Temporary B License

City of Madison Clerk
210 MLK Jr Blvd, Room 105
Madison, WI 53703

licensing@cityofmadison.com
608-266-4601

Street Use: ☐ No ☑ YES
Office Use Only

(Agenda Item number) –if Street Use–

(Legistar file number) –if Street Use–

PER CPS 20260MY
(License number)

14 (Alder District #) 313 (Police Sector)

Office Use Only

- Temporary Class "B" (beer) and "Class B" (wine) licenses are available to **bona fide clubs, chambers of commerce, churches, Lodges/Societies, Veteran's Organizations, and Fair Associations** only. Being a non-profit company is not enough.
- You may get an unlimited number of temporary licenses for Beer, but **only two licenses for wine** each twelve months.
- If your plans include using the street for your event, you will need a **Street Use Permit** and you must apply at least 60 days before your event.
- At least one **licensed bartender** must be present.
- **The fee** is $10 for beer and/or wine per event – events may have consecutive days.

The named organization applies for:

☒ A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s.125.26(6), Wis. Stats.

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

Organization

Pick one: ☒ Bona fide Club ☐ Chamber of Commerce ☐ Church
☐ Lodge/Society ☐ Veteran's Organization ☐ Fair Association

Organization Name: MADISON HOMEBREWERS and TASTERS GUILD Phone: 713-301-8319

Address: PO BOX 1365, MADISON WI 53701 Email: michaelvandersnick316@gmail.com Website: MHTG.org

Date organized: 1983 If a corporation, give date of incorporation: _____

WI State Seller's Permit ID: _____

☒ We are not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats.

☐ We *have* been convicted of a violation of Chapter 38.

Organization Officers	Name	City, State	Birthdate
President	Lee Jones	Madison, WI	[redacted]
Vice President	Justin Kuehn	Sun Prairie, WI	
Treasurer	Ryan Mallet	Madison, WI	
Secretary	Laura Hall	Madison, WI	
Person in charge of event	Name	Phone	Email
	Doug Randall	608 215-8329	chairman@greattaste.org

REV 07/2019

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Event Information

Event Name: Great Taste of the Midwest Event dates & time(s): Beer Storage 8/7/2026 Event 8/8/2026 11am-7pM

Event Address: Olin Park, 1156 Olin Turville Ct., Madison Estimated Attendance: 9000 patrons

Do the premises you want to license occupy *all* of the building/property? No No? Then please describe fully which parts of the property or building you want to be covered with this license. (Which section of the parking lot, which floor of the building, or which specific rooms in it. etc):

The premises include all areas secured by fencing, including the pavillion and a number of tents.

Explain the purpose and nature of the event: Annual beer-tasting festival.

Describe your planned method of crowd control: Madison Police, staff, and private security

How many security persons will you have on the licensed premises? 19+ officers and additional on traffic duty.

Will food be served? ☒ Yes ☐ No Will a tent be used? ☒ Yes ☐ No

Will the street be used? ☒ Yes ☐ No Will wine be served? ☐ No ☒ Yes: 1 of 2 per year

Wholesaler/distributor/brewery who will supply fermented malt beverage: General Beverage/Frank Distr.

Quantities ordered: 2-3½ barrels for each of approximately 200 brewers

(If serving wine) Wholesaler/distributor/winery who will supply wine: Same as above

Quantities ordered: 30 cases or equivalent

Declaration

☒ The information provided in this application is true and correct to the best of my knowledge and belief.

Officer Signature Laura Hall Date: 6-17-26

Printed name of **Officer** who is signing: Laura Hall

MADIHOM-01 TVOLBRECHT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/12/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Tracy Volbrecht, CIC, CISR	
TRICOR, LLC - Madison 2001 W Beltline Hwy Ste 201 Madison, WI 53713	PHONE (A/C, No, Ext): (608) 466-6701 1507	FAX (A/C, No):
	E-MAIL ADDRESS: tvolbrecht@tricorinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : West Bend Insurance Company	15350
INSURED	INSURER B :	
Madison Home Brewers and Tasters Guild PO Box 1365 Madison, WI 53701	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR	X		A547517	12/10/2025	12/10/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO			A547517	12/10/2025	12/10/2026	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Equip Floater			A547517	12/10/2025	12/10/2026	Rented/Leased Equip	200,000
A	Liquor Liab	X		TBD	8/8/2026	8/9/2026	Liquor Liabili Event	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage applies only to the extent provided by the policy and subject to all of the policy terms, conditions, exclusions, endorsements and all applicable laws.

City of Madison is an additional insured in regards to general liability and liquor liability.

CERTIFICATE HOLDER

City of Madison
210 Martin Luther King Jr Blvd
Madison, WI 53703-3340

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE