



City of La Crosse, Wisconsin

ORIGINAL ALCOHOL LICENSE APPLICATION INFORMATION SUBMITTAL

Rev. 10/2025

(Ch. 4, secs. 4-72 & 4-142)

All new applicants for an alcohol license pursuant to Chapter 4 of the La Crosse Municipal Code shall submit the following information with the original alcohol applications. Any false statement contained in such application shall automatically nullify any license issued pursuant thereto.

Applications will not be accepted until all of the information is complete and necessary documents provided.



TYPE OF LICENSE(S) REQUESTED

Class A: Beer, Liquor
Class B: Beer, Liquor
Class C: Wine

APPLICANT

Legal Business Name (Corporation, LLC, Sole Proprietor, Partnership):

Trade Name:

La Crosse Festivals, Inc.

Oktoberfest USA

Address:

Street

City

State

Zip Code

PO Box 1716 / 1 Oktoberfest Strasse La Crosse WI 54601

Telephone Number:

Email:

Website:

oktoberfestusa.com

ACTIVE USE OF LICENSE

I understand that if a license is granted, said license **must be activated within 90 days of being granted** pursuant to Municipal Code secs. 4-43 and 4-108. This means open for business with stock and equipment.

Anticipated Date of Opening: 5/1/26 - April Council

I understand that if a license is granted, said license shall be actively utilized pursuant to Municipal Code sec. 4-12. Actively utilized shall mean open for business with regular and consistent operating hours. If a license is not actively used throughout any 90-day period, the license shall be subject to revocation or suspension pursuant to sec. 4-82.

I understand that **if there is any change to the license or licensee information**, including but not limited to change in officers/members/directors or agent or their address/phone number, change in hours of operation, etc., **the City Clerk will be notified within 30 days** pursuant to Wis. Stat. sec. 125.04(3)(h).

CORPORATIONS/LLCs – AGENT QUALIFICATIONS & RESPONSIBILITIES

(N/A for Sole Proprietors and Partnerships)

I understand that as an officer of the applicant corporation or member of the applicant limited liability company, the appointed alcohol license agent shall meet the requirements of Wis. Stat. Ch. 125 and, in addition, shall have resided within the State of Wisconsin continuously for 90 days prior to the date of application and shall reside within a 25-mile radius of the City limits at the time of application and at all times such individual shall be the appointed agent. Further, the appointed agent is an individual who is regularly involved in the actual conduct of the business and has full authority and control of the premises described and of the conduct of all business on the premises relative to alcohol beverages.

BUSINESS PLAN

Type of Establishment:

- Tavern Nightclub Restaurant Liquor Store Grocery Store
- Convenience Store with gas pumps Convenience Store without gas pumps
- Other Festival / Event Venue

Hours of Operation:

By event only

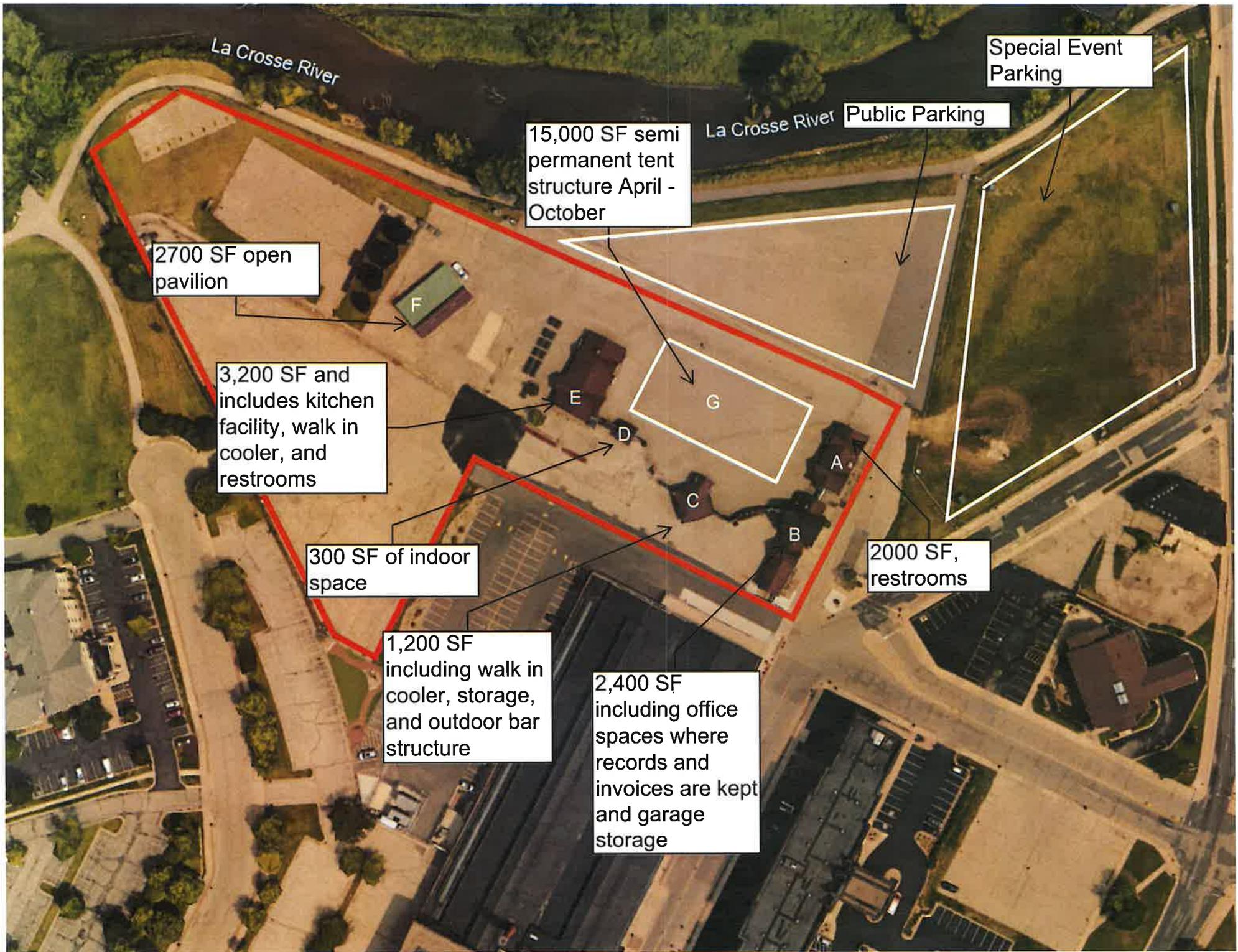
Anticipated Number of Employees: 20 including Directors
Method for training employees in alcohol beverage laws and requirements for employees to hold a beverage operator license: <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: 200px;"> WI Responsible Beverage Server Course and on-site training prior to events </div>
Other Business to Be Conducted on Premise:
Estimated gross receipts for food and alcohol beverage sales by percentage. (Note: Non-alcoholic drinks are classified as "Food.") <div style="display: flex; justify-content: space-around;"> <u>71</u> % Alcohol <u>22</u> % Food <u>7</u> % Other </div> If applicable, describe "Other": <div style="border: 1px solid black; padding: 2px; display: inline-block;">Merchandise</div>
Estimated capacity (Class B and Class C licenses only): <div style="display: flex; justify-content: space-between;"> Indoor _____ Outdoor, if applicable <u>20,000</u> </div>
Will there be any outdoor sales/service or consumption of alcohol? If yes, explain. If yes, a beer garden license or outdoor dining permit is required. Yes. Beverage consumption will take place under seasonal tents and pavilions.
Will there be live entertainment (music or dancing) on premise? If yes, explain. If yes, a cabaret license is required. Yes. We host community festivals and rental events.
Do you have off-street parking? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many parking spaces? <u>100</u> There is public parking adjacent to our location If no, how will parking be accommodated.
Provide a sketch of the floor plan showing overall dimensions, the areas of sales, consumption and storage, seating arrangements, location of coolers, and location where records are kept (invoices for purchase of alcohol).
Provide a site plan showing building location, any outside areas where alcohol beverages may be sold or consumed, off-street parking, ingress and egress, and existing or proposed screening.

