operator/Bartender license in the Town of Easton or any other community in the state?
(Yes) No If yes, list City/Village/Town: Easton County: Marathon

From: 2021 To: Current

Have you ever been convicted of violating any federal, state, or local law or ordinance relating to the sale of beverages as defined by state law? Yes (No)

If yes, please explain:

_____

_____

_____

_____

I am hereby applying for an Operator/Bartender license from the date above, for the specified license period, unless sooner revoked, and hereby agree to comply with all laws, resolutions, ordinances and regulations state federal or local laws affecting the sale of beverages as defined by Wisconsin state statues.

I hereby certify or declare under the penalty of perjury under the laws of the state of Wisconsin that the foregoing is true and correct.

_____ 5/19/25

Signature of Applicant Date

OPERATOR/BARTENDER LICENSE APPLICATION

Town of Easton, 169612 County Road Z, Ringle, WI 54471

Fee: $20.00

License Period: July 1, 2025 to June 30, 2026

Date of application: 5.19.25

Applicant: Scott Leitza

Address: [redacted]

List places of residence over the past year, if different: _____

Telephone: 715 297-3774 Cell phone: _____

Date of Birth: [redacted] Driver's License or State ID number [redacted]

List name of business where you will be working: Corral on 52

Do you currently hold an Operator/Bartender license in a different community? Yes (No)

If yes, list City/Village/Town: _____ County: _____

Have you previously held an Operator/Bartender license in the Town of Easton or any other community in the state?
(Yes) No If yes, list City/Village/Town: Easton County: Marathon

From: _____ To: 2025

Have you ever been convicted of violating any federal, state, or local law or ordinance relating to the sale of beverages as defined by state law? Yes (No)

If yes, please explain:

I am hereby applying for an Operator/Bartender license from the date above, for the specified license period, unless sooner revoked, and hereby agree to comply with all laws, resolutions, ordinances and regulations state federal or local laws affecting the sale of beverages as defined by Wisconsin state statues.

I hereby certify or declare under the penalty of perjury under the laws of the state of Wisconsin that the foregoing is true and correct.

Scott Leitza
Signature of Applicant

5-20-25
Date

OPERATOR/BARTENDER LICENSE APPLICATION

Town of Easton, 169612 County Road Z, Ringle, WI 54471

Fee: $20.00

License Period: July 1, 2025 to June 30, 2026

Date of application: 4/8/25

Applicant: Type text here Molly Heslip

Address: [redacted]

List places of residence over the past year, if different: _____

Telephone: N/A Cell phone: 715-218-5234

Date of Birth: [redacted] Driver's License or State ID number [redacted]

List name of business where you will be working: Corral On 52

Do you currently hold an Operator/Bartender license in a different community? Yes / (No)

If yes, list City/Village/Town: _____ County: _____

Have you previously held an Operator/Bartender license in the Town of Easton or any other community in the state?
Yes / (No) If yes, list City/Village/Town: _____ County: _____

From: _____ To: _____

Have you ever been convicted of violating any federal, state, or local law or ordinance relating to the sale of beverages as defined by state law? Yes / (No)

If yes, please explain:

_____

_____

_____

_____

I am hereby applying for an Operator/Bartender license from the date above, for the specified license period, unless sooner revoked, and hereby agree to comply with all laws, resolutions, ordinances and regulations state federal or local laws affecting the sale of beverages as defined by Wisconsin state statues.

I hereby certify or declare under the penalty of perjury under the laws of the state of Wisconsin that the foregoing is true and correct.

