

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10 per event + \$7 (applicant background investigation fee)

Application Date: 7-29-2024

Town Village City of Appleton

County of OUTAQUAMIE

The named organization applies for: (check appropriate box(es).)

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.

at the premises described below during a special event beginning Aug 18th and ending Aug 18th and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

- Bona fide Club Church Lodge/Society
 Veteran's Organization Fair Association or Agricultural Society
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name St. Joseph Parish

(b) Address 404 W LAWRENCE ST Appleton, WI, 54911
(Street) Town Village City

(c) Date organized 1868

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

- ~~President~~ BR. RAY STADMEYER - PARISH PASTOR
~~Vice President~~ MICHAEL PUSNIK - FACILITY MGR.
 Secretary DANA SCHMIDT
 Treasurer ROGER SIMON

(g) Name and address of manager or person in charge of affair: MICHAEL PUSNIK

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 404 W. LAWRENCE STREET

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? ALL

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: _____

3. Name of Event

(a) List name of the event FLIGHTS & BITES

(b) Dates of event AUG 18th

(c) Time(s) of event 10 AM - 5 PM

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer: Michael Pusnik
(Signature / Date)

St. Joseph Parish
(Name of Organization)

Date Filed with Clerk JUL 29 2024

Date Reported to Committee _____

Date Granted _____

License No. _____

COA Dept. Approval: Police _____ Fire _____ Health _____