The information provided is true and correct to the best of my knowledge, I have reviewed the Alcohol Beverage Submittal Requirements and Information page and will comply with necessary requirements.

Jennifer Krimmel
 Signature

2/25/26
 Date

FOR OFFICE USE – City Clerk’s Office checklist for complete applications <ul style="list-style-type: none"> <input type="checkbox"/> Completed applications and fee <input type="checkbox"/> Surrender of previous license, if applicable <input type="checkbox"/> Lease, purchase agreement, or other proof of control of premise <input type="checkbox"/> Contact Information Sheet <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> WI Seller’s Permit Certificate (copy) <input type="checkbox"/> FEIN (copy) <input type="checkbox"/> Floor Plan <input type="checkbox"/> Site Plan <input type="checkbox"/> Proof of course completion or valid operator license or on other license within last two years. <input type="checkbox"/> Confirm proximity to school, church or hospital <input type="checkbox"/> Confirm proximity to land zoned residential or multiple dwelling
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La Crosse River

Special Event Parking

Public Parking

15,000 SF semi permanent tent structure April - October

2700 SF open pavilion

3,200 SF and includes kitchen facility, walk in cooler, and restrooms

300 SF of indoor space

1,200 SF including walk in cooler, storage, and outdoor bar structure

2,400 SF including office spaces where records and invoices are kept and garage storage

2000 SF, restrooms

F

E

D

C

B

A

G



March 12, 2026

RE: La Crosse Festivals, Inc. – 90-Day Activation Waiver Request

To whom it may concern,

Per section 4-44 of the Code of Ordinances for the City of La Crosse, we respectfully request permission to discontinue the sale of intoxicating liquor for more than 90 days during the license period as part of the license renewal application process.

Due to the nature of our business at 1 Oktoberfest Strasse, as an outdoor event venue, we will not operate events for more than 90 days during the winter months. We are a seasonal event venue and will not host events between November 1, 2026 and April 15, 2027.

Thank you,

Jennifer Krisnowich
President
La Crosse Festivals, Inc.

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) La Crosse Festivals, Inc.		
2. Business Trade Name or DBA Oktoberfest USA		
3. FEIN 39-1050485	4. Wisconsin Seller's Permit Number 456-0000085667-04	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 01/06/1966	8. Wisconsin DFI Registration Number 6L05928
9. Premises Address 1 Oktoberfest Strasse		
10. City La Crosse	11. State WI	12. Zip Code 54601
13. County La Crosse	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: La Crosse	15. Aldermanic District 12
16. Premises Phone [REDACTED]	17. Premises Email [REDACTED]	18. Website oktoberfestusa.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. <small>The premises is located at 1 Oktoberfest Strasse La Crosse, WI 54601 and includes six buildings, one pavilion, and a seasonal semi-permanent tent structure. Sales and storage would take place throughout the entire property. Building A is 2000 SF and consists of restroom facilities. Building B is 2,400 SF and includes office spaces where records and invoices are kept, and a garage for storage. Building C is 1200 SF and consists of a walk in cooler, storage, and an outdoor bar structure. Building D is 300 SF of indoor space. Building E is 3200 SF and includes restrooms, kitchen facility, and walk in cooler. Building F is 2700 SF open pavilion. The semi-permanent tent structure is 15,000 SF and is up between the months of April-October.</small>		
20. Mailing Address (if different from premises address) PO Box 1716		
21. City La Crosse	22. State WI	23. Zip Code 54602-1716

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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
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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
See completed Forms AB100			

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 Krisnowich	First Name Jennifer	M.I.
Title President, Board of Directors	Email [REDACTED]	Phone [REDACTED]
Signature 	Date 2/25/26	

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)	

La Crosse Festivals, Inc. d.b.a. Oktoberfest USA

2026 Officers & Directors

AB100

✓ Jennifer Krisnowich	President
✓ Timothy Ehler	Vice President
✓ Candice Tlustosch	Treasurer
✓ Alex Wasieleski	Secretary
✓ Alex Lueck	Advisor
✓ Angela Jones	Director
✓ Angie Coenen	Director
✓ Beth O'Bryan	Director
✓ Elizabeth Mueller	Director
✓ Michael Quam	Director
✓ Michaela Smith	Director
✓ Nkenge Kirton	Director
✓ Nolan Martin	Director
✓ Ryan Bilskemper	Director
✓ Sam Furtak	Director
✓ Teresa Clark	Director