Molly Heslip

Signature of Applicant

4/8/25

Date

Serving Alcohol

is proud to present this certificate to

Molly Heslip

for successful completion of the online course

Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

* CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
* OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
* RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
* DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECARD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
* ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

Verify online at
servingalcohol.com

Verification Code

gNxy2x64z7

Date Issued

Apr 8th, 2025

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license.
This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.
Find your city clerk's office here: https://elections.wi.gov/clerks/directory

Wisconsin Alcohol Seller/Server Course
Name: Molly Heslip
Certification Date: Apr 8th, 2025
Certificate Code: gNxy2x64z7
Verify Online: servingalcohol.com
125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.
SERVING ALCOHOL INC
VALID FOR 2 YEARS

State of Wisconsin
Department of Revenue
Division of Alcohol Beverages

Common Questions | 2023 Wisconsin Act 73
Event Venue Retail Licensing

These common questions are most helpful to an event venue business considering pursuing a retail alcohol beverage license issued by a municipality.

1. What is a "public place" and how does that relate to alcohol beverage consumption at my event venue?

Per sec. 125.09(1), Wis. Stats. (effective January 1, 2026), a "public place" includes a venue, location, open space, room, or establishment that is any of the following:

- Accessible and available to the public to rent for an event or social gathering.
- Held out for rent to the public for an event or social gathering.
- Made available for rent to a member of the public for an event or social gathering.

No owner, lessee, or person in charge of a public place may allow the consumption of alcohol beverages on the property of the public place, unless the person has an appropriate retail license or permit.

2. When does the change to laws about public places go into effect?

On January 1, 2026, any public place that fits the description in Question 1 must obtain the appropriate alcohol beverage license or permit.

3. As an event venue owner or operator that wishes to allow consumption of alcohol beverages at my event venue, what are my options to comply with the new public place law?

There are two options:

- Obtain an alcohol beverage license from a Wisconsin municipality which will authorize the licensee to make sales of alcohol beverages on the licensed premises.
- Obtain a No-Sale Event Venue Permit from the Division of Alcohol Beverages. See Fact Sheet 3122, *No-Sale Event Venue Permits,* for details about the permit including authorizations, limitations, and qualifications.

4. What are the types of alcohol beverage retail licenses that I can consider for my event venue?

You may be interested in a license that allows for the sale and consumption of alcohol beverages on the premises. The following types of retail alcohol beverage licenses authorize sales of alcohol beverages for on-premises consumption:

- Class "B" fermented malt beverage licenses allow retail sale of fermented malt beverages (Beer) by the glass for consumption on the premises (sec. 125.26, Wis. Stats.).
- "Class B" (Liquor) licenses allow retail sale of intoxicating liquor (including wine) by the glass for consumption on the premises (sec. 125.51(3), Wis. Stats.).
- "Class C" (Wine) licenses allow the sale of wine by the glass for consumption on the premises (sec. 125.51(3m), Wis. Stats.).

Class "B" (Beer) and "Class C" (Wine) licenses are not restricted by state-imposed quota.

Each of the above alcohol beverage licenses has additional authorizations, restrictions, and limitations. For more details about each type of alcohol beverage license listed here, see Publication 309, *Retail Alcohol Beverage Licensing Guide for Municipalities*, Part 4.

5. Who issues alcohol beverage retail licenses and what is the process to apply for one?

Retail licenses are issued by municipalities (cities, villages, towns) if the governing body (city council, town board, etc.) determines that the applicant is qualified for the license and issuing the license is in the best interest of the municipality.

Contact the clerk for the city, village, or town where you wish to do business. The clerk will give you applications and information about legal requirements. After you apply, the clerk will publish the application in the newspaper. The licensing authority (city council, council licensing committee, town board, etc.) will vote on the application. The license may not be granted until at least fifteen days after the application is filed with the clerk. (sec. 125.04, Wis. Stats.)

6. What are the basic qualifications to hold a retail alcohol beverage license?

Applicants for an alcohol beverage license must meet the following basic requirements, outlined in sec. 125.04(5), Wis. Stats.:

- Be at least 21 years old
- Be a resident of Wisconsin for at least 90 days prior to the date of application
- Hold a valid seller's permit issued by the Department of Revenue
- Have a satisfactory criminal history
- Complete a responsible beverage server training course

For more details about qualifications to hold an alcohol beverage license, see Publication 309, *Retail Alcohol Beverage Licensing Guide for Municipalities*, Part 5.

7. What is a municipal quota and how do I know if my municipality has a license available to issue?

The municipal quota law restricts the number of "Class B" (Liquor) licenses any municipality may issue. If a municipality is "at quota," there are no "Class B" (Liquor) licenses available to be issued. The municipality is responsible for determining quotas based on formulas in state law. Reach out to the municipal clerk to determine if a "Class B" license is available to be issued.

8. Are there any exceptions to the quota law that may be relevant to my business?

Yes. State law allows for an above-quota licenses to be issued in certain circumstances. One such exemption is for a "qualifying event venue" certified by the Division of Alcohol Beverages.

9. What are the qualifications of a "qualifying event venue?"

To be certified as a "qualifying event venue" by the Division of Alcohol Beverages, an event venue must meet the following criteria:

In the 12 months prior to applying for the certification:

- The venue held at least 5 events, each with an attendance of at least 50 invited guests.
- The venue owner received at least $20,000 in revenue from the 5 events with at least 50 invited guests.

In addition, the venue:

- Is in operation on January 1, 2026, and was in operation for at least one year before applying for the certification.
- Was not a "Class B" licensed premises at any time in the year before applying for the certification.
- The owner of the venue has not applied to the division for a No-Sale Event Venue Permit.
- The owner of the venue submits documentation with the application for certification that the municipality where the venue is located would be prohibited by quota from issuing a "Class B" (Liquor) license.

The division requires documentation be submitted with an application to prove a venue meets these qualifications.

10. There was an event at my venue that held a temporary "Class B" (Wine) license last year. Does this disqualify me from becoming a certified qualifying event venue?

No. If your business rented or leased the venue to a group that held a temporary "Class B" (Wine) license, you will not be disqualified from pursuing a qualifying event venue certification.

11. What documentation do I submit to the division to prove my venue qualifies for the "qualifying event venue certification?"

To document the number of events held, submit a rental/lease contract for at least 5 individual events and an invoice or receipt that clearly states the fee paid by the renter for use of the venue.

To document how long the venue has been in business, provide a valid business tax registration certificate (BTR), seller's permit, a valid Department of Financial Institutions Registration, or any other documentation that is acceptable to the division.

If you cannot provide the documentation outlined in this common question, contact the Division of Alcohol Beverages to determine if there is other documentation that would be acceptable as proof.

12. Where and how do I apply for a "qualifying event venue" certification from the Division of Alcohol Beverages?

The Division will prepare an application for "qualifying event venue" certification which will be posted on the Retail Alcohol Beverage License Applications webpage when available.

A complete application package will include the following items:

- A complete application form for the qualifying event venue certification.
- Rental/Lease contracts and invoices for at least 5 events that demonstrate at least $20,000 in revenue.
- A letter from the municipality from which the event venue will apply for the above-quota license certifying that the municipality is at quota and that the event venue has not held a "Class B" license in the past year. A template letter for clerks will be made available on the Retail Alcohol Beverage License Applications Webpage.

13. Is there a fee to become certified as a "qualifying event venue?"

No. There is no fee to apply for or become certified as a qualifying event venue.

14. How long do I have to apply for a "qualifying event venue" certification and how long will it take for the division to decide on my application?

Applications for qualifying event venue certification may be submitted on January 1, 2026, until March 2, 2026.

If you are unable to submit your application to the division by March 2, 2026, provide written notice to the division by emailing DORAlcohol@wisconsin.gov and state that you are not seeking a No-Sale Event Venue Permit and are preparing an application for a "Class B" license **before March 2, 2026**.

Applications must be received for qualifying event venue certifications on or before July 1, 2026. The division must act on an application within 30 days of receiving it and may not issue a certification after August 1, 2026.