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) La Crosse Festivals, Inc.	
2. Business Trade Name or DBA Oktoberfest USA	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name Krisnowich	2. First Name Jennifer	3. M.I. L	
4. Relationship to Business (Title) Board of Directors	5. Email [REDACTED]	6. Phone [REDACTED]	
7. Home Address 3130 Beyer Road			
8. City Onalaska	9. State WI	10. Zip Code 54650	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance WI	

Part C: Address History							
1. Do you currently live in Wisconsin?							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin							(MM/YYYY) 08/2017
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 2735 Grand Ave	City La Crosse	State WI	Zip Code 54603				
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 WI	County La Crosse	State CO	County Pitkin	State WI	County Trempealeau	State WI	County Milwaukee
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

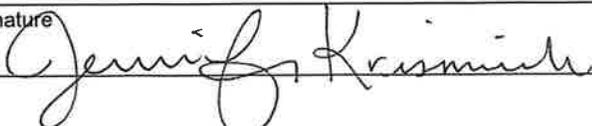
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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 2/2/20
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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.

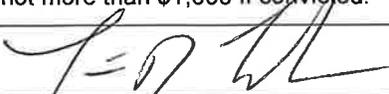
Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) La Crosse Festivals, Inc.	
2. Business Trade Name or DBA Oktoberfest USA	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name Ehler	2. First Name Timothy	3. M.I. D.	
4. Relationship to Business (Title) Board of Directors	5. Email	6. Phone	
7. Home Address W5871 Cedar Rd			
8. City LaCrosse	9. State WI	10. Zip Code 54601	11. Date of Birth
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance State of Wisconsin	

Part C: Address History			
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin			Born in Wisconsin (MM/YYYY) 6-18-70
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 Same as above	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 WI	County LaCrosse	State WI	County Vernon
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 2-2-2026

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) La Crosse Festivals, Inc.			
2. Business Trade Name or DBA Oktoberfest USA			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
			<input checked="" type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name Tlustosch		2. First Name Candice		3. M.I. CM
4. Relationship to Business (Title) Board of Directors		5. Email [REDACTED]		6. Phone [REDACTED]
7. Home Address N4141 Ceresa Ct				
8. City West Salem		9. State WI	10. Zip Code 54669	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WI	

Part C: Address History								
1. Do you currently live in Wisconsin?							<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin							(MM/YYYY)	09/2002
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	La Crosse	WI	Dane	MN	Scott	MN	Clay	
State	County	State	County	State	County	State	County	
ND	Cassq	MT	Sheridan					

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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

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Signature  Date 2-2-20

Alcohol Beverage Individual Questionnaire

Date
2/2/26

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- all partners of a partnership
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2. Business Trade Name or DBA Oktoberfest USA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name Wasieleski	2. First Name Alexander	3. M.I. J	
4. Relationship to Business (Title) Board of Directors	5. Email [REDACTED]	6. Phone [REDACTED]	
7. Home Address 909 Division St			
8. City La Crosse	9. State WI	10. Zip Code 54601	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance WI	

Part C: Address History							
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) 08/2016				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 908 Pine St	City La Crosse	State WI	Zip Code 54601				
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
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

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Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

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Signature <i>Alex W. Wajdeliski</i>	Date 2/2/26
-------------------------------------	-------------

Alcohol Beverage Individual Questionnaire

Date
2/2/26

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

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3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information					
1. Last Name Luack		2. First Name Alex		3. M.I. J	
4. Relationship to Business (Title) Board of Directors		5. Email [REDACTED]		6. Phone [REDACTED]	
7. Home Address 710 13th Ave S					
8. City Omaleska		9. State WI	10. Zip Code 54650		11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WI		

Part C: Address History							
1. Do you currently live in Wisconsin?							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin							(MM/YYYY) 09/2010
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 MN	County Hennepin	State WI	County Monroe	State WI	County Pierce	State	County
State IL	County DuPage	State WI	County LaCrosse	State	County	State	County

Continued →

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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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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 *Alex Luak* Date *2-2-26*

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) La Crosse Festivals, Inc.				
2. Business Trade Name or DBA Oktoberfest USA				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name Jones		2. First Name Angela		3. M.I. S
4. Relationship to Business (Title) Board of Directors		5. Email [REDACTED]		6. Phone [REDACTED]
7. Home Address 932 Oak Ave N				
8. City Onalaska		9. State WI	10. Zip Code 54650	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WI	

Part C: Address History							
1. Do you currently live in Wisconsin?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the month and year when you permanently moved to Wisconsin				(MM/YYYY) 05/1972			
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
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.

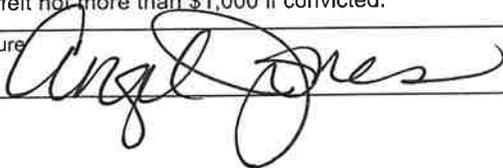
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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 1/29/2026
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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) La Crosse Festivals, Inc.	
2. Business Trade Name or DBA Oktoberfest USA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name Coenen	2. First Name Angela	3. M.I.	
4. Relationship to Business (Title) Board of Directors	5. Email [REDACTED]	6. Phone [REDACTED]	
7. Home Address 17502Schaeferlane			
8. City Richland Center	9. State WI	10. Zip Code 53581	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance Wi	

Part C: Address History			
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) 03/2005
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
MN	Winona	MN	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <i>Angela J. Cover</i>	Date <i>2-2-26</i>
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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) La Crosse Festivals, Inc.	
2. Business Trade Name or DBA Oktoberfest USA	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name O'Bryan		2. First Name Elizabeth	
3. M.I.			
4. Relationship to Business (Title) Board of Directors		5. Email	
		6. Phone	
7. Home Address 3022 23rd St. S.			
8. City La Crosse		9. State WI	10. Zip Code 54601
		11. Date of Birth	
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance WI	

Part C: Address History	
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 10/1974	
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	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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Elizabeth D. Bryan Date 02/02/2026

Alcohol Beverage Individual Questionnaire

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) La Crosse Festivals, Inc.	
2. Business Trade Name or DBA Oktoberfest USA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name Mueller	2. First Name Elizabeth	3. M.I. A	
4. Relationship to Business (Title) Board of Directors	5. Email [REDACTED]	6. Phone [REDACTED]	
7. Home Address 2415 31St St S			
8. City	9. State WI	10. Zip Code 54601	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance WI	

Part C: Address History							
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, provide the month and year when you permanently moved to Wisconsin	(MM/YYYY) 10/1987						
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 2415 31St St S	City La Crosse	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
	Rock	WI	Vernon	TX	Coryell	WI	Winnebago
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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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

B. Muller

Date

01/29/2026

Alcohol Beverage Individual Questionnaire

Date
02/02/2024

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

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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) <u>La Crosse Festivals, Inc.</u>	
2. Business Trade Name or DBA <u>Oktoberfest USA</u>	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name <u>QUAM</u>	2. First Name <u>MICHAEL</u>	3. M.I. <u>D.</u>	
4. Relationship to Business (Title) <u>Board of Directors</u>	5. Email [REDACTED]	6. Phone [REDACTED]	
7. Home Address <u>4524 WENTHROPK RD.</u>			
8. City <u>LA CROSSE</u>	9. State <u>WI</u>	10. Zip Code <u>54601</u>	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance <u>WI</u>	

Part C: Address History							
1. Do you currently live in Wisconsin?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, provide the month and year when you permanently moved to Wisconsin	(MM/YYYY) <u>04/2016</u>						
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 <u>WI</u>	County <u>CRAWFORD</u>	State <u>WI</u>	County <u>LA CROSSE</u>	State <u>WI</u>	County <u>ST. CROIX</u>	State <u>WI</u>	County <u>WAUKESHA</u>
<u>MN</u>	<u>HOUSTON</u>	<u>MN</u>	<u>ST. LOUIS</u>				