15. How do I apply for the "qualifying event venue" above quota license?

Once you obtain a certification letter from the division, submit it to the clerk of the municipality where you will apply for the retail alcohol beverage license. The municipality will determine if you are qualified to hold the retail license. Your application package will be considered by the municipal governing body. They will make a final determination based on the standards in place for all retail licensees in that community.

The municipality must receive your application for an above-quota license no later than August 1, 2026.

16. Can a municipality deny a retail license even if I get a qualifying event venue certification from the division?

Yes, a municipality can deny a certified qualifying event venue an above-quota license if they do not meet the requirements to hold a license under state law or local restrictions. Municipalities will hold your venue to the same standards as every other alcohol beverage licensee in that community.

For this reason, DAB encourages venues seeking an above-quota license to contact their municipal clerk and governing body to determine what local ordinances may apply. Zoning, conditional use, noise, continuous business operation, and other ordinances may need to be considered and/or adjusted. The division does not know what specific ordinances may cause concern. It is up to venue owners and municipalities to determine if any unique needs should be addressed.

Venue owners may apply for the license with the municipality before receiving a certification from the division to expedite the process with the municipality. Municipalities may conduct background checks, site visits, health inspections, building inspections, and work with applicants to adjust the license application, as needed, before the governing body makes a final decision on the application. Once certification is received from the division and provided to the municipality, the municipal governing body may act on the license application.

17. What is the difference between a reserve and regular "Class B" (liquor) license?

Generally, regular "Class B" licenses existed before the quota law went into effect in 1997. These licenses have an initial and renewal fee set by municipal ordinance and cost between $50 and $500.

Generally, reserve "Class B" licenses are gained by municipalities through population growth, transfers from other municipalities, or annexations of additional territory. These licenses have an initial issuance fee of at least $10,000. Annual and renewal fees are between $50 and $500. For more information about reserve "Class B" licenses, see Fact Sheet 3116, *Reserve "Class B" Liquor Licenses*.

18. My municipality only has a reserve "Class B" license available. Can they issue me an above-quota license if I become certified for the qualifying event venue exemption by DAB?

No. If a municipality has a reserve "Class B" license available, they have not reached their municipal quota. The reserve "Class B" license that is available is what your venue may apply for.

19. How much does an above-quota license issued to a qualifying event venue cost?

Above-quota license fees are set by the municipality and the fees are not subject to any parameters set by state statute.

20. Does an above-quota license issued to a qualifying event venue become a part of the municipal quota?

No. Above-quota licenses are only valid for the business which they were initially issued. If the business that holds this type of license surrenders it, the license is not eligible to be issued to another business.

21. What other laws or regulations should I be aware of as a potential new retail licensee?

All the laws that apply to your neighborhood liquor store or bar will apply to your event venue, if you become licensed. You will be required to purchase alcohol beverages from a wholesaler or a self-distributing brewer or brewpub, have licensed/permitted operators (bartenders) supervising the sales and service of alcohol beverages on the premises, limit underage persons from accessing your premises, and more.

Publication 302, *Information for Wisconsin Alcohol Beverage Retailers*, is required by law to be provided to all alcohol beverage industry members. This publication contains valuable information about how to conduct your business as an alcohol beverage licensee.

See the Division of Alcohol Beverages' website for additional regulations and educational materials that apply to licensees.

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations enacted as of April 7, 2025: Ch. 125, Wis. Stats. Laws enacted and in effect after this date, new administrative rules, and court decisions may change the interpretations in this document. Guidance issued prior to this date, that is contrary to the information in this document is superseded by this document, according to sec. 73.16(2)(a), Wis. Stats.

Contact Us

Division of Alcohol Beverages
PO Box 8934
Madison, WI 53708-8934
Phone: (608) 266-2526
Email: DORAlcohol@wisconsin.gov

April 7, 2025