Continued →

Part D: Criminal History

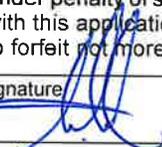
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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 02-02-2026
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Alcohol Beverage Individual Questionnaire

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) La Crosse Festivals, Inc.	
2. Business Trade Name or DBA Oktoberfest USA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name <u>Smith</u>	2. First Name <u>Michaela</u>	3. M.I. <u>M</u>	
4. Relationship to Business (Title) Board of Directors	5. Email [REDACTED]	6. Phone [REDACTED]	
7. Home Address <u>100 Church Dr.</u>			
8. City <u>La Crosse</u>	9. State <u>WI</u>	10. Zip Code <u>54603</u>	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance <u>WI</u>	

Part C: Address History							
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) <u>02/1989</u>				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 <u>100 Church Dr</u>	City <u>La Crosse</u>	State <u>WI</u>	Zip Code <u>54603</u>				
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 <u>WI</u>	County <u>La Crosse</u>	State <u>WI</u>	County <u>Barron</u>	State	County	State	County
State <u>WI</u>	County <u>Dunn</u>	State <u>MO</u>	County <u>Scott</u>	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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

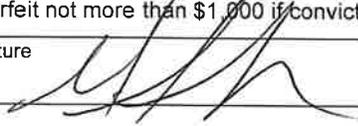
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

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

02/02/2026

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) La Crosse Festivals, Inc.	
2. Business Trade Name or DBA Oktoberfest USA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name KIRTON	2. First Name NKENGE	3. M.I.	
4. Relationship to Business (Title) Board of Directors	5. Email	6. Phone	
7. Home Address 420 5TH AVENUE S. APT 309			
8. City LA CROSSE	9. State WI	10. Zip Code 54601	11. Date of Birth
12. Social Security Number		13. Drivers License/State ID State of Issuance WISCONSIN	

Part C: Address History			
1. Do you currently live in Wisconsin? <u>YES</u>			<input type="checkbox"/> Yes <input type="checkbox"/> 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.			
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 MD	County BALTIMORE	State	County
State WI	County MILWAUKEE	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

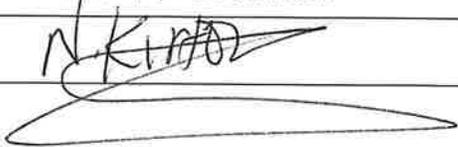
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

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

Feb 2, 2020

Alcohol Beverage Individual Questionnaire

Date 7-9-26

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 is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor)	<u>La Crosse Festivals Inc</u>
2. Business Trade Name or DBA	<u>October Fest</u>
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
<input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name <u>Martin</u>	2. First Name <u>Molam</u>	3. M.I. <u>M</u>	
4. Relationship to Business (Title) <u>Board Member</u>	5. Email	6. Phone	
7. Home Address <u>205 10th St S</u>			
8. City <u>La Crosse</u>	9. State <u>WI</u>	10. Zip Code <u>54601</u>	11. Date of Birth
12. Driver's License/State ID Number		13. Driver's License/State ID State of Issuance <u>WI</u>	

Part C: Address History			
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) <u>10/1999</u>
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 <u>W26899 Reit Lane</u>	City <u>Aradka</u>	State <u>WI</u>	Zip Code <u>5460</u>
Previous Address 2 <u>1281 21 7th St</u>	City <u>Cameron</u>	State <u>WI</u>	Zip Code <u>54622</u>
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

Continued →

Part D: Criminal History

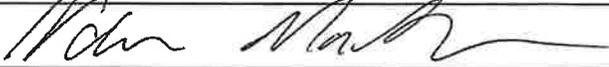
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 3-9-26

Alcohol Beverage Individual Questionnaire

Date
2-2-26

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) La Crosse Festivals, Inc.	
2. Business Trade Name or DBA Oktoberfest USA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name Biskemper	2. First Name Ryan	3. M.I. R	
4. Relationship to Business (Title) Board of Directors	5. Email [REDACTED]	6. Phone [REDACTED]	
7. Home Address 1625 WESTON ST			
8. City La Crosse	9. State WI	10. Zip Code 54601	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance WI	

Part C: Address History							
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.							
Previous Address 1 406 Campbell CT	City LaCrosse	State WI	Zip Code 54602				
Previous Address 2 302 4th ST SOUTH #3	City LaCrosse	State WI	Zip Code 54001				
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 WI	County LaCrosse	State WI	County	State	County	State	County
State WI	County Waukesha	State MN	County HOUSTON	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 <i>Owi 1</i>	Location <i>Lacrosse</i>	Conviction Date <i>7-9-2006</i>
Penalty Imposed <i>Fine</i>		Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated <i>Owi 2</i>	Location <i>Holmen</i>	Conviction Date <i>5-23-2012</i>
Penalty Imposed <i>yes, fine jail</i>		Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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 *2-2-26*

Alcohol Beverage Individual Questionnaire

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) La Crosse Festivals, Inc.					
2. Business Trade Name or DBA Oktoberfest USA					
3. Entity Type (check one)					
<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Partnership		<input type="checkbox"/> Limited Liability Company	
				<input type="checkbox"/> Corporation	
				<input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information					
1. Last Name Furtak		2. First Name Samuel			3. M.I. R
4. Relationship to Business (Title) Board of Directors		5. Email [REDACTED]		6. Phone [REDACTED]	
7. Home Address E3409 Brinkman Ridge Rd					
8. City Coon Valley		9. State WI	10. Zip Code 54623		11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WI		

Part C: Address History							
1. Do you currently live in Wisconsin?							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin							(MM/YYYY) 07/2021
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 E3409 Brinkman Ridge Rd		City Coon Valley		State WI		Zip Code 54623	
Previous Address 2 1500 Park Ave		City St Charles		State MN		Zip Code 55972	
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 WI	County La Crosse	State WI	County Vernon	State MN	County Winona	State WI	County Ashland
State WI	County Marathon	State	County	State	County	State	County

Continued →

Part D: Criminal History

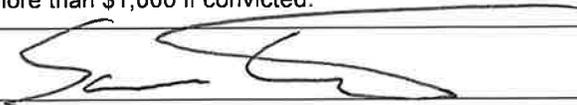
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated Operating While Intoxicated	Location La Crosse, WI	Conviction Date 05/15/2015
Penalty Imposed License Revoked		Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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 2/2/2026

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) La Crosse Festivals, Inc.			
2. Business Trade Name or DBA Oktoberfest USA			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name Clark		2. First Name Teresa		3. M.I. M
4. Relationship to Business (Title) Board of Directors		5. Email [REDACTED]		6. Phone [REDACTED]
7. Home Address 1208 Pine St.				
8. City Onalaska		9. State WI	10. Zip Code 54650	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WI	

Part C: Address History							
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) 04/28/82				
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 WI	County Washburn	State WI	County Barron	State WI	County Chippewa	State WI	County La Crosse
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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 2/2/26
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Alcohol Beverage Appointment of Agent

Date

Agent Type <i>(check one)</i>	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) La Crosse Festivals, Inc.	
2. Business Trade Name or DBA Oktoberfest USA	
3. Entity Type <i>(check one)</i> <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization <i>(check one)</i> <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> 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.	

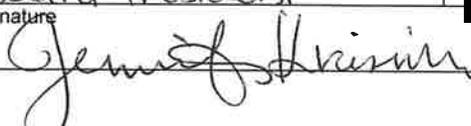
Part B: Agent Information			
1. Last Name Krisnowich	2. First Name Jennifer	3. M.I. L	
4. Email [REDACTED]		5. Phone [REDACTED]	
6. Home Address 3130 Beyer Road			
7. City Onalaska	8. State WI	9. Zip Code 54650	10. Date of Birth [REDACTED]
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
See instructions for exceptions.	

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 Krisnowich		First Name Jennifer	M.I. L
Title Board President	Email [REDACTED]	Phone [REDACTED]	
Signature 		Date 2/25/26	

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 Krisnowich	First Name Jennifer	M.I. L
Signature 		Date 2/25/26